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Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 4.3

Board		22 May 2024
Subject:	Annual Report of the Director of Public Health 2024	
Approved and presented by:	Mererid Bowley, Executive Director of Public Health	
Prepared by:	Tracey Deacon, Head of Service: Public Health Programmes and Services	
Other Committees and meetings considered at:	Planning, Partnerships and Population Health Committee on 16 May 2024 – who endorsed the report to the Board.	
PURPOSE:		
This report provides a summary of the Annual Report of the Director of Public Health 2024.		
RECOMMENDATION(S):		
The Board is asked to:		
<ul style="list-style-type: none"> RECEIVE the Annual Report of the Director of Public Health for 2023/24, recognising the report as a requirement of the organisation to be considered by the Board. 		
Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	As our older population is projected to increase, the report highlights the importance of promoting health and wellbeing across the lifecourse to enable healthy ageing.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
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	N	

Patterson, Liz
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EXECUTIVE SUMMARY:

The Director of Public Health's Annual Report describes the health of the population of Powys, key health challenges and some of the opportunities to address them.

By 2040, over a third of the population of Powys is predicted to be aged 65 years and over. As we live longer, more of us are living with chronic conditions that negatively impact on our quality of life. Much of this is preventable, however. We need a concerted and collective preventative approach, one which gives children the best start in life, and which promotes healthy and active ageing for everyone.

The report outlines some examples of good practice being undertaken in Powys. It also sets out 'calls to action' for individuals and organisations, providing specific examples of actions that can be undertaken. By working together we can prevent ill health and live healthier, longer lives.

HEADING:

Chapter 1. Health and wellbeing in Powys

Powys has the highest proportion of older people in Wales. By 2040, over a third of the Powys population is predicted to be aged 65 and over. In later life, individuals tend to experience more ill health and more conditions which brings added complexity. Some of these conditions and disabilities, however, are not inevitable. Some have risk factors that can be modified by, for example, not smoking, maintaining a healthy weight, having a healthy diet, being physically active.

There are diminishing returns addressing things later in the lifecourse, so it is important that we act to support babies, children and the working age of Powys to have healthy lives and help prevent poor health into older age.

In general, the health of Powys tends to compare favourably with the rest of Wales, but there is still room for improvement. Whilst our health is affected by personal characteristics, such as age or ethnicity, what helps keep us healthy is a complex interaction of many factors, the 'wider determinants' of health. These impact on the options available to us, our behaviours and opportunities to be healthy. Most of the wider determinants lie outside the remit of health services alone, so all of us have a part to play in addressing them.

Chapter 2. Protecting the Powys Population

Health Boards are expected to work with their local partners to transition towards building agile, integrated Health Protection teams. This is to ensure an ongoing response to Covid-19, but also that we can prepare for and respond to future health protection threats. To protect some of our most vulnerable

population, training and support was provided to care homes over the winter to help prevent spread of respiratory infections.

Vaccination is one of the most cost-effective ways to protect the population against infectious disease. The recent increase in measles cases reported in Wales and the UK highlight the importance of children having their vaccinations.

Chapter 3. Promoting healthy behaviours

To reduce smoking prevalence, in Powys there is a focus on preventing young people from starting to smoke and supporting people to give up. Work is also being undertaken to tackle vaping in young people.

The report also highlights that young people in Powys have high alcohol drinking rates. Actions undertaken by the Builth Wells Safety Group for the Royal Welsh Show week is described.

Chapter 4. Healthy Weight: Healthy Powys

Partners are working together taking a 'whole system approach' to tackle overweight and obesity. The current focus in Powys is on breastfeeding, introduction to solid foods, cooking skills and affordability of healthy food.

Chapter 5. Addressing inequities in Powys

This chapter describes a number of interventions addressing inequities in Powys, including the Healthy Ystradgynlais place-based approach and actions to improve access to health services for armed forces personnel and veterans.

NEXT STEPS:

It is important that the Health Board, partner organisations and individuals take action to build good health and ensure the population of Powys age well. Pursuing the 'calls to action' would contribute to this. A communication plan for the Annual Report will be developed which will highlight what those individuals and organisations specifically mentioned in the 'calls to action' could do.

The Health Board's Integrated Plan contains an action to develop a whole system prevention plan across the lifecourse. Work started in the Annual Report to identify and highlight key actions to help promote and protect the health and wellbeing of the population, and help ensure healthy ageing, will be further developed as part of the whole system prevention plan.

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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 Annual Report of the Director of Public Health



Contents

Foreword	3
Chapter 1 – Health and wellbeing in Powys	4
Chapter 2 - Protecting the Powys population	10
Chapter 3 – Promoting healthy behaviours in Powys	16
Chapter 4 – Healthy Weight: Healthy Powys	21
Chapter 5 – Addressing inequities in Powys	26
References	32



Acknowledgments

I would like to thank my colleague Mrs Tracey Deacon for her hard work as the editor in preparing this report and who has brought everything together.

My thanks too for all input from colleagues that Tracey has worked with, and who have produced information to support this report, in particular: the Powys Public Health Team, Health Board Communications and Engagement Team, the Public Health Wales Observatory and Health Protection Service, Powys County Council Health Protection and Environmental Health Team.

In addition, I would also like to take this opportunity to thank the people who allowed for their case studies and photos to be shared within the report.

Foreword

My first Annual Report as Director of Public Health in Powys describes the health of the population of Powys and sets out the key health challenges facing our population as a whole, and some of the opportunities I see to address them.

Based on current trends in 15 years' time over a third of population of Powys will be aged 65 years and over, with a decrease in the proportion who are of working age – those who provide the health and social care.

The experiences each of us have as we age will be dependent on our health and wellbeing. As we live longer, more of us are living with chronic conditions that negatively impact on our quality of life for many years. Much of this is preventable provided individuals do as much as they can to make healthy choices, alongside concerted local and national action at population level to support healthy ageing.

In the current economic context, the challenge for us all is to ensure that short term imperatives don't detract from our goal of better health and wellbeing. As such, it's important that we all take action to build good health and to stay well as we age and give our children the best start in life.

'The greatest wealth is health' is a quote attributed to the Roman poet Virgil. We need a concerted and collective preventative approach, one which gives children and young people the best start in life and promotes healthy and active ageing for everyone in Powys.

The report sets out calls for action for individuals and organisations. It's important that we act now. By working together to deliver the actions in this report we can prevent ill health, and live healthier, longer lives.

Merid Bowley, Executive Director of Public Health, Powys Teaching Health Board

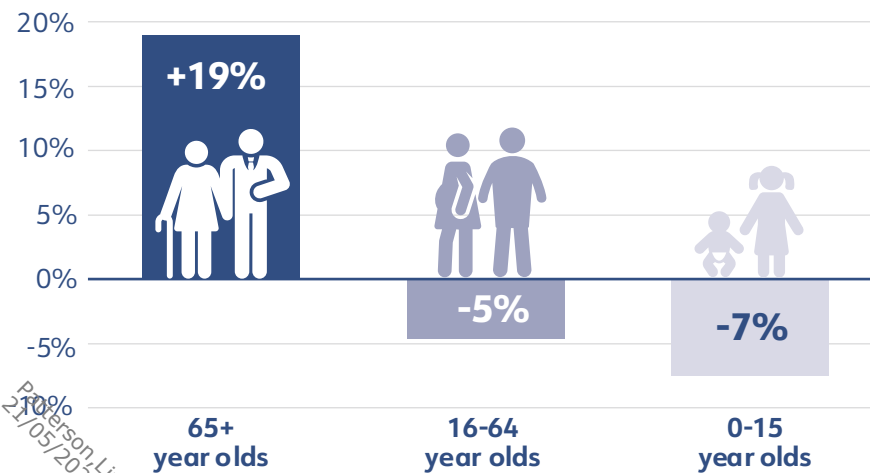


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Chapter 1 – Health and wellbeing in Powys

Powys is home to 134 thousand people. Although the total population has remained fairly steady over time, and projections suggest little change, the population is ageing. Between 2012 and 2022, there was an increase of 19% - nearly 1 in 5 more people - aged 65 years and over. At the same time there was a decrease in the number of under 65 year olds (figure 1.1).

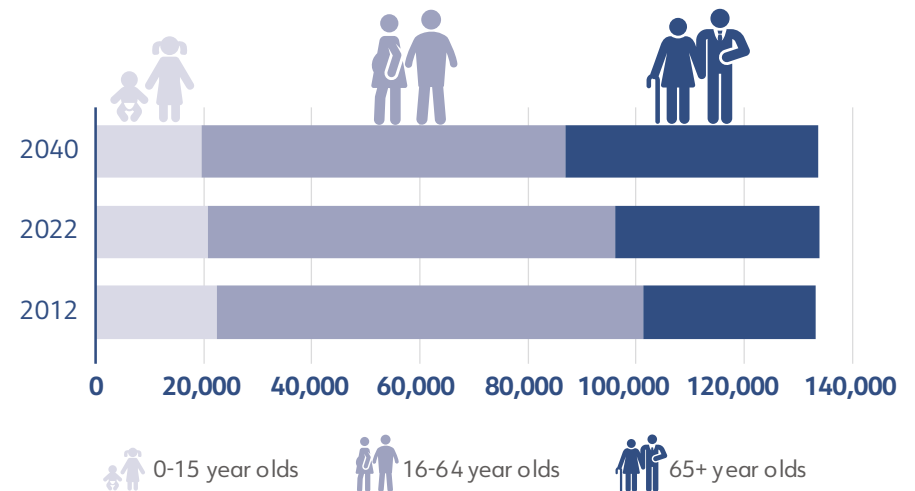
Figure 1.1 Percentage change in Powys population by age group: 2012 to 2022



Source: Mid-year population estimates, Office for National Statistics

There are 38 thousand people aged 65 years and over in Powys, over a quarter of the population. It has the highest proportion of all local authorities in Wales. By 2040 it is projected that people aged 65 years and over will increase by another 9 thousand, and represent over a third of the Powys population (figure 1.2). As the population ages, there will be a fall in the proportion who are of working age, those who provide the health and social care.

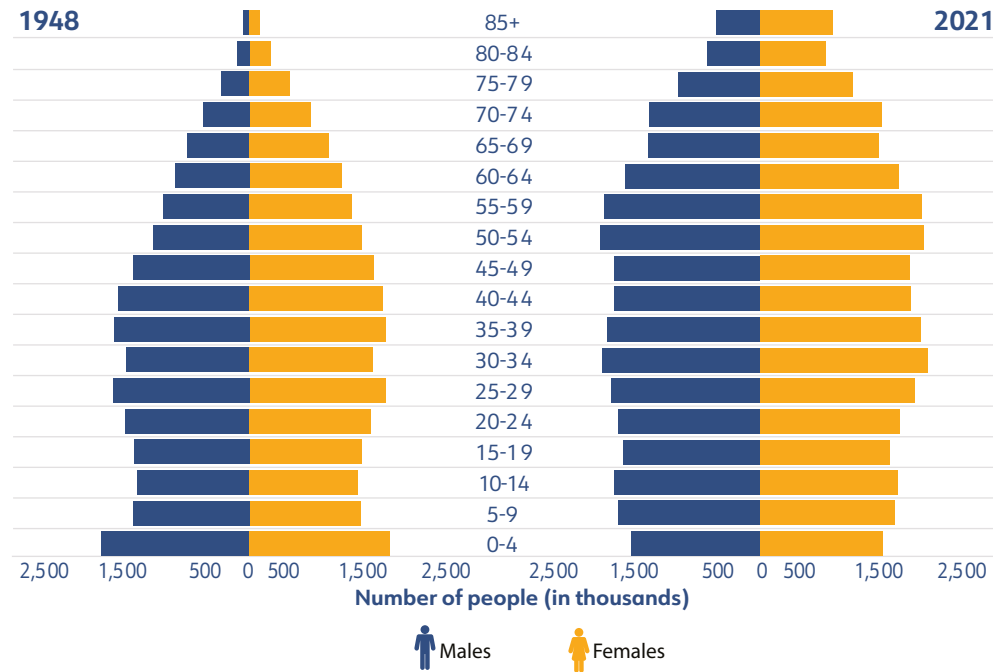
Figure 1.2 Trend in Powys population by age group



Source: Mid-year population estimates and Population projections, Office for National Statistics

When the NHS was created in 1948, the population structure looked different to how it does now (figure 1.3).

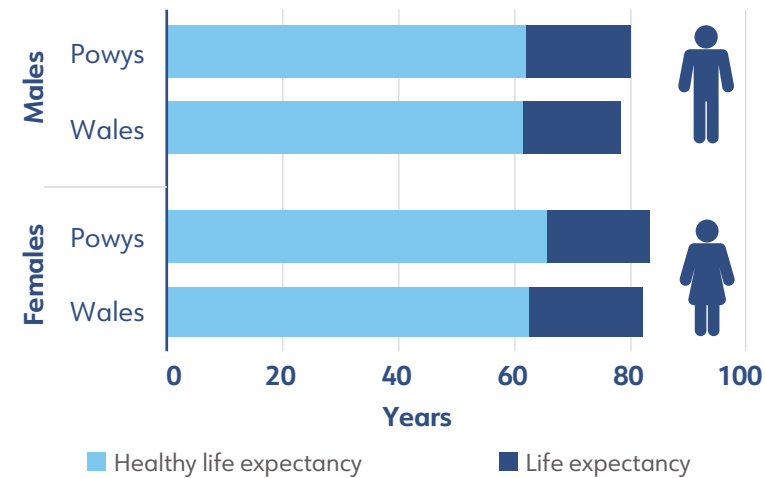
Figure 1.3 Population age and sex distribution in England and Wales: 1948 and 2021



Source: Office for National Statistics population estimates

Better management of conditions is helping more people to live longer. In Powys, life expectancy is higher than for Wales as a whole, but not all those years are necessarily spent in good health (figure 1.4). Women tend to live longer than men, and also to spend more of their life in good health. In later life, individuals tend to experience more ill health, more conditions ('multimorbidity') which brings added complexity.^{1,2,3}

Figure 1.4 Life expectancy at birth in years: 2018-2020



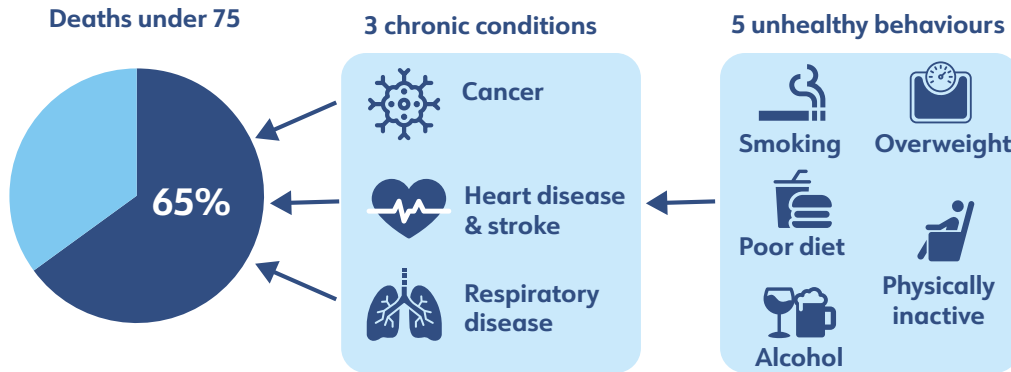
Source: Public Health Wales

With an aging population, for some long-term conditions where age is a key risk factor, such as dementia and some cancers, numbers in the population with these conditions are projected to increase.² However, some conditions are predicted to increase faster than expected than from an ageing population alone.² From 2009/10 to 2021/22, the number of adults in Powys living with diabetes has increased by 40% from 6,600 to 9,200..³

Some conditions have risk factors that can be modified, for example: not smoking, maintaining a healthy weight, having a healthy diet, being physically active.

Around 4 in 10 cancer cases could be prevented.
Smoking is the largest cause of cancer in the UK, followed by overweight and obesity.⁴

In Powys, two-thirds of early deaths are caused by 3 chronic conditions. These conditions have some major risk factors which are preventable.



Quality of life can be improved if people remain as healthy as possible, by preventing illhealth occurring and helping those with illhealth to live well and manage their condition.⁵ In Powys, *The Health and Care Strategy for Powys - A vision to 2027 and beyond*⁶ includes a focus on tackling 'The Big 4' health conditions: cancer, circulatory diseases, respiratory diseases, mental health.

The population of Powys generally has good health in comparison with other parts of Wales (figure 1.5). There is no room for complacency however, Wales and Powys tend to compare poorly against other parts of the UK and internationally. Powys may have the highest percentage of adults eating five portions of fruit and vegetables daily, but there are still 6 out of every 10 adults who are not eating the recommended amount.

Whilst diseases, long term conditions, and disabilities become more common and accumulate as we become older, they are far from inevitable, even in later years

Prof Sir Chris Whitty¹
Chief Medical Officer for England

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21/05/2024 11:31:33

Figure 1.5 Risk factors in the Powys population

Adults aged 16 and over age-standardised percentage: 2022/23			
	Wales	Powys	Comparison with other 22 Welsh local authorities
Healthy weight	36.1%	43.2%	5th highest
Eating '5 a day'	28.5%	41.9%	Highest
Physically active	55.4%	66.8%	2nd highest
Smoke	12.8%	10.1%	4th lowest
Drinking above guidelines	17.2%	13.6%	4th lowest

 Significantly better than Wales  Significantly worse than Wales

Source: National Survey for Wales; School Health Research Network

Figure 1.6 Mental wellbeing in adults aged 16 and over age-standardised percentage: 2022/23

	Wales	Powys	Comparison with other 22 Welsh local authorities
Life satisfaction among working age adults	79.2%	81.2%	7th highest
Life satisfaction among older people	84.4%	88.0%	6th highest
A sense of community (2021/22 data)	63.8%	67.7%	4th highest
People feeling lonely	12.7%	12.1%	12th lowest

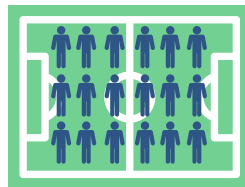
Source: National Survey for Wales

Adolescents aged 11-16 years: 2021			
	Wales	Powys	Comparison with other 22 Welsh local authorities
Healthy weight	79.1%	83.4%	Highest
Sugary drinks every day	16.4%	12.5%	5th lowest
Physically active	16.2%	18.3%	Highest
Smoke	3.0%	3.5%	8th highest
Using alcohol	40.2%	50.2%	Highest

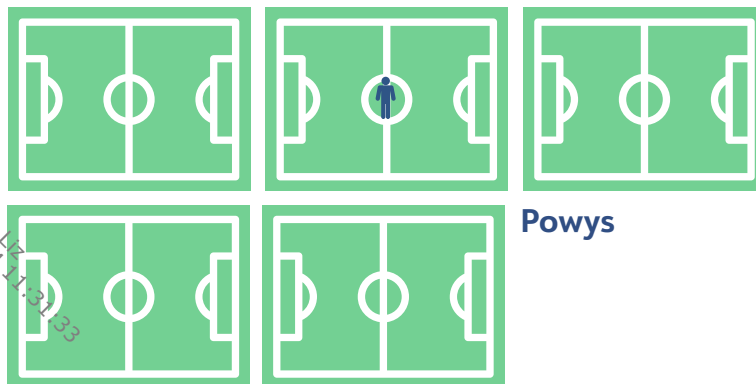
The majority of working age people report being satisfied with life, but this still means that 1 in 5 are not (figure 1.6). Only around 1 in 8 feel lonely, suggesting that there are some strong, well-connected communities in Powys despite the rurality.

Our health is affected by personal characteristics, such as our age or ethnicity. In addition, what helps to keep us healthy is a complex interaction of many factors, such as the environment in which we live and spend our time, social and economic factors, our experience of trauma, education, income etc. These 'wider determinants of health' impact on the options available to us, our behaviours and opportunities to be healthy.⁵

Health inequalities – avoidable and unfair differences in health and health outcomes between different groups of people – can result from differences in the distribution of these determinants. According to the Welsh Index of Deprivation, Powys is relatively equal with only a few pockets of small areas identified amongst the more deprived in Wales, in Ystradgynlais, Newtown, Welshpool and Llandrindod Wells. This is with the exception of access to services, Powys has nearly 90% of its small areas in the most deprived 50% in Wales for this category, which is unsurprising due to the relatively large geography and sparse population.⁷ In Wales there is one person for every football pitch-sized piece of land. Cardiff is the most densely populated local authority area with around 18 people per pitch-size, whilst Powys has 5 pitches per resident. This presents a challenge for services to make sure they are accessible for people.



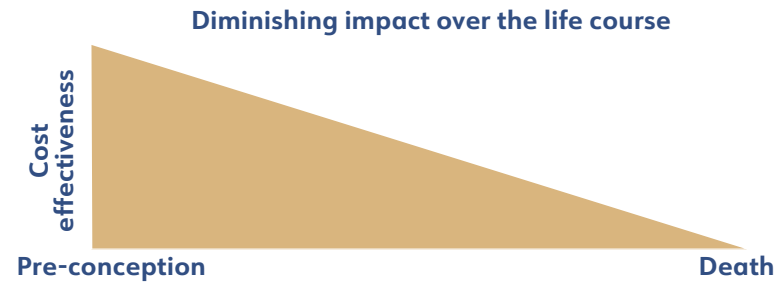
Cardiff



Powys

Inequalities, however, are not always related to where someone lives. Organisations need to consider how they provide services in a way that can reduce inequalities, for example, ensure there are no barriers for people with a disability accessing the service.

Most of the wider determinants lie outside the remit of health services alone, so all of us have a part to play in addressing them. There are diminishing returns addressing things later in the lifecycle, so it is important that we act now to support babies, children and the working age of Powys to have healthy lives and help prevent poor health into older age.



Source: Adapted from Heckman⁸



Opening of new adventure playground, Ysgol Penygloddfa, Newtown

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Call to action

Individuals

Individuals need to do as much as they can to make healthy choices. Take opportunities to be active, have a healthy diet, drink alcohol responsibly and to not smoke.

Public sector organisations

Take action to address wider determinants of health.

Give children the best start in life.

Help to address inequalities as 'anchor institutions' providing good employment, and support people to re-enter the workplace after a period of economic inactivity.

As employers support people to stay healthy in work – become exemplar health promoting workplaces.

Health sector

Support individuals to manage and live well with chronic conditions through providing patient education programmes.

Powys County Council

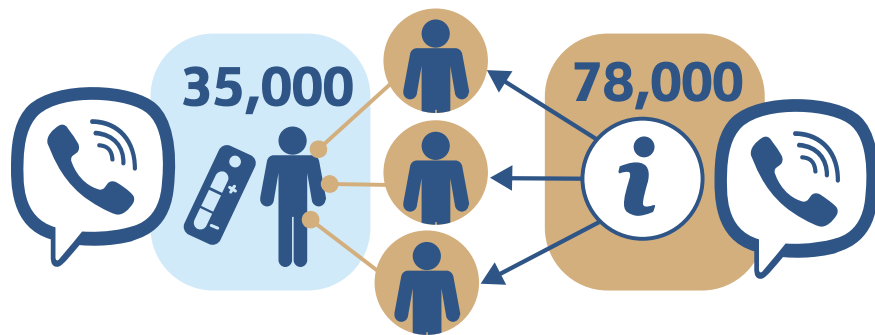
Enforce smokefree legislation.

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Chapter 2 - Protecting the Powys population

The pandemic needed a significant local Health Protection response to help protect the population of Powys. This included the rapid setting up of a Covid-19 Test Trace Protect (TTP) service in partnership between the health board and Powys County Council, and also the development of a Covid-19 vaccination programme.

In the 2 years from June 2020 until June 2022 when community contact tracing ended, over 35 thousand positive Covid-19 cases were successfully contacted in Powys. This led to 78 thousand of their contacts being identified and provided with appropriate advice.



Whilst the TTP programme ended in Wales in March 2023, health boards were expected to work with their local partners to transition towards building agile, integrated Health Protection teams. This is to ensure an ongoing response to Covid-19, but also that we can prepare for and respond to future health protection threats.

The level of response to Covid-19 in terms of testing and contact tracing has reduced and is now focused where there is higher risk of serious outcomes, particularly in support of incidents/outbreaks in vulnerable settings such as care homes and special schools. The Health Protection Team has continued to deliver a testing service to care homes reporting residents having respiratory symptoms and to support the management of incidents/outbreaks.

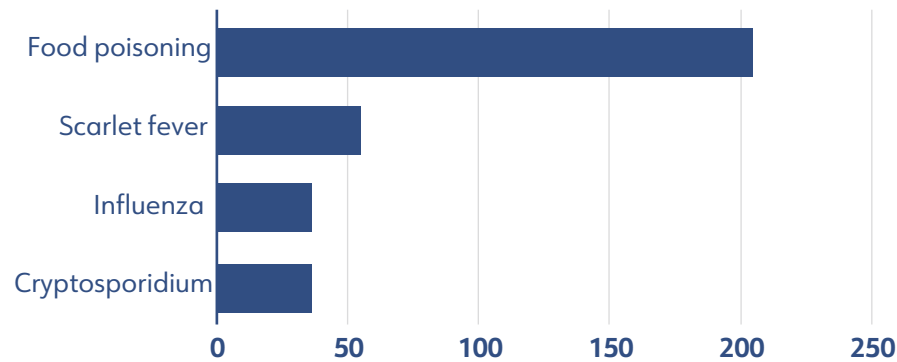
The local health protection model is likely to change over time as we learn to live with the evolving Covid-19 virus, and also in response to any other threats. Alongside this will probably be changing expectations of local roles and responsibilities, and a significant reduction in funding.

The health protection system in Wales is facing challenges in responding not only to Covid-19, but dealing with other infectious diseases too. Winter 2022/23 saw an increase in reported cases across England and Wales of scarlet fever, and more recently an increase in measles cases.

The health board has a role in communicating and engaging with the local population to help manage any threats and outbreaks. The most common notifications of infectious disease in 2023 was food poisoning (figure 2.1).*

*Responsibility for the control of notifiable infections relating to food poisoning sits with the local authority.

Figure 2.1 Number of notifications of the most common infectious diseases in Powys: 2023



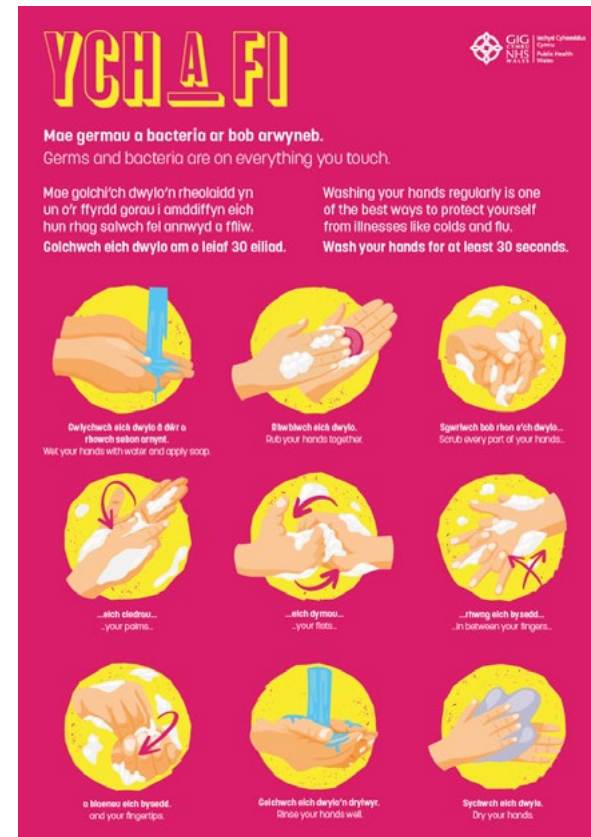
Source: Public Health Wales

The Covid-19 pandemic showed us how easily and quickly a new infection could spread, and there continues to be a risk of other pandemics. The unpredictable nature means that it is important to be alert and to prepare. Pandemic flu is captured on the Dyfed Powys Community Risk Register. Importantly for a rural area like Powys, the Register also recognises the risk of animal diseases that have the possibility of infecting humans, and thus present health risks to the general population.¹

Powys has established a Health Protection Partnership Group, chaired by the Director of Public Health, and which includes representatives from Powys County Council and Public Health Wales. The Group has oversight of the local Health Protection needs, plans and services, to ensure the wellbeing of the Powys population is protected as much as possible.

Key guiding principles for Health Protection work locally

1. Living with Covid-19
2. Plan and respond to a wide range of emerging health protection threats
3. Protect the most vulnerable
4. Address inequities



All of us can help prevent the spread of infection. The good hygiene practices we were all familiar with to help manage the pandemic are still relevant today.

Protecting care home residents

Acute respiratory infections can have serious consequences for vulnerable people, as they are often elderly and frail with underlying health conditions. These infections can spread rapidly in enclosed environments, such as care homes, due to the close contact between residents, staff and visitors.

Autumn/Winter is usually a time where there is an increase in people becoming ill from infections. To help some of our most vulnerable population keep well, the Powys Health Protection Team developed an education and support programme for care homes. The aim is to help prevent, control and manage respiratory incidents/ outbreaks. The training includes Infection Prevention and Control, outbreak management, personal protective equipment (PPE), respiratory testing guidance and throat swabbing, and the importance of vaccination. August to December 2023, two onsite visits were offered and taken up by 28 nursing or residential homes for older adults across Powys. Three types of practical training were offered to staff: correct use of PPE, hand hygiene and throat swab sampling. In total, 70 training sessions were provided, with 265 staff attending at least one.



It was a great session, and very beneficial to all our staff here at Crosfield House.

Emma Shaw, Deputy Manager

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Vaccination

One of the most cost-effective ways to protect the population against infectious diseases is through prevention, specifically through a vaccination programme.

Vaccines teach your immune system how to create antibodies that protect you from diseases.

It's much safer for your immune system to learn this through vaccination than by catching the diseases and treating them.

Once your immune system knows how to fight a disease, it can often give you lifelong protection.²

The huge success of the Covid-19 vaccination programme led the country to emerge from the emergency phase of the pandemic to a 'new normal.'



To protect our vulnerable population, we continuously review and adapt how the programme is operating locally. The aim is to ensure that vaccination is as accessible and equitable as possible, despite the scale of the programme and narrow time period for delivery.

The programme's success depends on a partnership with the public, relying on individuals to play their role by taking part. This partnership is still needed and will be built upon going forward, so high rates of vaccination across the lifecycle (figure 2.2) can be achieved.

Having a vaccine also benefits your whole community through "herd immunity".

If enough people are vaccinated, it's harder for the disease to spread to those people who cannot have vaccines, such as those with a weakened immune system.²

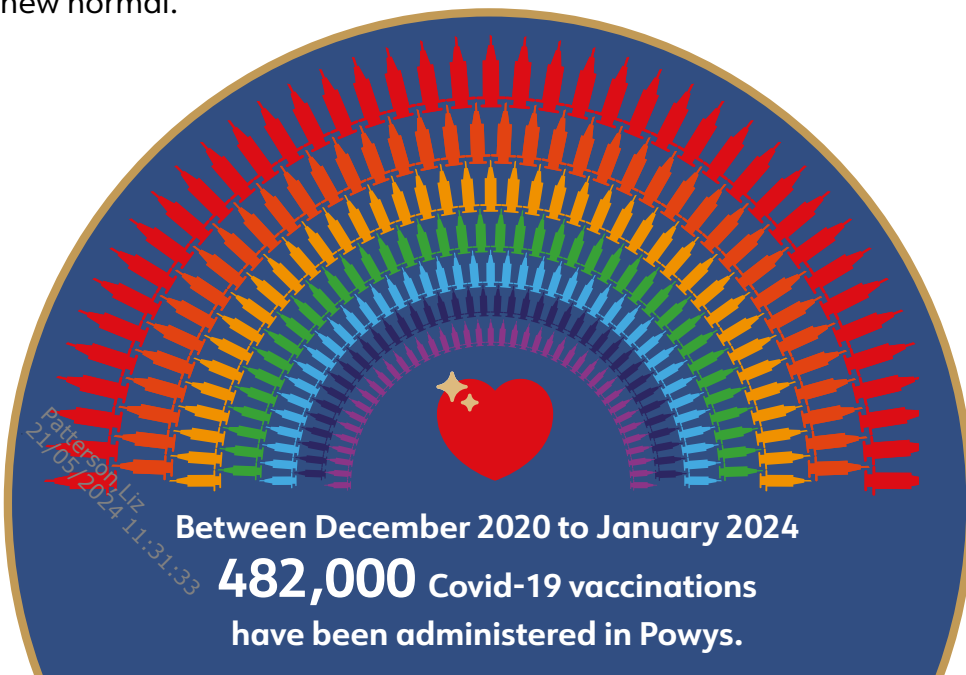


Figure 2.2 Vaccinations across the lifecourse

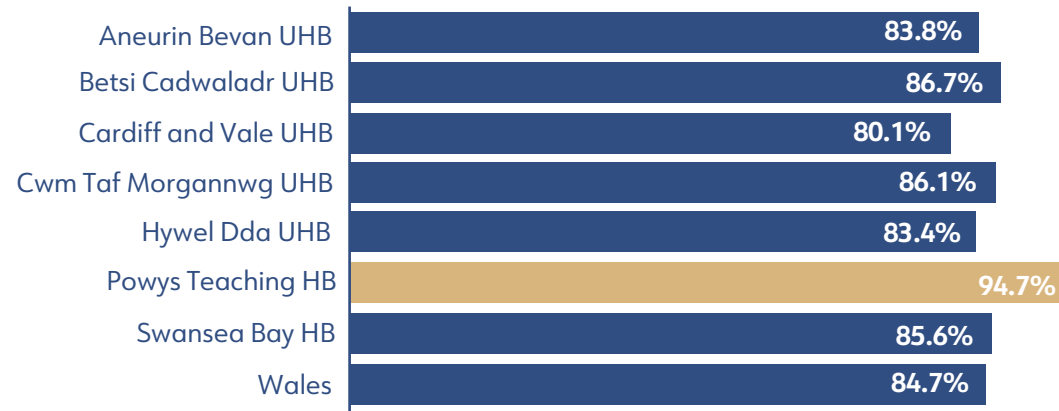
Age due	Diseases protected against
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B
	Meningococcal group B (MenB)
	Rotavirus gastroenteritis
12 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
	Pneumococcal (13 serotypes)
	Rotavirus gastroenteritis
16 weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B
	Meningococcal group B
12 -13 months old	Hib / Meningococcal group C
	Pneumococcal
	Measles, mumps and rubella
	Meningococcal group B
2 nd and 3 years old and all school aged children	Influenza (annually from September)
3 years 4 months old	Diphtheria, tetanus, pertussis and polio
	Measles, mumps and rubella
School year 8 (12 to 13 year olds)	Cervical cancer, some head and neck and ano-genital cancers, and genital warts caused by human papillomavirus (HPV)
School year 9 (13 and 14 year olds)	Tetanus, diphtheria and polio
	Meningococcal groups A, C, W and Y
65 years of age and older	Influenza (annually from September)
65 years of age and older	Pneumococcal (23 serotypes)
65 years and 70 to 79 years old (plus individuals from age 50 who are severely immunosuppressed) ⁵	Shingles

Source: Public Health Wales

The importance of children having their vaccinations is clear from the recent increase in measles cases reported in Wales and the UK. Targeted work in Powys to address the falling rates of MMR vaccination uptake is starting to make a positive difference (figure 2.3).



Figure 2.3 Percentage of children reaching their 4th birthday and up to date with all scheduled vaccines by health board: 01/07/2023-30/09/2023



Source: COVER 148 report, Public Health Wales

Call to action

Parents/guardians

Take your child to have their vaccination when invited. Check with your health visitor or GP if you think they may have missed any.

Individuals

Make sure you are up-to-date with all your vaccinations, and attend your vaccination appointment when invited.

Health Visitors and School Nursing

Check the immunisation status of children and help anyone missing a vaccine to access it.

Powys Teaching Health Board

Monitor uptake of vaccines and take targeted action to reduce inequity in uptake between communities and groups.

Health and Social Care Staff

Take up the offer of vaccination to help protect yourselves, your loved ones and the people you care for.

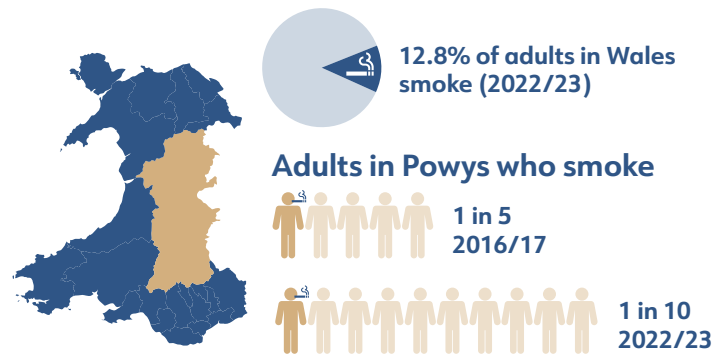
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Chapter 3 – Promoting healthy behaviours in Powys

This chapter focuses on two of the public health priority issues for Powys: smoking and alcohol.

Ambition for a smokefree Powys by 2030

The ambition is for Wales to be smokefree by 2030¹ with less than 1 in 20 adults smoking. To do this, our focus locally is on preventing people from starting to smoke and supporting people to give up.



Source: National Survey for Wales

A multi-agency Powys Nicotine Reduction Steering Group oversees the work locally. In July 2023 a tobacco control summit was held attended by representatives from the health board, third sector, Powys County Council and Police. At the summit, vaping was also highlighted as a growing concern, and addressing vaping amongst young people was agreed as a local priority action.



Powys Tobacco Control Summit 4th July 2023

Tackling vaping in young people in Powys

Whilst the vast majority of young people do not vape, data is indicating an increasing proportion of children and young people vaping daily and reporting nicotine dependency. Examples of local work includes:

- An information and guidance resource on vaping was developed to support educational settings in Powys. It was shared in the summer term 2023 with schools and partners working with young people.
- Prevention and treatment services have been working together to develop a pathway to ensure young people can get timely and easy access to support services when needed.
- Engagement work with some local young people has identified messages that would prevent them vaping. This is to inform the development of a communications campaign.



Preventing young people smoking

Most smokers start before the age of 18, so it is important to help prevent young people from starting to smoke in the first place. JustB SmokeFree is a schools-based smoking prevention programme delivered by Public Health Wales. Schools are identified where there is the highest risk of pupils smoking.

In each participating school, a group of influential Year 8 learners (12-13 year olds) are identified by their peers to become Smokefree Ambassadors. These young people attend a two day training course to provide them with the knowledge, skills and confidence to talk to their peers about smoking and being smokefree. This also includes providing them with information on e-cigarettes/vapes and illegal and illicit tobacco.

Three Powys schools completed the programme in 2022-23 academic year:

- Ysgol Maesydderwen, Ystradgynlais
- Brecon High School, Brecon
- Ysgol Calon Cymru - Builth Wells & Llandrindod Wells sites

These schools are again participating in 2023-24, along with:

- Newtown High School - Newtown & Presteigne
- Ysgol Bro Hyddgen, Machynlleth
- Ysgol Gwernyfed, Three Cocks



When approached about taking part in JustB, I knew this would be a great opportunity for our school, and I was not disappointed. Pupil health and wellbeing is very important at our school, and we recognised that taking part would contribute to pupils' physical wellbeing and meets the principles of the new curriculum for Wales.

I was really impressed with the strategy of identifying influential members of the year group, and was intrigued as to how the project would work. It involved a huge range of engaging and educational activities, keeping the pupils on their toes and maximising opportunities for learning. The pupils were all thoroughly engaged. They were able to go back into school, and confidently relay their knowledge to their peers in informal settings.

We have participated in the project for a second year, and our Smoke Free Ambassadors from last year were disappointed when they couldn't take part again!

Ruth Bullions – Assistant Head for Wellbeing Ysgol Maesydderwen

It was an interesting experience, partly because some of it was just having fun and doing fun activities, and then the rest of it was us learning facts and sometimes having serious conversations which is an interesting combination.

Charlotte Robson – Smokefree Ambassador

Stop smoking support

In Wales, stop smoking support is available through 'Help me Quit.' Services were greatly hit during the pandemic, but considerable work is being done to improve the access and range of services in Powys to make it easier for smokers to access support, and to reorientate services to those in greatest need.



As well as telephone support, the local Smoking Cessation Team is providing more face-to-face clinics in a range of settings, such as some GP surgeries. Groups have re-commenced, including an evening group in Brecon Hospital. There are also 22 community pharmacies across Powys now providing a smoking cessation service.

Promotional work is also being undertaken to increase public awareness of these services and how to access them. This has included GPs sending text messages to their patients who are smokers.

A positive difference is being seen; more than 400 smokers made a quit attempt in April-December 2023, 53% higher than the same period in 2022.

Help Me Quit

Through 'Help Me Quit', smokers can get free, confidential and non-judgemental support from stop smoking experts. Different options are available tailored to meet individuals' needs:

- Face to face or over the phone
- One to one or in a group meeting with other smokers in local community venues, health centres or pharmacies.
- Free stop smoking medication to help prevent cravings

People are 3 times more likely to give up if they have support from Help me Quit than attempting to give up on their own.

For more information visit helpmequit.wales, e-mail helpmequit@wales.nhs.uk or call freephone 0800 085 2219.

The Powys Smoking Team can be contacted directly via a dedicated email: StopSmoking.Powys@wales.nhs.uk.

Paul's story

Paul sought help to give up smoking after finding out he had cancer, like many people he thought 'it'll never happen to me'. He successfully gave up with support from Help Me Quit. Paul said:



"I needed to stop... The service provided me with options of different things to help me give up. I also had the option if I needed to talk about it, I could ring up, have a chat about any issues or any problems I was having with it, then have regular weekly meetings to see how I was progressing... [My] sense of smell and taste are completely different to when I smoked. Breathing is better, a lot better than it was. So, for me, giving up smoking was the only choice. I had to give up but I couldn't do it on my own."

Tackling harmful alcohol drinking

Alcohol drinking is generally seen as a normal part of our culture. But there is no safe limit where it does not affect health,² and the harm can be widespread affecting, for example relationships, mental health, people's employment.

Shifting how we see alcohol in a country where drinking alcohol is part of day-to-day life is challenging

Prof Sir Frank Atherton, Chief Medical Officer for Wales³

Chapter 1 showed that whilst adults in Powys have some of the lowest rates of heavy alcohol drinking in Wales, young people in Powys have the highest alcohol drinking rates.

The evidence suggests that managing the price of alcohol is one of the best ways to get heavy drinkers to drink less, and in Wales in March 2020 this was brought into place through minimum unit pricing.

At a local level we can support people through identifying those who are drinking too much and give them brief advice. Staff on the front line can undertake 'Making Every Contact Count'.

Also, schools and youth services can ensure young people receive support, through providing accurate information and education programmes to give them the skills to have healthy behaviours.

Brief advice is a cost-effective intervention where professionals use their everyday contact with people to discuss and encourage behaviours that will lead to positive changes, including providing information on where to access further help.

Helping to keep young people safe during the Royal Welsh Show week

During the period of the Royal Welsh Show each summer, Builth Wells town centre attracts significant numbers of evening visitors, the majority aged under 30.

The Builth Wells Safety Group brings together a wide range of partners. Working in partnership, the aim is to help ensure the safety of visitors and the wider community in the town centre, and relieve pressure on public services. The Group, building on learning from previous years, used a range of approaches for the summer of 2023 such as:

- Setting up a safe pedestrian walking route
- Night time patrols by Powys Youth Workers and Street Pastors, who were able to signpost and support individuals
- Commissioning additional medical provision from St Johns Ambulance Cymru.
- Developing a 'Have Fun, Take Care, Stay Safe' communications campaign.



As well as a bilingual video for social media, posters and banners were displayed in prominent town centre locations, event sites and licensed premises. Using an agricultural theme, the campaign was targeted at young people to encourage them to think about how much alcohol they were drinking, to think about their behaviour and to look after their friends.

Call to action

Smokers

Contact *Help Me Quit* to start your smoking cessation journey.

Schools

Reinforce school grounds as a smoke-free site, prohibiting vaping as well as smoking.

Take part in the Just B SmokeFree programme when invited.

Everyone

Report anonymously any outlets which are illegally selling vapes to young people via noifs-nobutts.co.uk.

Powys Teaching Health Board

Reinforce all hospital sites as smoke-free.

Frontline staff

Make Every Contact Count by asking patients if they are smokers, provide smoking cessation aid as appropriate and refer to stop smoking services.

Powys County Council

Enforce legislation around smoke-free premises and vehicles, and the illegal and illicit sale of cigarette and vapes.

Enforce legislation around underage sales of alcohol.

Adults who drink alcohol regularly

Be aware of how many units of alcohol you are drinking, and not exceed 14 units per week.

To keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis.

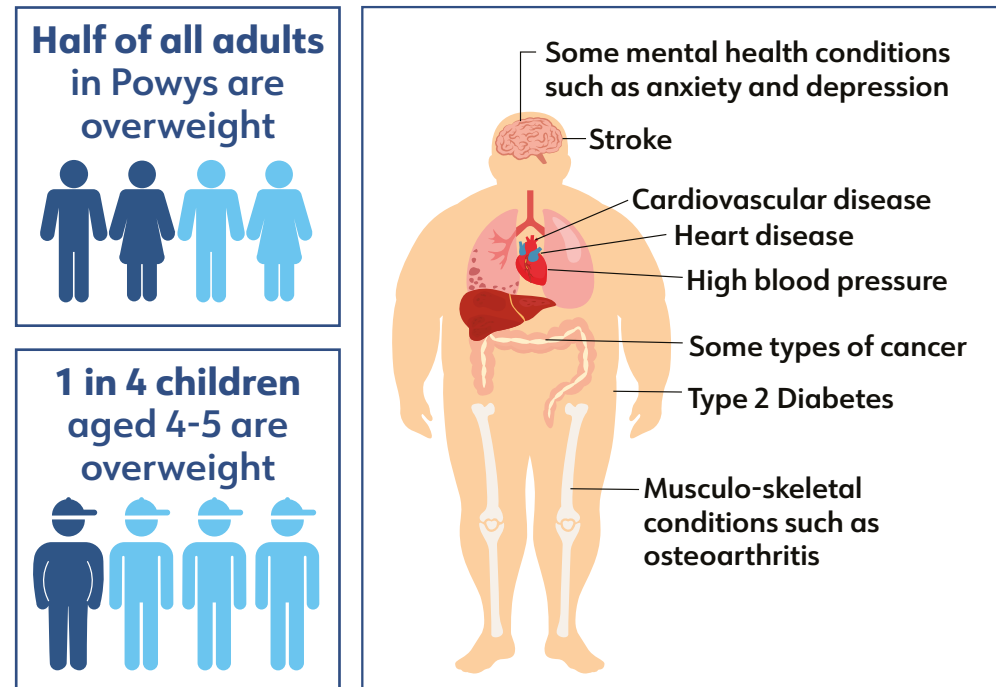
The more someone drinks, the greater the health risks.⁴

**<14 units
per week**



Chapter 4 – Healthy Weight: Healthy Powys

Being overweight increases the risk of developing a range of common health conditions. In Powys half of all adults are overweight or obese.



By the time they are in their first year of school, 1 in 4 children aged 4-5 in Powys are already overweight or obese,¹ approximately 6 children in an average class.

The factors that influence our weight are complex. There are a wide range of interacting environmental, social and economic factors influencing what we eat and drink and how active we are. In Powys we are using a new 'whole system approach' to tackle overweight and obesity. This means that partners are working together to understand and improve the local system in ways that will help people to achieve and maintain a healthy weight. The Powys Public Service Board has agreed this work as one of its priorities.

A series of workshops, summarised in figures 4.1 and 4.2, have helped to narrow down the priority areas to children (up to the age of five), families and access to healthy food with a focus on:

- Breastfeeding
- Introduction to solid foods (weaning)
- Cooking skills
- Affordability of healthy food.

The whole system approach aligns to, brings together and builds on existing work in Powys, examples of initiatives in place are outlined below. These support people to eat healthily and are aimed particularly at those with the highest needs, such as those living in more deprived communities.

Figure 4.1 Visual minutes from the stakeholder engagement event: December 2022



Figure 4.2 Visual minutes from the stakeholder engagement event: January 2023



The Healthy Start Scheme supports eligible parents on lower incomes by providing financial help to buy healthy food and milk.

Uptake has been lower than expected and varies across Powys. So that more eligible families can benefit, work is underway to address the barriers to uptake identified locally. This includes promoting the scheme with the public, and working with local retailers.

In the first half of 2023, average uptake for Powys was below 60%. However, the trend is showing some promising results, with uptake reaching 81% in the initial target area of Ystradgynlais.

Ydych chi'n feichio neu oes gennych blant o dan 4 oed?
 Gallech gael help i brynu Ffrwythau, llysiau, Codlysiau, Ilaeth a Ilaeth Formiwla i Fabanod.
 Gallwch hefyd gael fitaminau Healthy Start am ddim.

Are you pregnant or do you have children under the age of four?
 You could get help to buy fruit, vegetables, pulses, milk and infant formula.
 You could also get free Healthy Start vitamins.

www.healthystart.nhs.uk
 @NHSHealthyStart

Eat Smart, Save Better is a free 1-hour course that aims to support people to learn more about eating healthily on a budget. Anyone can attend, but it is particularly aimed at people living in more deprived communities and those managing on a tight budget. A range of partners are involved: the health board's Dietetic Team, Powys County Council Health Protection Team, Bwyd Powys Food and Stori Powys (Powys Libraries).

In November and December 2023, 10 sessions were held in 9 libraries across Powys, with 84 participants in total. January to March 2024, 10 schools were targeted, and a total of 19 sessions held with 111 parents attending.



Promoting healthy weight in early years and educational settings

Early years, schools and other educational settings can play a key role in supporting children to maintain a healthy weight. Examples of local initiatives are shown here.

Bach a lach (Small and Healthy)

started life as our way of delivering the Healthy Preschool Scheme in Powys. It focused on working with preschools to promote physical literacy, physical activity and healthy eating, for example by providing training for staff and resources for settings. Since then, the Bach a lach approach has been introduced to primary schools across Powys, and this aspect of the programme is now delivered through a partnership with Powys County Council's Sports Development Team. Bach a lach is now fully embedded in how we deliver both the Healthy Preschools Scheme and the Healthy Schools Scheme and is helping to ensure that staff in educational settings have the confidence, knowledge and skills to make physical activity and healthy eating part of everyday life for learners.



Foodwise for Life is a nine week weight management course for overweight adults. The health board's Dietetic Team delivered 17 courses over 2023/24.

Foodwise for Life

Is losing weight important to you?

Are you currently feeling motivated to lose weight?

Would you like to join a supportive group to learn more about achieving a healthy weight, share tips and encouragement?

Foodwise for Life is a 9 week weight management programme developed by the Public Health Dietitians in Wales

Learn more about:

- A healthy way to lose weight
- Becoming more active
- Portion sizes
- Food labels
- Changing eating habits
- Dealing with hunger & cravings
- Overcoming barriers
- Healthy food swaps

The Powys Healthy Preschool Scheme is now focusing on the theme of nutrition and oral health. Where possible, plans for the Scheme are being aligned with the whole system approach to healthy weight, such as working with preschools settings to look at their policies for providing food, including snacks and drinks.

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Food and Fun is a school-based programme funded by Welsh Government. It provides food and nutrition education, physical activity, enrichment sessions and healthy meals to children during the school summer holidays. The programme's aims include improving children's physical activity levels, healthy eating behaviours, mental health and emotional wellbeing, aspirations, educational attainment and school engagement.

Schools in Powys have support to deliver it from Powys Teaching Health Board's Dietetic Team and the Healthy Schools Team, and Powys County Council. In 2023, seven Powys schools took part, although over 40 were eligible. More schools are being encouraged to join the programme, and 10 have signed up for 2024.

Reflecting on his experience with Food and Fun over a number of years, Carl Hyde, Headteacher at Ysgol Calon y Dderwen in Newtown, said:

Having been part of the Food and Fun programme for over 5 years, it's been great to see it build on the experiences we offer each year. Our parents wanted something to engage children over the summer holidays and Food and Fun does just that. Not only does it help to support children to be active, through specially arranged sporting opportunities with local clubs and sports leaders, it also promotes healthy eating behaviours and provides healthy meals. The Summer holidays have traditionally been a time when children spend 6 weeks away from school, during our food and fun programme, their time in school is spent in a very different kind of way, but just as productive.

The programme also helps reduce financial and family stress with children taking part in fully funded activities both in school and through outside providers. We've seen a massive benefit to the school. We found that children are in a better frame of mind to come back to school in September.

Food and Fun has become part of the wellbeing programme that we have developed in the school. We are proud to offer our children many learning opportunities which embrace our outdoor space. These are part of the curriculum as well as extra curricular.

Throughout the year, as part of each school day, all children get around 15 minutes of activity walking around the school in the fresh air, completing up to a mile each time. Another successful initiative we've set up is a bike bus, named F-Ride-Day. Every Friday a group of our children meet at the far end of our catchment estate and cycle into school. It's a great way of building their confidence in cycling, and reduces congestion around the school gate.

Call to action

Powys Teaching Health Board

Promote and support breastfeeding, including joining the Breastfeeding Welcome Scheme.
Achieve UNICEF Baby Friendly accreditation.

Frontline staff

Make Every Contact Count by raising the issue of weight and signposting to sources of support.
Attend Making Every Contact Count training to increase your skills and confidence.

Pre-school settings

Have healthy and tooth-friendly policies to support children to have a healthy diet and to be active.
Achieve the Gold Standard Healthy Snack award.

Schools

Support learners to have a healthy diet and to be active, including having healthy policies.
Give learners healthy food and drink options, and opportunities to be physically active such as The Daily Mile and promoting active travel.
Only offer healthy options in vending machines.
Sign up to the Food and Fun programme if eligible.

All organisations, including public, voluntary, and private (shops, businesses, cafes etc)

Promote a healthy diet and physical activity for employees and clients.
Provide healthy food and drink options, and encourage uptake. Make the healthy choice, the easy choice.
Provide facilities for nursing mothers and join the Breastfeeding Welcome initiative.
Encourage active travel.

Chapter 5 – Addressing inequities in Powys

Chapter 1 outlined how there are differences in people’s health and wellbeing, which could be down to a number of factors. Public sector organisations in Powys have been working to address the needs of the different sectors of the population. However, the **Socio-Economic Duty**, which came into force in March 2021, has highlighted that there is more that can be done, specifically for those living in less favourable social and economic circumstances. **Actions to embed the Duty should help to reduce inequities and improve health outcomes.**

This chapter also outlines some of the other work being undertaken to tackle inequities.

Guiding future action

Powys Health Equity workshop

In November 2023, the Public Health Team brought together key stakeholders to increase understanding of health equity. Ideas to help improve decision-making in relation to socio-economic disadvantage included:

- engaging with service users to understand the views and needs of those affected by decisions made
- increasing professionals’ understanding of inequalities.

Other work to take advantage of opportunities to reduce inequalities included:

- building on integrated working between services
- reviewing services’ referral pathways.

The Socio-Economic Duty

The Duty aims to improve decision-making to help deliver better outcomes for people and communities who experience socio-economic disadvantage.

When making strategic decisions, public sector bodies now have a legal responsibility to consider the need to reduce inequalities of outcome resulting from socio-economic disadvantage.

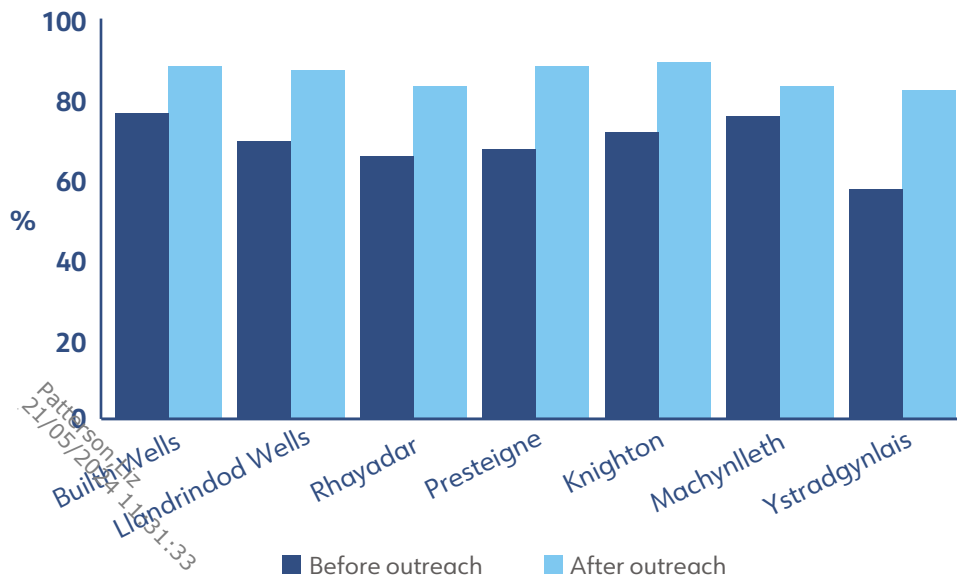
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Addressing variations in vaccine uptake

As seen across Wales, there are variations in uptake of routine vaccinations in Powys. Work is being undertaken locally to understand and address this variation. During 2023/24 this included:

- a polio vaccination catch-up programme
- an MMR catch-up programme
- enhanced monitoring of pre-school childhood immunisation lists to inform action
- targeted Covid-19 vaccination outreach sessions in areas with lower uptake (figure 5.1)
- developing a Vaccine Equity Strategy for Powys.

Figure 5.1 Percentage uptake of Covid-19 before and after targeted outreach by area: spring campaign 2023



A place-based approach - Healthy Ystradgynlais

Ystradgynlais is one of the most deprived areas in Powys. Services covering the area are taking a focussed place-based approach to improve outcomes for local residents.

A 'Healthy Ystradgynlais' community well-being event was held in February 2024 in The Welfare Hall, organised by the Health Protection Team of Powys County Council. Over 30 organisations supported the event, sharing information about the services they provide, including: the Department for Work and Pensions, Dyfed Powys Police, Mid and West Wales Fire Service, Freedom Leisure. Powys Teaching Health Board gave flu vaccinations, raised awareness of exposure to blood borne viruses, and offered testing for hepatitis B and C, HIV and syphilis.



Nearly 300 residents attended throughout the day. As well as finding out about the support available to them, residents were able to have a say in future projects taking place in the area through a wellbeing survey.



Armed forces personnel and Veterans

Service life can impact on serving personnel, veterans, and their families in many ways, including disadvantages in accessing healthcare. For example, frequent relocation means that it can be challenging to know what services are available in their new area.

The Powys Armed and Ex-Forces Forum was first established in 2013, and although suspended during the pandemic, it was re-established in March 2023. The Forum includes representation from the armed forces, veterans, Powys County Council, health and third sector organisations. It aims to address the healthcare disadvantages faced by the Armed Forces community and, specifically, to ensure that the health board complies with the Armed Forces Covenant Legal Duty that was introduced in November 2022.

Key areas of focus for the Forum include working towards accreditation of various schemes to ensure quality standards for healthcare services are being met. Future work will include promoting the Armed Forces Covenant Duty to health board staff through policies and training, and improving signposting of veterans to services.



Presentation of plaque for the 'At Ease' garden developed at Bronllys Hospital site.

Quality standards in healthcare

Wales GP practices Veterans Accreditation Scheme

Since the scheme's launch in June 2023, a quarter of Powys GP practices have achieved veteran-friendly accreditation. This includes undertaking specialist training on veterans' health and wellbeing, and promoting fair treatment and respect for people who have served and their families.

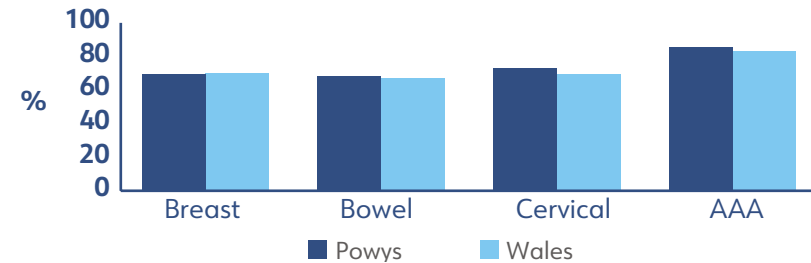
Screening

There are five national adult population-based screening programmes in Wales, which Public Health Wales have responsibility for. Overall, uptake in Powys generally compares favourably with the rest of Wales (figure 5.2). However, within Powys there is some variation, which tends to follow national patterns such as women being more likely to take part than men, people from more deprived areas are less likely to take part.

The programmes were paused during the pandemic, and there have been challenges getting the services back up to full recovery. Breast screening has taken the longest, but different actions to increase the number of appointments include using an additional mobile unit, extended hours including some weekend working, and consolidating sites to avoid moving the mobile unit as moving reduces the number of appointments available.

Work is also underway to allow people to make an informed choice about taking part by addressing barriers for different groups. An example has been the development of information in different formats, including Easy Read and British Sign Language films.

Figure 5.2 Percentage uptake for national screening programmes: 2021/22



Source: Public Health Wales Screening Division

What is Screening?

Screening aims to detect the early stages of disease or prevent disease occurring.

By identifying people at higher chance of having a health condition, more effective treatment options can be offered, or information provided to help them make decisions about their future care.

Screening can also reduce the chance of developing a serious condition, preventing ill-health and the harm that would have otherwise occurred.

Wales Screening programmes	Eligible population	Type of test	Screening Interval
Breast Test Wales	Women and people with breasts aged 50-70	Mammogram (x-ray)	Every 3 years
Bowel Screening Wales	People aged 51-74 (Lowering to 50 in 2024)	Postal home test kit	Every 2 years
Cervical Screening Wales	Women and people with a cervix aged 25-64	Cervical screening ('smear') test	Every 5 years
Diabetic Eye Screening Wales	People with diabetes aged 12 years and over	Photograph of the eye	Every 1 to 2 years depending on risk of diabetic eye disease
Wales Abdominal Aortic Aneurysm (AAA) Screening	Men aged 65	Ultrasound scan	One-off

For more information: <https://phw.nhs.wales/services-and-teams/screening/>

Increasing awareness of cancer screening

Lingen Davies Cancer Fund Powys Cancer Champions

This initiative started in Powys in the summer 2023, and focusses on cancer awareness, prevention and early diagnosis.



Volunteer 'Cancer Champions' are recruited from across the community, and supported to have conversations with their family, friends, colleagues and neighbours to increase understanding of cancer signs and symptoms and key prevention messages. It also aims to increase uptake of cancer screening, sharing information about the importance of attending screening, reassuring and encouraging people to attend.



By the end of March 2024, 168 Cancer Champions had been trained from a range of backgrounds and organisations, including: Powys Association of Voluntary Organisations, Freedom Leisure National Exercise Referral Scheme, The Bracken Trust Cancer Support Centre, Cyfle Cymru, GP

practices in Newtown and Machynlleth, Dementia Matters, Care and Repair, Pool, Young Farmers, Health and Social Care college students.

For further information: www.cancerchampions.co.uk

Improving access to services in Powys

Diabetic Eye Screening Wales

To address inequities in access and reduce travel times to screening for people with diabetes in Powys, Diabetic Eye Screening Wales are developing a team to be based in mid Powys. Being based locally will reduce travel times for staff and allow more options for clinic appointment times.

Building back the DESW service in Powys since the pandemic has been challenging. Some of the clinic venues previously used are no longer available. Clinic locations is something being explored further.

Call to action

Public Bodies

Embed the Socio-Economic Duty, ensuring decision-making considers those who experience disadvantage to enable all individuals to have the best health outcomes.

Frontline staff

Undertake training to support the armed forces community and signpost appropriately.

GP Practices

Register to become a 'Veteran Friendly' GP Practice.

Encourage patients to take up their screening invitation when invited.

Individuals

Consider taking part in screening when invited.

Watch out for cancer signs and symptoms, and seek help if anything is unusual.

Patterson, Liz
21/05/2024 11:31:33

References

Chapter 1

1. Whitty C, Prof Sir. *Chief Medical Officer's Annual Report 2023. Health in an Ageing Society*. Available from: [Chief Medical Officer's Annual Report 2023 - Health in an Ageing Society \(publishing.service.gov.uk\)](https://publishing.service.gov.uk) [Accessed 01/03/2024].
2. Science Evidence Advice (SEA) *NHS in 10+ years. An examination of the projected impact of long-term conditions and risk factors in Wales*. Cardiff: Welsh Government; 2023. Available from: [Science Evidence Advice \(SEA\) \(gov.wales\)](https://www.gov.wales) [Accessed 01/03/2024].
3. Public Health Wales. *PHW diabetes deep dive key slides*. 2023.
4. Cancer Research UK. *Cancer risk statistics*. Available from: [Cancer risk statistics | Cancer Research UK](https://www.cancerresearchuk.org) [Accessed 11/12/2023].
5. Watt T et al. *Health in 2040: projected patterns of illness in England*. London: The Health Foundation; 2023. Available from: [Health in 2040: projected patterns of illness in England - The Health Foundation](https://www.healthfoundation.org.uk) [Accessed 01/03/2024].
6. Powys Teaching Health Board and Powys County Council. *The Health and Care Strategy for Powys - A vision to 2027 and beyond*. [Online]. 2017. Available from: [33b29e_42600f6f44384e46992b3d891a9a50cb.pdf \(powysrpb.org\)](https://www.powysrpb.org) [Accessed 01/03/2024].
7. Welsh Government. *Welsh Index of Multiple Deprivation (WIMD) 2019. Results report*. Cardiff: Welsh Government; 2019. Available at: [Welsh Index of Multiple Deprivation \(WIMD\) 2019: results report \(gov.wales\)](https://www.gov.wales) [Accessed 01/03/2024].
8. Heckman JJ. Schools, skills and synapses. *Economic Inquiry*. 2008;46(3): 289-324.

Chapter 2

1. Dyfed Powys Local Resilience Forum. *Dyfed Powys Community Risk Register*. [Online]. 2019. Available from: [dplrf-crr---english.pdf \(dyfed-powys.police.uk\)](https://www.dyfed-powys.police.uk) [Accessed: 01/03/2024]
2. NHS. *Why vaccination is important and the safest way to protect yourself*. Available from: [Why vaccination is important and the safest way to protect yourself - NHS \(www.nhs.uk\)](https://www.nhs.uk) [Accessed: 01/03/2024]

Chapter 3

1. Welsh Government. *A smoke-free Wales: Our long-term tobacco control strategy Our long-term plan towards a smoke-free Wales by 2030*. Cardiff: Welsh Government; 2022. Available from: <https://www.gov.wales/tobacco-control-strategy-wales.html> [Accessed 01/03/2024].
2. Anderson B, Berdzuli N et al. Health and cancer risks associated with low levels of alcohol consumption. *The Lancet*. 2023;8(1):e6-e7. [Health and cancer risks associated with low levels of alcohol consumption - ScienceDirect](https://www.sciencedirect.com) [Accessed 01/03/2024].
3. Atherton F, Prof Sir. *Chief Medical Officer for Wales Annual Report 2023. How commercial interests influence our choices and behaviours*. Cardiff: Welsh Government; 2023. Available from: [Shaping Our Health - Chief Medical Officer for Wales Annual Report 2023 \(gov.wales\)](https://www.gov.wales) [Accessed 01/03/2024].
4. UK Chief Medical Officers. *UK Chief Medical Officers' Low Risk Drinking Guidelines*. Department of Health, Welsh Government, Department of Health Northern Ireland, and Scottish Government. 2016. Available from: [UK Chief Medical Officers' Low Risk Drinking Guidelines \(publishing.service.gov.uk\)](https://www.gov.uk) [Accessed 01/03/2024].

Chapter 4

1. Public Health Wales. *Child Measurement Programme 2021-2022*. Cardiff: Public Health Wales NHS Trust; 2023. Available from: phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2021-2022/child-measurement-programme-annual-report-2021-2022/ [Accessed: 01/03/2024].



Eich llais chi mewn | Your voice in Health
lechyd a Gofal | and Social Care

rhanbarth powys region

Report:	Regional Directors Report
Period Covered:	16th March – 14th May 2024
Author:	Katie Blackburn
Status:	For Information
Date:	14th May 2024

Health and Social Care Advocacy Team Update

Complaints:

Currently	59
Awaiting Consent Forms	28
Waiting List	2

Observations:

- Significant increase in the number of enquiries
- Significant increase in the number of MH referrals
- A high percentage of current cases relate to end of life care.
- More individuals are dissatisfied with the response to their complaint and are wanting to take their case to the Ombudsman.
- Inconsistency between GPs complaints processes – and therefore potential inequity. Llais Powys to undertake an analysis of all processes documented on GP web-sites.

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Who we've met and what we've heard.....

Llais Local:

Llanidloes – April 2024:

We held a joint workshop with representatives from Powys Teaching Health Board, Powys County Council and Powys Association of Voluntary Organisations on 19th April. This was to discuss the key themes from what we heard during the focused engagement in Llanidloes locality and to agree some commitments and actions which will be included in the final report. The report and agreed action plan are attached to this paper.

Brecon – May 2024:

We carried out focused engagement in the Brecon locality during April and we are in the process of analysing all of the information and preparing the report. Again, we were warmly welcomed in each group or venue that we attended and we found that people were very willing to share their experiences with us.

For the first time, we hosted an open coffee morning in the Guildhall in Brecon on 29th April. This was for members of the public to drop in to talk to us about their experiences. We had 65 members of the public come along to talk to us during the session.

Llais Local 2024-2025:

June - Llandrindod Wells & Rhayader

August - Machynlleth

October - Hay on Wye & Talgarth

January - Knighton & Presteigne

March - Newtown

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Llais Local Follow-ups 2024-2025:

July -	Welshpool
September -	Ystradgynlais
November -	Builth Wells
January -	Llanidloes
March -	Brecon

What we've heard.....key themes:

Key themes from engagement:

- We heard many positive statements about health care received once people were able to access services but there were difficulties with access - some of this was administrative system issues. Problems with appointments booked – people turning up to clinics but the clinics not running, not being on the consultant list for that day, not receiving appointments when expected, appointments offered at times that are not suitable for someone who has a distance to travel or who has to use public transport. This related to appointments within and outside of Powys.
- Extremely difficult getting through to Brecon Medical Practice on the phone – appointments not available once people get through and not able to make routine appointments in advance.
- Lack of transport options for people who do not have access to own transport. Dial-A-Ride not available at school times. Taxi firms do not take wheelchairs. Particularly difficult for patients expected to attend same day appointments.
- Lack of NHS dentists. We heard from a number of women that they had not been able to access NHS dental care during pregnancy or first 12 months of baby's life.
- The NHS dentist in Brecon has disability access issues – narrow pavement outside, step up to enter the practice, no wheelchair access, one clinic room on the ground floor but all others on first or second floor, no lift, stairs difficult to negotiate.

- Medication from repeat prescriptions not always available when go to collect.
- Long waiting times for planned care.
- Long waits for neurology appointments lead to long wait for diagnosis of Parkinsons. Once diagnosis received, seems to be a disconnect about ongoing care. Lack of information and guidance for people newly diagnosed.
- Distances to travel for secondary care. The additional distances to travel if someone is then transferred to a hospital even further away eg from Hereford sent to Worcester or Cheltenham.
- Lack of communication between hospitals/departments and copies of letters sent to GP not always sent to patient. This is particularly challenging for patients with multiple health conditions who have to attend a number of different hospitals and clinicians are not able to access a patient's full medical records.
- Long waits in A&E – often in discomfort.
- Ambulances waiting outside hospitals – a suggestion that there needs to be some kind of 'holding area' so that ambulances could be released back to community.

Engagement:

Date	Activity
18 March	PCC/PTHB Sustainable Powys/Better Together Workshop in Llanfyllin
18 March	Engagement at Llanidloes High School
20 March	PCC/PTHB Sustainable Powys/Better Together Workshop with young people in Llandrindod Wells
2 April	Brecon Focused Engagement - Brecon Library
2 April	Brecon Focused Engagement - Lunch & Craft Group at Brecon Volunteer Centre

Patterson, Liz
21/05/2024 11:31:33

5 April	Brecon Focused Engagement - Engagement at Sennybridge Post Office
5 April	Brecon Focused Engagement - Leaflet drop in Sennybridge
5 April	Brecon Focused Engagement - Poetry in Mind (Brecon MIND)
8 April	Brecon Focused Engagement - Crafternoon (Brecon MIND)
9 April	Brecon Focused Engagement - Brecon Medical Centre
9 April	Brecon Focused Engagement - Green Minds, Brecon Cathedral
11 April	Brecon Focused Engagement - Meeting with Brecon Access Group
11 April	Brecon Focused Engagement - Meeting with residential care home manager
11 April	Brecon Focused Engagement - Meeting with Manager of a home for people with learning disability
20 April	Brecon Focused Engagement - Brecon Men's Shed
22 April	Brecon Focused Engagement - Brecon Hospital – X-Ray Department and Outpatients Department
22 April	Brecon Focused Engagement - King's Meadow Travellers' Site, Brecon
22 April	Brecon Focused Engagement - Co-op Store, Brecon
23 April	Brecon Focused Engagement - Brecon Youth Club
24 April	Brecon Focused Engagement - South Powys Parkinsons Group, Llangorse Community Centre
25 April	Brecon Focused Engagement - Tea, Toast & Talk at Trecastle Community Centre
25 April	Brecon Focused Engagement - Leaflet drop in Trecastle
29 April	Brecon Focused Engagement - 'Cuppa and Chat' Coffee Morning, The Guildhall, Brecon

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21/05/2024 11:31:33

30 April	Brecon Focused Engagement - Uplift Singing Session, Theatr Brycheiniog
12 May	Knighton & District Refugee Support Group Garden Party

Katie Blackburn

Regional Director – Llais Powys

14 May 2024

Patterson, Liz
21/05/2024 11:31:33

OBSERVATIONS AND COMMITMENTS FROM WORKSHOP LLANIDLOES LOCALITY ENGAGEMENT REPORT

19 APRIL 2024

1. This report provides valuable insight, information and learning for the Health Board and the County Council. It reflects and mirrors a lot of what was heard in the Sustainable Powys/Better Together workshops which were held throughout the county during February and March. Much of the data gathered also mirrors information and feedback received by Powys Association of Voluntary Organisations (PAVO).
2. It was agreed that the Health Board and County Council would share information received from the Sustainable Powys/Better Together workshops held throughout the county during February and March, so that Llais is aware of any particular issues when planning to carry out future engagement work in the different localities.
3. It is important that we develop a set of commitments from each workshop. Llais will then arrange a follow-up engagement session in each locality approximately six months after the focused engagement in order to hear from the community whether there have been any changes for people.
4. Llais committed to issue the draft report 2 weeks prior to workshop date to allow the Health Board and County Council to review in advance of the workshops. This will help to ensure the representatives attending the workshop are able to provide actions and solutions in a partnership way.

Patterson, Liz
21/05/2024 11:31:33

5. Llais will consider bringing in officers from other Llais regions to hear what people are saying about services provided in their regions, eg officers from West Wales could be invited to hear what people in Machynlleth say about services provided by Hywel Dda Health Board.
6. Llais to make a representation to Trusts and Health Boards to remind them about arranging suitable appointment times for patients who have a distance to travel.
7. The Health Board Primary Care Team and Medicines Management Team to let the GP Practice and Pharmacy know about the positive feedback. Although there is learning to take forward, the affirmation about services working well is powerful for staff.
8. Welsh Government published guidance in 2022¹² about the transition and handover from children's to adult healthcare services. This is a key programme area of work for the Health Board and the feedback in the Llais report will be valuable as this work continues.
9. Information from the report will be addressed with NHS Trusts in England as part of commissioning review meetings.
10. There is work underway in the Health Board about expanding the Waiting Well services. This could include a single point of care to make people more aware of support and services available, to promote the ability for people to self-refer for physiotherapy, advice and support available to help someone be as fit as they can be for any upcoming surgery, signposting to Patient Advice & Liaison Services in neighbouring NHS Trusts to help with arranging suitable appointment times and the possibility of arranging diagnostic tests closer to home.

¹ [The Transition and Handover Guidance](#)

² [Young People's Version of the Transition and Handover Guidance](#)

11. There are specialist services which it is not possible to provide in Powys because of patient safety and clinical governance – an example of this is the Stoma Nurse which is referenced in the report. For some services, the Health Board is able to arrange outreach clinics in Powys but it is difficult to get a level of consistency. The Health Board has a fundamental principle at the heart of its strategy to provide care closer to home where it is prudent, safe and viable to do so.

12. It is accepted that there is a shortage of care workers in Llanidloes area, and it is recognised that this is particularly difficult for people who require specialist services and support, such as Autism. Because of finite resources, there is a balance that needs to be struck in ensuring that there is the right care, in the right place, at the right time. This is an issue that the Council is attempting to address and will be an ongoing conversation for the foreseeable future.

The Council's advice to people would be for them to request an assessment at the earliest possible time and not to wait for a crisis situation to develop – this would mean that more advice and intervention support could be put in place in a timely manner, to keep people at home or independent for as long as possible. There is some work for the County Council to inform the public about this.

13. There needs to be a multi-agency approach to help tackle loneliness. Increasing early help, support and inclusion opportunities to reduce loneliness and isolation has been identified as a key priority in the Powys Area Plan for implementation and delivery through the Powys Regional Partnership Board.

14. The situation with Children's Services is improving. There is now a more stable workforce with more permanent staff and less reliance on agency staff. There has been a reduction in the number of complaints about changes of social work staff during the last financial year.

Patterson, Liz
21/05/2024 11:31:33

15. There are ongoing conversations about how the health and social care services can work better together. The key mechanism for achieving this is through the Powys Regional Partnership Board including through the delivery of the Powys Area Plan which sets out key priorities for improved partnership working across health and care services.
16. It is recognised that accessing general dental care is an issue across the UK. The Health Board is attempting to fill the gap for Learning Disabilities with specialist expertise within the Community Dental Service.
17. The Health Board will raise awareness of the Learning Disability Liaison Nurse in Powys with Shrewsbury & Telford Hospital NHS Trust through the contractor/commissioner meetings.
18. Supported living accommodation is a bespoke service. There is legislation which the Council is bound by in relation to Learning Disability services and there are processes that the Council must follow when putting supported living arrangements in place. The Council made a commitment to provide better information and explanation about processes to individuals and their families, and to try to meet people's wishes.
19. It was agreed to use the following terms in relation to carers - unpaid carers when referring to family members or other carers who are not in a paid role and care workers when referring to people providing a care service and being paid for it.
20. It was considered important to share the outcome of the engagement with the community in Llanidloes.

Patterson, Liz
21/05/2024 11:31:33



Agenda Item: 5.1

BOARD MEETING		DATE OF MEETING: 22 May 2024
Subject:	SUMMARY OF JOINT COMMITTEE ACTIVITY	
Approved and Presented by:	Hayley Thomas, Interim Chief Executive	
Prepared by:	Interim Head of Corporate Governance	
Considered by Executive Committee on:	Various aspects covered in Executive Committee business	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.	
PURPOSE:		
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"> ▪ Welsh Health Specialised Services Committee (WHSSC); ▪ Emergency Ambulance Service Committee (EASC); and ▪ Joint Commissioning Committee (JCC). <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>		
RECOMMENDATION(S):		
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> ▪ NOTES the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings. 		
Approval/Ratification/Decision	Discussion	Information
*	✓	*

Patterson, Liz
21/05/2024 11:30:33

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

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

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the following Joint Committees of the PTHB Board:

- Welsh Health Specialised Services Committee (WHSSC);
- Emergency Ambulance Service Committee (EASC); and
- Joint Commissioning Committee (JCC).

WHSSC and EASC sat until 31 March 2024 and since the 1 April 2024 have been jointly superseded by the JCC.

The report also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).

DETAILED BACKGROUND AND ASSESSMENT:

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee held a virtual meeting on 19 March 2024. The papers for this meeting are available at: [2023/2024 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

The briefing reports from the meetings held on 27 February 2024 and 19 March 2023 are attached at **APPENDIX 1 and APPENDIX 2.**

Emergency Ambulance Services Joint Committee (EASC)

The EAS Committee held a virtual meeting on 19 March 2024. The papers for the meetings are available at: [March 2024 - Emergency Ambulance Services Committee \(nhs.wales\)](#)

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held virtual meetings on 9 April and 23 April 2024. The papers for these meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#)

The briefing reports from the meetings held on 9 April and 23 April 2024 are attached at **APPENDIX 3** and **APPENDIX 4**. A private briefing of the meeting on 23 April 2024 for Members of the Board is included with the In-Committee papers.

Mid Wales Joint Committee for Health and Social Care

The May update of the Mid Wales Joint Committee is attached at **APPENDIX 5**.

NEXT STEPS:

Updates will continue to be brought to each scheduled meeting the Board.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 27 FEBRUARY 2024

The Welsh Health Specialised Services Committee held an extraordinary public meeting on 27 February 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](#)

1. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members (1) **Noted** the report and presentation; and (2) **Discussed** the Integrated Commissioning Plan (ICP) 2024-2025 prior to its submission to Welsh Government, and agreed that further work be undertaken. It was suggested that a further presentation is provided to NHS Wales Directors of Finance peer group and other colleagues in the context of the 3.67% allocation uplift, savings and choices, and that the plan be brought back to the Joint Committee meeting in March 2024 for approval.



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Pwyllgor Gwasanaethau Iechyd
Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 19 MARCH 2024

The Welsh Health Specialised Services Committee held its latest public meeting on 19 March 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:

[2023/2024 Joint Committee - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/2023/2024-Joint-Committee-Welsh-Health-Specialised-Services-Committee)

1. Minutes of Previous Meetings

The minutes of the meetings held on the 30 January 2024 and 27 February 2024 were **approved** as a true and accurate record of the meetings.

2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

3. Integrated Commissioning Plan (ICP)

Members received a report and a presentation presenting the 2024-2025 Integrated Commissioning Plan (ICP) for approval prior to its submission to Welsh Government in line with NHS Wales planning requirements.

Members noted the planning and engagement undertaken to develop the ICP over the last 12 months, and the additional work undertaken since the JC meetings on 30 January 2024 and 27 February 2024 to refine the plan.

Members discussed the plan presented that included an average 4.45% uplift across Health Boards providing an allocation to fund activity demand and unavoidable growth as well as a 3.2% uplift for NHS Wales on non pay contracts. 6 of the 7 Health Boards (HBs) agreed to approve the plan subject to:

- An agile and flexible approach to delivery of the plan over the next 12 months,
- Recognition that they were carrying a degree of risk in the system,
- The need for the JCC team to undertake further interrogative work on medicines management and optimisation,
- A finance working group being set up to ensure HBs were closer to the recurrent spend across the year,

Patterson, Liz
21/05/2024 11:31:33

- Work being undertaken in parallel with HBs on policy and looking at sustainability of specialised services across Wales, including consideration of what is feasible for NHS Wales and what needs to be commissioned from NHS England to manage the volatility and instability for the next 12 months; and
- That the new JCC has strategic discussions on the delivery of the Specialised Strategy for Wales.

Members (1) **Noted** the report and presentation; and (2) **Approved** the Integrated Commissioning Plan 2024-2025 prior to its submission to Welsh Government.

4. Chair's Report

Members received the Chair's Report and **noted**:

- **Chair's Action** – a Chair's Action was taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme, and a letter was issued JC members on the 12 March 2024 confirming the action taken,
- **Chair's Appraisal with the Minister** - On the 26 February 2024 the Chair met with the Minister for Health & Social Services for her annual appraisal on the objectives set for the remit of the JC, in line with ministerial priorities, and areas where the Minister expected the JC, and the Chair, to demonstrate leadership and strategic direction. Members noted that the Chairs tenure comes to an end on 31 March 2024,
- **Dr Sian Lewis, Managing Director, WHSSC** - Dr Sian Lewis will be stepping down from her role as Managing Director on 28 March 2024. The Chair advised it had been a privilege and a pleasure working with Sian. Her energy, commitment and openness underpinned a strong and effective JC. On behalf of the JC, the Senior Corporate Team and all staff, the Chair expressed her sincerest gratitude to Sian for everything she has achieved, with and for our staff, patients, their families and carers, and our local communities,
- **Appointment of IPFR Lay Members** - The appointment process for the appointment of lay members on to the WHSSC Individual Patient Funding Request (IPFR) panel has been delayed and will commence under the new NHS Wales JCC in Quarter 1 2024-2025; and
- **Key Meetings.**

Members (1) **Noted** the report; and (2). **Ratified** the Chairs action taken on 12 March 2024 to approve expenditure for Advanced Medicinal Therapeutic Products (ATMPs) through the Blueteq High Cost Drugs (HCD) software programme.

Patterson, Liz
21/05/2024 11:31:33

5. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

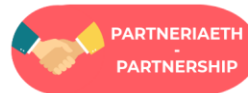
- **WHC/2024/005 - Welsh Health Circular - Private Obesity Surgery and the Welsh NHS** - In February 2024, Welsh Government published the Welsh Health Circular (WHC) - Private Obesity Surgery and the Welsh NHS. Currently, reliable estimates of the number of patients who are likely to request a follow-up are not available, however we know that approximately one third of surgical procedures carried out in the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) for patients in South Wales are emergency band removal procedures for patients who have previously undergone treatment in the private sector. Therefore, it is possible that this could have a significant impact on NHS pre-operative and post-operative service capacity,
- **Gender Identity Development Services (GIDS)** - An update on developments in Gender Identity Development Services (GIDS) in NHS England (NHSE), including the approach to the prescribing of Puberty Suppressing Hormones was given,
- **South Wales Major Trauma Network Gateway Review** - The South Wales Trauma Network (SWTN) was launched on 14 September 2020 to care for adults and children across South and West Wales and South Powys who had suffered a major trauma. On 7 March 2024, the Stage Gate Assessment of the South Wales Trauma Network was reported to the SRO for the programme and was given a green assessment rating which is a significant achievement which should not be underestimated for such a young network. The report will be shared at the SWTN Governance Group scheduled in March 2024 for information, with a view to developing an action plan to address the recommendations in readiness for the SWTN Clinical & Operational Board (COB) in April 2024,
- **Cardiac interventions in Wales: A comparison of benefits between NHS Wales' specialties - Published Article (PLOS ONE)** - WHSSC in collaboration with the cardiac network and the Secure Anonymised Information Linkage (SAIL) databank in Swansea have undertaken a study aimed at assessing if specialised healthcare service interventions in Wales was benefitting the population equitably in work commissioned by the WHSSC. The findings of the study were published on PLOS ONE in February 2024; and
- **NHS Wales Joint Commissioning Committee Implementation** - Further to the report presented to the Joint Committee on 30 January 2024 concerning the business continuity risks for specialised services commissioning associated with the establishment of the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024, the recent appointment of an interim Tier 1 Chief Commissioner was a positive step forward, however concern remained regarding the Mental Health portfolio of

Patterson, Liz
21/05/2024 11:31:33

the new JCC concerning the ICP and quality issues which will be factored into the risk register.

6. Any Other Business

- **Annual Committee Effectiveness Survey** – members noted that the annual committee effectiveness survey would be issued to all members after the meeting and would focus on the work of the Joint Committee only, and not the sub-committees. The feedback will support developing the new JCC; and
- **Farewell from the Chair of WHSSC** – members noted that it was Kate Eden’s last meeting as Chair of WHSSC and she advised that it had been a privilege to work for WHSSC for the last 4 years, working with experts and dedicated professionals to deliver high quality specialised services for Wales and also gave a thanks to the Independent Members (IMs) for supporting the work of WHSSC.



Patterson, Liz
21/05/2024 11:31:33

JOINT COMMISSIONING COMMITTEE (JCC) EXTRAORDINARY MEETING BRIEFING – 9 APRIL 2024

The Joint Commissioning Committee (JCC) held an inaugural extraordinary public meeting on 9 April 2024. The next public meeting will take place on 23 April 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The Chair welcomed members and the newly appointed Lay Members to the newly established JCC.

The papers for the meeting can be accessed using the link below:
[Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.](#)

1. Joint Commissioning Committee Standing Orders (inc Scheme of Delegation) & Standing Financial Instructions (inc Financial authorisation matrix)

Members received a report requesting that the JCC approve the JCC Standing Orders (including the scheme of delegation) & the Standing Financial Instructions (SFI's) (including the financial authorisation matrix).

Members noted that guidance on the handling of interests had been developed, that the memorandum of agreement between the 7 Health Boards (HBs) will be established; and that the hosting agreement between the host body CTMHB and the 6 HBs will be established to outline the accountability arrangements and resulting responsibilities of the Host Body, the JCC and its team.

Members (1) **Noted** the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024, as directed by Welsh Ministers, (2) **Noted** that the JCC has superseded the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1 April 2024, (3) **Noted** the development of the JCC's governance framework, as a key component of the Health Board's governance framework, (4) **Approved** the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18 March 2024, (5) **Approved** the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19 March 2024, (6) **Approved** the financial authorisation matrix; and (7) **Noted** the JCCs accountability map for information.

2. Interim Operating Model Framework for the NHS Wales Joint Commissioning Committee (JCC)

Members received a report requesting that the JCC note the transitional plan for Quarter 1 to enable the JCC to transact business when it went live on 1 April 2024. The plan incorporates the transitional plan developed by Welsh Government and the actions required to ensure stability and business continuity of the functions to be delivered.

Members **noted** the report.

Patterson Liz
21/05/2024 11:31:33

JOINT COMMISSIONING COMMITTEE (JCC) MEETING BRIEFING – 23 APRIL 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 23 April 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The papers for the meeting can be accessed using the link below:
[Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.](#)

1. Minutes of Previous Meetings

The minutes of the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) meetings held on the 19 March 2024 were **approved** as a true and accurate record of the meetings. The minutes of the Joint Commissioning Committee (JCC) meeting held on 9 April 2024 were **approved** as a true and accurate record of the meeting.

2. Chairs Report

Members received the Chair's Report and **noted**:

- **The update from the new Chair of the JCC** - the inaugural JCC meeting on 9 April 2024 received and approved the governance framework for the new JCC after it had been approved by the 7 x Health Boards (HBs) in March 2024, and the overwhelming first impression was of an organisation in good heart and in good shape, notwithstanding the significant challenges and complexities of combining the different organisations into one new national NHS sub committee,
- **JCC Induction Programme** – an update on introductory meetings with key personnel and partners and the local induction session attended and the forthcoming NHS Wales Induction programme for new Independent Members (IMs),
- **Chair's Action WHSSC – Approval of the WHSSC Legacy Statement** – the Chairs action taken by the Chair of WHSSC on 25 March 2024 to approve the WHSSC Legacy Statement as part of the work to support the establishment of the new NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024 in accordance with the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 was ratified; and
- **Key Meetings attended.**

Members (1) **noted** the report; and (2) **ratified** the WHSSC Chairs action taken on 25 March 2024 to approve the WHSSC legacy statement.

3. Interim Chief Commissioners Report

Members received the interim Chief Commissioners Report and **noted** the following updates:

- **New Interim Chief Commissioner** - an update on the interim 6 month appointment of Chief Commissioner, meetings held with key partners, staff and stakeholders to build relationships and the warm welcome received from everyone; and
- **NHS Wales Joint Commissioning Committee Implementation** - The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final Welsh Government Oversight Board meeting is being held on 30 April 2024 to complete the programme. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024 which incorporated the transitional plan developed by Welsh Government and the actions required to ensure the stability and business continuity of the functions to be delivered.

Members **noted** the report.

4. Emergency Medical Retrieval and Transfer Service (EMRTS Service Review

Members received a report presenting the Joint Commissioning Committee (JCC) with recommendations of the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review which has been ongoing since November 2022 and overseen by the Emergency Ambulance Services Committee (EASC) up until 31 March 2024 which had responsibility for commissioning these services prior to the establishment of the Joint Commissioning Committee (JCC) on 1 April 2024.

The Committee gave thanks to stakeholders for their patience during the time taken to ensure the work could be carried out robustly, and were especially grateful for the way in which the Charity and EMRTS had supported and contributed to the Review in what had been challenging circumstances for them given the uncertainty affecting their people and business planning.

The Committee expressed gratitude to Llais, the national citizens voice body for Wales, who advised on the engagement as well as NHS Wales colleagues to have helped deliver the all Wales engagement with citizens.

Members noted that since taking up appointment the Chair and the interim Chief Commissioner felt it was important to listen to a variety of concerns and had been proactive in meeting with key stakeholders and had been struck by the passion and high regard that is held for the Wales

Air Ambulance Charity and the clinical teams of EMRTS, which had been acknowledged throughout the Review.

Members noted that the report presenting the recommendations of the EMRTS Service Review had been considered individually by each of the 7 x Health Board (HBs) in Wales between 20 March and 11 April, and they gave consideration to the following recommendations:

Recommendation 1 – EMRTS Service Model. The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review,

Recommendation 2 – Implementation. To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review),

Recommendation 3 – Implementation. The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan will be reflected in the Committee’s future commissioning arrangements with EMRTS and the Charity,

Recommendation 4 – Additional service provision. The Committee approves the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It is recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group will work in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. Following conclusion of this work, and agreement of the way forward, the implementation plan will be updated,

Recommendation 5 – Lessons Learned. The Committee supports a Lessons Learned exercise of the review and engagement process to help inform the future work of the JCC; and

Recommendation 6 – Implementation. The Committee agrees to receive regular progress reports on achievement of the implementation plan milestones, and benefits realisation.

Patterson, L.
21/05/2024 11:31:33

Members discussed the recommendations and through a majority of 5 of the 7 HBs supporting, along with the 3 Lay members and Chair the recommendations were approved. Members noted that Betsi Cadwaladr UHB and Powys tHB did not support the recommendations.

Members requested that additional detailed work be undertaken, aligned to key milestones for delivery and that there was a need to provide the public with confidence on the process and impact across Wales.

Members (1) **Noted** the risks outlined above, (2) **Noted** the risk to patients and under-utilisation levels across Wales, (3) **Noted** the national feedback provided by the Picker Institute, (4) **Noted** the localised feedback from communities surrounding Caernarfon and Welshpool bases, (5) **Noted** the representations raised by Llais and the other representations, (6) **Noted** the risks to the Charity, (7) **Noted** that communications and engagement strategies are needed from both the Charity and EMRTS to rebuild trust and confidence with rural communities specifically to ensure the future of this partnership service; and (8) **Approved** recommendations 1 to 4 in line with the Review report and to approve recommendations 5 and 6 on implementation monitoring lessons learned on implementation monitoring lessons learned; and that a report to be brought back to May 2024 meeting outlining key milestones.

5. Legacy Statements

Members received a report presenting the legacy statements from the predecessor joint committees / teams that transitioned into the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024 for assurance.

Members noted that JCC became operational on 1 April 2024 and in accordance with the Interim Operating Model Framework for the NHS Wales JCC for Quarter 2024-2025 received by the JCC on 9 April 2024, there was a requirement for the new JCC to receive the legacy statements from the predecessor joint committees/teams.

Members noted the legacy statements for the:

- Emergency Ambulance Services Committee (EASC)
- National Collaborative Commissioning Unit (NCCU)
- 111 Service
- Sexual Assault Referral Centre (SARC)
- Welsh Health Specialised Services Committee (WHSSC)

6. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee; and
- Welsh Kidney Network (WKN).

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21/05/2024 11:31:33

MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – MAY 2024

1. Introduction

- 1.1 The statutory health and care organisations covering the Mid Wales region include the three Local Health Boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board), Welsh Ambulance Services NHS Trust and three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council). A formal collaborative arrangement, the Mid Wales Healthcare Collaborative, was established between these organisations in 2015 in response to a study of healthcare in Mid Wales commissioned by Welsh Government and undertaken by Professor Marcus Longley in 2014. As from March 2018 this collaborative arrangement transitioned into the Mid Wales Joint Committee with a strengthened role in the joint planning and implementation of health and care services across Mid Wales.
- 1.2 The Mid Wales Joint Committee has a set of annually agreed Mid Wales specific priority areas which have been identified as areas that will provide added value by working on a Mid Wales footprint and which align to the Integrated Medium-Term Plans (IMTP) / Annual / Regional Plans of the Joint Committee's partner organisations. The priority areas focus on a whole pathway approach with regional links between primary, secondary, community and social care to support the Welsh Government's expectation for Health Boards to work together to plan and deliver regional solutions across organisational boundaries.
- 1.3 The work of the Joint Committee is coordinated by the Mid Wales Planning and Delivery Executive Group. The focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.
- 1.4 The Planning and Delivery Executive Group is supported in its work by the following sub-groups:
- The Mid Wales Clinical Advisory Group which advises on specific clinical models of care, taking a leadership role in detailed design where appropriate.
 - The Mid Wales Social Care group which focuses on Social Care and the alignment of plans for social care services across Mid Wales.
 - The Rural Health and Care Wales Stakeholder Group for which the work programme links to and supports the delivery of the Mid Wales priorities.

2. Mid Wales Priorities

- 2.1 The Joint Committee has agreed that its overarching priorities for 2024/25 are a continuation of its 2023/24 priorities as follows:
- i) Urology
 - ii) Ophthalmology
 - iii) Cancer and Chemotherapy Outreach
 - iv) Community Dental Services
 - v) Clinical Strategy for Hospital Based Care and Treatment and regional solutions.
 - vi) Cross Border workforce arrangements

2.2 Supporting the delivery of the overarching Mid Wales priorities are a set of three clinical and three social care priorities.

Clinical priorities

For 2024/25 the clinical priorities and how they will be taken forward are:

- i) Urology: The Mid Wales 'Urology' priority is being taken forward by the Mid Wales Urology group and led by the Lead Clinical Executive Director for the Joint Committee.
- ii) Palliative Care: The Mid Wales priority for 'Cancer' includes an objective for Palliative Care.
- iii) Rheumatology: The Mid Wales priority for 'Clinical Strategy for Hospital Based Care and Treatment and regional solutions' includes the Bronglais General Hospital Strategy for which the action plan for Acute Medicine includes Rheumatology services.

Social Care priorities

The social care priorities which will be taken forward by the Mid Wales Social Care Group are:

- i) Residential Children's Accommodation with links to eliminating profit on small homes (Childrens' Services)
- ii) Welsh Community Care Information System (WCCIS)
- iii) Trusted Assessor along with Delayed Pathways of Care

2.3 The following provides the latest update on the overarching priorities for Mid Wales.

2.3.1 Urology

Prostate cancer pathway

The first area which the Mid Wales Urology group has focused on is the prostate cancer pathway, with the main issues identified being a lack of clarity over responsibility for monitoring of PSA levels if the first PSA test is within normal limits and monitoring and surveillance of patients post diagnosis and treatment. The Mid Wales Urology group have been able to clarify that primary care are responsible for the second PSA test and that there is an agreed mechanism in place for the on-going monitoring and surveillance of patients post diagnosis and treatment. The group has confirmed that the pathways in Wales are well established with the Welsh pathway similar to that described for the English pathway for which a proportion of Powys residents access services from cross border. However, the main issues appear to be a lack of consistent implementation of the nationally agreed mechanism and the administration of the monitoring systems used as some organisations are using clerical workarounds until a formal e-solution is agreed.

The Mid Wales Urology group met on 23rd April 2024 and agreed that no further work is required on pathway development for prostate cancer but there is a need to ensure consistent implementation of the nationally agreed mechanism across the region and the current administration systems currently being used for the surveillance of patients. A meeting of relevant Health Board clinical and managerial staff has been arranged for 12th June 2024 to look at both of these issues.

The Mid Wales Clinical Advisory Group have agreed with the Urology group's recommendation that the next area of focus for 2024/25 will be Trial Without Catheter. A

task and finish group is in the process of being established to look at the current position and identify available opportunities to address any gaps in the service.

2.2.2 Ophthalmology

Due to an inability to recruit to the joint Ophthalmology lead post it was agreed that the proposal to cover the joint Ophthalmology post through paid sessions should be explored further. However, due to financial constraints there is currently no available funding. Powys Teaching Health Board are exploring available options which includes the repatriation of work back into Powys and bid has been submitted to the National Planned Care Programme for clinical sessions to work on a regional basis. Confirmation is currently awaited on whether or not the bid has been successful.

2.3.3 Cancer and Chemotherapy Outreach

Chemotherapy Day Unit, Bronglais General Hospital

Hywel Dda University Health Board has confirmed that building work on the new Chemotherapy Day Unit at Bronglais General Hospital, Aberystwyth, will start in May 2024. The budget for the development has been under pressure because of rapidly rising material costs. However, following careful planning and budgeting, work is now on-track to nearly double the floor space available for treatment and staff areas to 600 square metres. The project will remodel part of the existing floor area and repurpose accommodation to ensure it meets the needs of staff and patients to deliver a modern and welcoming facility.

The project will deliver significant enhancements in care and experience for Mid Wales patients accessing chemotherapy services at Bronglais General Hospital. It is expected that the £3million unit will be ready to welcome its first patients in 2025.

Oncology

There is Mid Wales Joint Committee representation on the South West Wales Cancer Oncology Outpatients working group. Links between this group and Powys Teaching Health Board have now been established.

The Joint Committee team have been asked to support the Hywel Dda University Health Board cancer team in exploring the future proofing of Oncology services at Bronglais Hospital, Aberystwyth, through in-reach from organisations neighbouring the Mid Wales region. Initial contact was made with relevant officers from Shrewsbury and Telford NHS Trust and Betsi Cadwaladr University Health Board. Shrewsbury and Telford NHS Trust are currently not in a position to support Hywel Dda with any future proofing of services. A meeting was held on 1st May 2024 between Hywel Dda and Betsi Cadwaladr University Health Board representatives to discuss the available options for the long term strategy for oncology service provision at Bronglais Hospital.

Powys Teaching Health Board have agreed to explore the feasibility of providing adjuvant biphosphate infusion therapy at Bro Ddyfi Hospital, Machynlleth, in addition to what is already being provided at Llanidloes Hospital. Feedback is currently awaited from Powys Teaching Health Board on the outcome of internal discussions.

Radiotherapy

There is Mid Wales Joint Committee representation on the South West Wales Cancer Radiotherapy working group. Links between this group and Powys Teaching Health Board have now been established.

A Business Case for the recommissioning of the CT1 Simulator at Singleton Hospital, Swansea, has been considered by the Radiotherapy Modernisation group and shared with Powys THB representatives for their feedback. The proposal for the CT1 Simulator to be recommissioned is necessary due to the length of time it will take to commission a second new simulator (CT3).

The group have also considered the draft assessment criteria and options appraisal for a 5th LinAcc (radiotherapy machine) to be in place and operational by 2026/27 which is required to meet the increased demand for Radiotherapy services. Two options are currently being considered for the regional model as follows:

- Singleton Hospital to continue to be the main radiotherapy site for South and West Wales with the 5th LinAcc sited at Singleton Hospital, Swansea.
- Satellite Radiotherapy Centre to be established at a site within the Hywel Dda University Health Board area with the re-distribution of current LinAcc machines over a 5-10 year period as they become out of date and need replacing.

The Joint Committee team have asked that consideration be given to the needs of the Mid Wales population when considering the regional model, in particular, the options considered for the site for a potential satellite radiotherapy centre and the availability of patient accommodation at the main Radiotherapy site at Singleton Hospital.

Palliative care

In 2023, the National Clinical Lead for the National Palliative and End of Life care programme asked the Joint Committee team to support the national team in facilitating group discussions on a Mid Wales level which will inform the national programme work. Feedback from a Joint Committee facilitated workshop with Mid Wales Health Board palliative care leads has been provided to the national lead and this feedback outlined the current issues and challenges faced across Mid Wales, in particular, out of hours and weekend working. The outputs of the national work have not yet been seen.

The Joint Committee team are due to meet with the National Clinical Lead on 6th June 2024 to discuss what further support they require and the next steps for this work.

2.3.4 Community Dental Services

Referrals for new Hywel Dda University Health Board patients to the Newtown clinic for intermediate oral surgery for complex extractions have not resumed as the Consultant Oral Surgeon based at Newtown left the employment of Powys Teaching Health Board in 2023. An alternative proposal to explore the provision of a level 2 extractions Service Level Agreement service for Hywel Dda patients at Llandrindod Wells has been considered but was not possible due to financial constraints.

A meeting of the clinical and managerial leads for Powys Teaching Health Board and Hywel Dda University Health Board has been arranged for 18th June 2024 to discuss the plan for this priority for 2024/25 with the following areas to be considered:

- General Anaesthetic Paediatric service in Bronglais General Hospital
- Tier 3 Minor Oral Surgery at Bronglais General Hospital (if there is available theatre space)
- Tier 2 Minor Oral Surgery
- Opportunities for the Expansion of Aberystwyth Community Dental Service
- Contract risks in Aberystwyth General Dental Services
- Hywel Dda University Health Board Estate issues

2.3.5 Clinical Strategy for Hospital Based Care and Treatment and regional solutions Bronglais General Hospital Strategy

The Bronglais General Hospital Strategy Implementation Plan action plans have been reviewed in detail and updated to reflect the current position. Progress on the implementation of the strategy is continuing but is slower than planned. However, key areas of work being progressed are:

- Rheumatology: The Hywel Dda Rheumatology Consultant, based at Bronglais General Hospital, is now in post. The Consultant is having various discussions both with Hywel Dda University Health Board and Powys Teaching Health Board representatives regarding the potential future model for the service.
- Colorectal: The first colorectal clinic at Newtown Hospital which was provided by Hywel Dda for Powys patients was held on 12th April 2024 with positive feedback received from staff and patients who were happy to be seen at Newtown. The second clinic was held on 3rd May 2024 with the third clinic planned for 7th June 2024. Following this the Mid Wales Colorectal Services group will meet on 25th June 2024 to consider the review of the 3 month pilot which will include consideration of feedback from patients and clinical staff. The group will use this review to inform its recommendation as to whether or not the 3 month pilot should continue as a permanent arrangement.

In anticipation that the pilot is a success and the clinic is to continue, the Joint Committee team are co-ordinating the development of a draft service specification for the service to move from a Long Term Agreement to a Service Level Agreement arrangement.

- Gastroenterology: Hywel Dda University Health Board is in the process of appointing a Consultant Gastroenterologist for Bronglais General Hospital.

Hywel Dda UHB Clinical Services Plan programme

In 2023, Hywel Dda University Health Board established a Clinical Services Plan programme, to review some fragile services and develop a set of proposals for the provision of these services over the medium-term, until the establishment of the new hospital network as part of its long-term health and care strategy 'A Healthier Mid and West Wales: Our Future Generations Living Well'. At the Board meeting of Hywel Dda University Health Board in March 2023, it was agreed that the following services required focused support and would form a programme of work to deliver the Clinical Services Plan:

1. Critical Care
2. Dermatology
3. Emergency General Surgery
4. Endoscopy
5. Ophthalmology
6. Orthopaedics
7. Radiology
8. Stroke
9. Urology
10. Primary Care and Community

Phase 1- As part of the first phase of the review, staff were invited to share their views through completing a survey during September and October 2023. A survey was also

shared with patients in October and November 2023, to capture their views of using services included in the Clinical Services Plan. The initial phase for Primary Care and Community invited the four contractor professions, as well as the out of hours and community dental workforce, to share their feedback through the completion of a survey that was open between November 2023 and January 2024

An issues paper has been developed that highlights a broad range of factors that impact on services and includes the feedback gained through the staff, patient and contractor surveys. This paper was presented to the Health Board's public board meeting on 28th March 2024

Phase 2 - Workshops for patients, their representatives, and staff across a wide range of services, will now be held as part of the next stage of the Clinical Services Plan. The first nine service areas will now develop the workshops with Primary Care and Community Care to develop their own strategy. The workshops will develop a set of potential options that will support and improve these services over the coming years.

2.3.6 Cross Border workforce arrangements

Five priority areas have been agreed to focus on developing solutions to establish cross border health and social care workforce arrangements across Mid Wales as follows:

- a) Build unified workforce intelligence that identifies the workforces required and to create new and enhanced roles across Health Boards and Social Care. (Aligning to the All Wales Health and Social Care Strategy)
- b) Scope and deliver development programmes which include effective and efficient leadership, talent management, clinical education (including inter-professional education) which creates consistency in how we lead and support people and where possible provide intra organisation delivery.
- c) Develop compassionate processes/initiatives that support workforce wellbeing.
- d) Share good practice across the Mid Wales region.
- e) Develop recruitment strategy to encompass portfolio careers, apprenticeships, and joint working.

A workshop of Mid Wales workforce leads for the three Mid Wales Health Boards was held on 28th February 2024 to develop the scope for each of the priority areas identified. A presentation on the outputs from this meeting was provided to Mid Wales Planning and Delivery Executive Group on 18th March 2024.

The next meeting of the Mid Wales workforce group is due to be held on 8th May 2024 to undertake further scoping and to refine the scope. The Joint Committee team are meeting with the group's lead on 13th May 2024 to support them in the development of detailed work plans (with milestones and targets) for these priority areas.

3. Mid Wales Social Care priorities

3.1 Residential Children's accommodation

Work on Residential Children's accommodation priority commenced in 2023/24 and will continue into 2024/25. The Residential Children's accommodation workshop was held on 7th February 2024 and was attended by representatives from Powys and Ceredigion County Councils and the Joint Committee Team.

The workshop focused on sharing the current position for Residential Children's accommodation services for each county, looking at examples of best practice across the

UK (a paper and a set of presentation slides was developed by Rural Health and Care Wales), current issues / challenges and opportunities for shared learning. During the session, the group identified a number of areas where there could be shared learning which included rota management systems, recruitment, induction and training programmes. Also, opportunities for undertaking joint induction and training programmes were considered and it was agreed this would be feedback to the Mid Wales Workforce group for which the membership includes a social care representative.

The workshop has led to the establishment of a network between the Registered Managers for Powys and Ceredigion and an offer has been made to Gwynedd Council to be a part of this arrangement.

3.2 Welsh Community Care Information System (WCCIS)

A significant amount of work is being undertaken nationally on a replacement system for the WCCIS system which is currently in place at 18 of the 21 Local Authorities across Wales including Ceredigion County Council, Powys County Council and Gwynedd Council. Given the work that is being undertaken nationally, the Mid Wales Social Care Group have agreed that the first piece of work will be for the group to share a position statement for their respective Local Authority to outline the current situation, proposed actions and plans and risks.

3.3 Trusted Assessor along with Delayed Pathways of Care

Clarification is required over how the role, purpose and expected outcomes for the Trusted Assessor role is being implemented. A meeting is in the process of being arranged for members / their nominated representatives to discuss the Trusted Assessor role and to share what is working well, what is not working well and the challenges being encountered.

4. **Rural Health and Care Wales**

4.1 Mid Wales Demographic and Health / Wellbeing report

A review of the revised Population Needs Assessments and Wellbeing Plans covering Mid Wales, together with the ONS demographic statistics for the area, are being reviewed in order to consolidate this information into a comprehensive demographic and health / wellbeing report for the region by July 2024.

4.2 Cardi Care project

Notification was received on 21st December 2023 from the Mid Wales UK Shared Prosperity Fund stating that the application to extend the Cardi Care project into Powys and another location in Ceredigion had been held in the “amber zone”, asking for a re-submission to be done, with a re-profiling to reflect a much shorter project (to end by December 2024). This was undertaken and a grant has been confirmed for £30,206 to run similar a project from March to November 2024 in Lampeter, Ceredigion and Llanidloes, Powys.

4.3 Multi-agency responses during the Covid-19 Pandemic

The final report on the multi-agency responses during the Covid-19 Pandemic (vulnerable groups) in the Hywel Dda University Health Board and Powys Teaching Health Board regions has been completed and was presented to the Mid & West Wales Safeguarding Board Executive Board on 23rd April 2024. The purpose of this work, commissioned by the Integrated Executive Group of the West Wales Care Partnership, the Mid & West Wales Safeguarding Board and the Powys Partnership Board, was to look at Covid-19 and its impact on vulnerable clients of statutory agencies.

4.4 Impact of rurality on the cancer patient experience

The 2-year research project which is funded by Macmillan Cancer Research is exploring the impact of rurality on the cancer patient experience. The work is now focusing on one-to-one interviews (27 undertaken to date done) and setting up focus groups as part of the interactive information gathering. The 12-month case study aspect has also commenced.

4.5 Virtual Rural “Hospital” for Mid, North and West Wales

The draft proposal for the Virtual Rural “Hospital” for Mid, North and West Wales is currently under development with a presentation on a draft business case to be presented to the Rural Health and Care Wales Stakeholder Group in June 2024. A scoping exercise of existing virtual services / wards across the whole Mid Wales region has been undertaken.

4.6 Cymru Wledig LPIP Rural Wales

Confirmation of the UKRI grant for the Rural Wales Local Policy and Innovation Partnership, now called Cymru Wledig LPIP Rural Wales, has been received. The partnership, which included Rural Health and Care Wales, has received over £5 million in funding to research and explore solutions to rural challenges. Cymru Wledig LPIP Rural Wales, the Local Policy and Innovation Partnership for Rural Wales, connects researchers, communities, and policy-makers to support inclusive, sustainable development.

The project is due to be officially launched at the Senedd in early July 2024

4.7 Graduate Entry Medicine

Rural Health and Care Wales participated in the international Graduate Entry Medicine interviews for medical students on the 19th February 2024 and its work programme includes a project to support the increase in applications from the Mid Wales region.

4.8 Rural Health and Care Conference 2023

The feedback received for the ‘Rural Health and Care Conference 2023: Embracing Change – welcoming innovation and new ways of delivering Rural Health and Care Services’ was overall very positive. The Joint Committee have agreed with the proposal to extend the Conference to 3 days (from 2 days) in 2024 to enable more social networking time and gaps between presentations (from feedback received), with the intention also to include a section that reflects on achievements and developments made in Mid Wales since the publication of the Mid Wales Healthcare Study ten years ago in October 2014.

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21/05/2024 11:31:33



AGENDA ITEM: 5.2

BOARD MEETING		DATE OF MEETING: 22 May 2024
Subject:	SUMMARY OF PARTNERSHIP BOARD ACTIVITY	
Approved and Presented by:	Hayley Thomas, Chief Executive	
Prepared by:	Corporate Governance Business Officer	
Considered by Executive Committee on:	Various aspects covered in Executive Committee business	
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent partnership board meetings, including the following:

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Board to Cabinet Forum (BCF).

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.

Ratification	Discussion	Information
✘	✓	✘

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

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

BACKGROUND AND ASSESSMENT:

Powys Teaching Health Board is a member of the following partnership boards. This report provides an update in relation to the work of these Partnership Boards.

NHS Wales Shared Services Partnership Committee (NWSSPC): established under Velindre NHS Trust which is responsible for exercising shared services functions including the management and provision of Shared Services to the NHS in Wales.

The Shared Services Partnership Committee met on 21 March 2024. The papers for this meeting are available at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#). The assurance report from that meeting is attached at **Appendix 1** .

The Powys Public Services Board (PSB): established by the Well-being of Future Generations (Wales) Act 2015. Its role is to improve the economic, social, environmental and cultural well-being of Powys through better joint working across all public services. This includes a yearly review of the Powys Wellbeing Plan to show progress. Papers for Public Service Board meetings are available at: [Browse meetings - Public Service Board Cyngor Sir Powys County Council \(moderngov.co.uk\)](#)

The PSB has not met since the last update to Board in March 2024.

The Powys Regional Partnership Board (RPB): established under the Social Services and Well-being (Wales) Act 2014, which came into force in April 2016. Its key role is to identify key areas of improvement for care and support services in Powys and to identify opportunity for integration between Social Care and Health.

The RPB met on the 22 March 2024 where the following items were discussed:

- Digi-Story - Health and Care Academy Spotlight;
- Horizon scanning – key partnership updates;
- Defining co-production in Powys update;
- RPB Executive Group update;
- Powys RPB Capital Programme overview; and
- Welsh Government self-assessment report and next steps.

The RPB are next scheduled to meet on 30 May 2024.

Board to Cabinet Forum

The BCF has not met since the last update to Board in March 2024. The next meeting is being planned for July/August 2024.

NEXT STEPS:

Updates will continue to be brought to the Board and where necessary, specific decision-making matters will be scheduled.

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21/05/2024 11:31:33

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 March 2024
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Chair's Report</u>	
<p>The Chair updated the Committee on her activities since the last meeting. This includes attending the Chairs' Peer Group and meeting with the Minister. The Welsh Risk Pool Committee was held the previous week with a full agenda and the Staff Awards Ceremony at the end of February was a very positive experience. The Chair also advised Committee members that there may be a need for an urgent Chair's Action before the May Committee. This is in respect of Radiopharmacy Isolators where approval is likely to be required in April to progress this urgent procurement.</p> <p>The Committee NOTED the update.</p>	
<u>Managing Director Update</u>	
<p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> • Following the approval of the IMTP by the Committee in January, the two keeping in touch meetings, with the Finance Delivery Unit and the Planning Director at Welsh Government, produced no significant issues and the plan, has now been formally submitted; • Work to finalise the Business Justification Case for the Radiopharmacy service to be located in IP5 is progressing well with all necessary appointments to relevant contractors having been made; • The NWSSP People & OD Team have recently supported a further visit to Kerala in India which included attendance by the Minister for Health and Social Care from Welsh Government, who signed a formal agreement with the Kerala Government to continue the current co-operation arrangements which provides for a further 250 qualified healthcare professionals to be recruited into NHS Wales; 	

- The closure of the Laundry in Carmarthen is well underway and is on track for the end of March, with the new hub coming into operation in April. All affected staff have been given the opportunity to continue to work in the service at the Swansea Laundry or working in a suitable alternative role within Hywel Dda UHB;
- The recruitment process to replace the Director of Finance & Corporate Services has concluded and Alison Ramsey, the current Director of Planning, Performance, and Informatics was successful in being appointed to this post;
- Similarly, Nicola Phillips the current Deputy Director of Primary Care Services was successful in being appointed to the role of Director of Primary Care Services.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

The original Action Plan covered the period 2021-23 and there is now a need to update it. The plan is both externally and internally focused. External achievements to date include setting up a reporting template for all NHS Wales organisations to measure their progress against the 46 initiatives contained in the Welsh Government Plan and providing advice on achieving net zero in future construction projects. Internally we have invested in LED lighting across the estate, solar panels, and electric vehicles in our fleet. Going forward the plan continues to provide support to NHS Wales organisations and to take forward projects within NWSSP subject to the availability of capital. The plan is ambitious but is equally pragmatic, given the financial context to the years ahead. In the light of these challenges, a coordinated approach across NHS Wales is essential. Monitoring of progress against the plan at Committee is via the quarterly IMTP updates, albeit this is by exception, and it was agreed that a more detailed half-yearly report would be helpful.

The Committee **APPROVED** the Decarbonisation Action Plan.

NHS Building for Wales 2 Framework

The framework provides a number of specialist advisors to support major capital schemes across NHS Wales. The current framework expires in April and work has been undertaken over the last two years to prepare for a new framework, which will commence in May for a period of four years, with the option to extend for a further two years. There has been extensive consultation with Health Boards throughout the development of the new framework, and there has been proactive initiatives to support the Welsh economy wherever possible,

The Committee **ENDORSED** the Framework for formal approval by the Welsh Government.

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Nantgarw 2 Lease

Due to low occupancy rates at both Companies House and the current Nantgarw HQ, NWSSP is taking the opportunity to consolidate staff into one new building on the Nantgarw estate. This will provide a better working environment and will release revenue savings. The previous plan to move into Cathays Park was discounted due to increasing costs and restrictions on access, and it would also not have allowed the exit from the current HQ. The Committee was therefore asked to approve NWSSP entering into a 10-year lease for the new building.

The Committee **APPROVED** the signing of the lease for Nantgarw 2.

Items for Noting

All-Wales Energy Arrangements

The Committee were updated on developments with the implementation of new governance and contracting arrangements, and also the proposals for the supply of energy in the next few years.

The Welsh Energy Group, supported by the Welsh Energy Operating Group, were both established in March 2023, replacing the Energy Price Risk Management Group. Both of the new groups have performed well, with regular and well attended meetings, which has led to informed strategic decisions on energy supply. The governance arrangements were recently reviewed by Internal Audit and their report was rated as providing substantial assurance. NHS Trusts in England are considering the benefits of centralising their purchase of energy requirements and the Welsh Energy Group is similarly considering the benefit of joining this arrangement.

The Committee **NOTED** the update.

Flu Vaccination Proposal

The Central Procurement of Influenza project brief was approved by the Vaccination Programme Wales Transformation Board last July. The aim was to deploy centrally procured adult Influenza vaccine during the autumn of 2025. NWSSP have formed part of the Project Group to establish feasibility and design of a centrally procured Influenza model.

The next phase of implementation requires the Minister to direct General Practice to not purchase Influenza vaccine for Autumn 2025, which they would normally commence in September of this year. For this direction to be given, assurance needs to be provided that NHS Wales will be ready to provide GPs, Health Boards and Trusts with centrally procured adult Influenza vaccine. An Influenza vaccine tender process would run over the summer of 2024 to enable vaccine delivery commencing in September 2025.

NWSSP will procure the vaccines but there is the option of these being directly

delivered by the supplier or being held and distributed centrally via NWSSP. The paper provided to Committee focused in the latter option, but it is for Welsh Government to decide the preferred approach.

The Committee **NOTED** the proposal.

Staff Benefits Update

NWSSP currently provide administration services for several Staff Benefit Schemes for multiple NHS Wales organisations covering Salary Sacrifice Cars, Bicycles and Home Electronics. These services ensure that a fully procured supplier has been sourced, providing quality and value for money.

The Salary Sacrifice Car Scheme current fleet of vehicles stands at 3,736 at February 2024 which represents a 23% increase over the last 12 months. Additionally 94% of live fleet are electric/hybrid vehicles and 87% of cars on order are electric/hybrid vehicles. The car scheme deliver savings estimated at £750 per car per annum, resulting in a total annual saving of £2.8m across NHS Wales.

The Home Electronic scheme provides employees access to over 5000 items from Currys taken via salary sacrifice, allowing the employees to make savings through their salary.

The Cycle to Work scheme is supplied in conjunction with Halfords. The scheme provides employees access to bikes and accessories from Halfords and Tredz taken via salary sacrifice, allowing the employees to make savings on the cost of new bicycles.

The Committee **NOTED** the update.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported a break-even Month 11 financial position with a year-to-date additional non-recurring savings of £2.277m. The 2023/24 distribution to NHS Wales is now finalised at £2m. In addition NWSSP anticipate being able to return £1m of funding to Welsh Government so that the total additional savings generated and distributed for 2023/24 is £3m.

People & OD Update – The sickness absence rate remains very low with the average for the last 12 months being 2.98%. Statutory and Mandatory training compliance is good at over 93% but PADR compliance needs to improve from the current level of 83%.

Performance – The in-month January performance was generally good with 38 KPIs achieving the target against the total of 41 KPIs. The three that missed the target were Recruitment, where performance has improved and the target was only marginally missed, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses.

Project Management Office Update – Two projects are currently rated as red. These are the Primary Care Workforce Intelligence System and Transforming Access to Medicine (TrAMS). On the former there are issues with increasing costs and extremely tight implementation timescales and on the latter the lack of capital is the major issue although good progress is being made on the development of the Radiopharmacy Service.

Corporate Risk Register – There remain three red risks relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and the development of the TrAMs project.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Months 10 and 11).
- Final Version of IMTP.
- PPE Dashboard
- Audit Committee Assurance Report.

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

N/A

Date of next meeting

16 May 2024

Patterson, Liz
21/05/2024 11:31:33



AGENDA ITEM: 5.3

BOARD MEETING **DATE OF MEETING:**
22 MAY 2024

Subject:	Summary of Activity of the Board’s Local Partnership Forum
Approved and Presented by:	Director of Workforce & Organisational Development
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this report is to provide the Board with an update on the work of the Board’s Local Partnership Forum.

RECOMMENDATION(S):

It is recommended that the Board RECEIVES and DISCUSSES the update report appended to this report.

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Patterson, Liz
21/05/2024 11:31:53

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:

Powys Teaching Health Board has a statutory duty to take account of representations made by persons who represent the interests of the communities it serves, its officers and healthcare professionals. To help discharge this duty, a Board may be supported by Advisory Groups to provide advice to the Board in the exercise of its functions.

PTHB’s Advisory Groups include a Local Partnership Forum (LPF). The LPF’s role is to provide a formal mechanism where PTHB, as employer, and trade unions/professional bodies representing PTHB employees work together to improve health services for the citizens served by PTHB - achieved through a regular and timely process of consultation, negotiation and communication.

A meeting of the Local Partnership Forum took place on 29 April 2024. A copy of the Chair’s Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 24 July 2024

Patterson, Liz
21/05/2024 11:31:53

Reporting Committee:	Local Partnership Forum (LPF)
Committee Chair	Pete Hopgood
Date of last meeting:	29 April 2024
Paper prepared by:	Interim Head of Corporate Governance
KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE	
<p>The last meeting of the Local Partnership Forum took place on 29 April 2024</p> <p>The Board is asked to note that the following matters were discussed at the Local Partnership Forum that took place on 29 April 2024.</p> <ul style="list-style-type: none"> • Financial Performance Report – Month 12 • Director of Workforce and OD Summary Report <ul style="list-style-type: none"> ○ Workforce analysis report • Implementation of the non-pay parts of the 2022-2024 collective agreement • Business Efficiencies and Improvement • NHS Survey Results • Agile Working Policy • LPF Terms of Reference Review <p>The following matter was received for information:</p> <ul style="list-style-type: none"> • Chief Executives Report from Board; January and March 2024 <p>A summary of key issues discussed on the 29 April 2024 is provided below:</p>	

Patterson, Liz
21/05/2024 11:53:35

COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

Financial Performance Report – Month 12

The Director of Finance, Information and IT confirmed that month 12 had closed and gave a high-level overview on that position. The 2023/24 deficit is £11.92m subject to audit and final adjustments, which is within the target control total of £12m. During the year, in circa of £12m saving were made, approximately £6m recurrent and £6m non-recurrent.

This financial year the deficit plan is £24.95m which includes delivering £7.9m with savings.

The Health Board remains within the capital resource limit. An amount of additional capital funding was received towards the end of 2023/24, this has been utilised within the timescale to the benefit of the organisation.

Attention and action is still needed to ensure delivery of the plans previously identified.

Moving into the next financial year, there is a need to continue to identify opportunities for improvement, as the plan is developed.

Director of Workforce and OD Summary Report – including Workforce analysis report

The Director of Workforce and OD gave an update on activity since the previous report, against the priority areas in the Integrated Plan, Great Place to Work and Transformation and Sustainability, Staff Health and Wellbeing, Partnership and Citizenship.

Workforce Analysis Report

The Head of Workforce presented the report, highlighting some of the key areas:

- downward trend in the vacancy levels in nursing
- reduction in turnover of staff

- continuous improvement in absence rates
- pressures remain around agency usage
- the number of DNAs to training programme remains high

IMPLEMENTATION OF THE NON-PAY PARTS OF THE 2022-2024 COLLECTIVE AGREEMENT

The Director of Workforce and OD noted that the national expectations of the implementation locally of the non-pay elements of the previous year's pay deal.

The Welsh Government returns will be done in partnership; this is to be an agenda item at the next meeting when May's submission will be shared, and consideration can be given to the September return.

INTEGRATED PLAN – a focus on workforce elements

The Director of Workforce and OD introduced the presentation which outlines the background and technical planning guidance received from Welsh Government, plus the process followed to ensure continued alignment with the Health and Social Care strategy.

The priority themes are continuing to be reported in the performance dashboard, although there is a reduction in the number of actions being undertaken, allowing more focus on the high impact areas.

The Aspiring Nurses and Internationally Educated Nurses programme have been successful but given the age of the workforce and nature of the work there will a gap in the workforce that can be supplied, highlighting the need to review service design.

BUSINESS EFFICIENCIES AND IMPROVEMENT

The Director of Workforce and OD explained that following the request to develop 0-30% savings schemes an opportunities group was established. This group was re-established leading up to the end of the previous financial year to inform the 2024/2025 financial plan. A cross cutting workstream was created to look at business inefficiencies which is exploring if staff are in the right places; is technology being used to its potential; and if robotic processes could be simplified.

A programme of work has been developed and agreed, this sets out the identification and phasing of the work over the next two years. The two priority areas identified are:

- review of admin support across the organisation
- centralization of patient referrals and appointment bookings.

This will be a significant piece of work for staff, the comms will be key.

NHS STAFF SURVEY RESULTS

The Director of Workforce and OD provided a snapshot of the highlights and themes from the NHS staff survey. There has been a delay in the release of the full assessment of results.

The Health Board had a response rate of 28%, the highest in Wales. There were nine themes, the results were largely positive. The full results will be released early May and will be analysed to understand where activity needs to be focused. A media campaign like 'You said, we did' will be delivered.

AGILE WORKING POLICY

The Associate Director of Capital, Estates and Property advised the Neuadd Brynchieniog move has been completed. This piece of work was used as a pilot scheme, in terms of lessons learnt. This rationalisation has given a saving of £30,000, the staff have moved in Brecon Hospital and Bronllys.

Welsh Government are keen for estate rationalisation and requested better metrics of how nonclinical office space is being used. The 'Occupy' system is being used to provide some real-life data on how the estate is being used. It is consistently showing a 42-43% occupation of desk space, which will allow further efficiencies.

Information Items

- Chief Executives Report from Board; November 2023

NEXT MEETING

The next meeting of LPF will be held on 1 July 2024.



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.4

BOARD **22 May 2024**

Subject:	Board Committee Governance – Committee Annual Reports
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Helen Bushell, Director of Corporate Governance
Other Committees and meetings considered at:	Esch Annual Report provided has been considered at the relevant Committee meeting between February and May 2024.

PURPOSE:
The paper provides copies of Committee Annual Reports to the Board.

RECOMMENDATION(S):
The Board is asked to:

- **RECEIVE** Annual Reports from the following Committees:
 - Audit and Risk Assurance (ARAC)
 - Delivery and Performance (D&P)
 - Patient Experience, Quality and Safety (PEQS)
 - Planning, Partnerships and Population Health (PPPH)
- Take **ASSURANCE** that those four committees are operating effectively in fulfilling their terms of reference.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Committees support the breadth and depth of the Health Boards activities are per their terms of reference.
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	

SUMMARY:

PTHB Board Committees play a significant role in supporting the Board in the delivery of its roles, as per the PTHB Standing Orders and Committee Terms of Reference.

The Board receives reports from all Board Committee meetings on an ongoing basis throughout the year, via a Committee Chair's report. These are delivered by the Committee Chair and provide a summary of Committee business including any areas of particular interest or escalation to the Board.

For 2024/25, Annual Reports have been produced for Committees reflecting the following core content:

- Roles and Responsibilities including membership, attendance and frequency
- Activity in 2023/24
- An assurance statement to the Board
- Committee Effectiveness
- Planned activity

This reports summarise the key areas of business activity undertaken by the Committee (the Committee) over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

Included in this report are reports for the following Committees:

- Audit and Risk Assurance (ARAC)
- Delivery and Performance (D&P)
- Patient Experience, Quality and Safety (PEQS)
- Planning, Partnerships and Population Health (PPPH)

Each of the above Committees have considered their Annual Reports and have all:

- Taken their own assurance that the Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- Recommended the Annual Report(s) to the Board.

NEXT STEPS:

At the July Board, the following reports will be provided:

- Executive Committee
- Remuneration and Terms of Service Committee
- Workforce and Culture Committee.

IMPACT ASSESSMENT – NOT REQUIRED

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
21/05/2024 11:31:33

Audit, Risk and Assurance Committee

Annual Report

2023 - 2024

Patterson, Liz
21/05/2024 11:30:23

Contents

1. Introduction	3
2. Roles and Responsibilities	3
2.1 Membership of the Committee	4
2.2 Others in Attendance	5
2.3 Meeting frequency	6
3. Activity in 2022/23	7
3.1 Main Areas of Committee Activity 2022/23	7
3.2 Internal Audit	11
3.3 Work programme and action log	12
4. Assurance to the Board	12
5. Committee Effectiveness	12
6. Planned Activity in 2023/24	13

Patterson Liz
21/05/2024 11:30:23
Committee Annual Report
2023/24

1. Introduction

The Audit, Risk and Assurance Committee has been established by the Board in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.

This report summarises the key areas of business activity undertaken by the Audit and Risk Assurance Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Audit and Risk Assurance Committee were reviewed and agreed by the Board in September 2021. The purpose of the Audit and Risk Assurance Committee ("the Committee") is to:

- independently monitor, review and report to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
- advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
- Maintain an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and
- Work with the other committees of the Board to provide assurance that governance and risk managements arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

The Committee is responsible for providing advice to the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;
- the Annual Accountability Report, which includes the Annual Governance Statement;

Patterson, Liz
21/05/2024 11:20:23
Committee Annual Report
2023/24

- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management’s letter of representation to the external auditors;
- the planned activity and results of internal and external audit;
- adequacy of management response to issues identified by audit activity, including external audit’s management letter;
- assurances relating to the management of risk and corporate governance requirements for the organisation;
- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

It is expected that the Committee will also periodically review its own effectiveness and report the results of that review to the Board.

2.1 Membership of the Committee

The membership of the Committee during 2023/24 was:

Name	Role	Attendance
Mark Taylor	Independent Members (Finance) and Committee Chair (April 2023 – 23 October 2023)	1/3 <i>(due to ill health)</i>
Rhobert Lewis	Independent Member (General) and Committee Chair (from 24 October 2023 although covered from July)	4/5
Tony Thomas	Independent Member (Finance) to 30.05.2023	0/1

Patterson, Liz
21/05/2024 11:20:23

Ronnie Alexander	Independent Member (General)	1/5
Chris Walsh	Independent Member (Local Authority) from July 2023	3/4
Kirsty Williams*	Independent Member and Vice Chair of the Board	4/4
Simon Wright*	Independent Member (University)	1/1

*Kirsty Williams attended ARAC 21 July 2023, 10 October 2023, 16 January 2024 and 11 March 2024 to enable a quorum.

*Simon Wright attended ARAC on 10 October 2024 to enable a quorum.

2.2 Others in Attendance

During 2023/24, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Information and IT (Joint Executive Lead)	4/5
Helen Bushell	Director of Corporate Governance / Board Secretary (Joint Executive Lead)	5/5
Steve Elliot	Independent Financial Advisor (from 22 September 2023)	3/3

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually, to discuss with the Committee the process for assurance that supports the Annual Governance Statement. The Chief Executive attended four meetings during the year.

The Chair of the Board, Carl Cooper, attended one meeting. The Chair has a standing invitation to attend Board Committees.

Representatives of the Audit Wales, and the Internal Audit Service and Counter Fraud also attended each meeting.

Patricia Liz
21/05/2024 11:20:23

Representatives of the Counter Fraud Service attended Committee meetings in May 2023, October 2023, January 2024 and March 2024 to present their reports.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2023/24 the Committee met five times and was quorate on all occasions inviting the Vice Chair to ensure quoracy on three occasions, and the Independent Member (University) on one occasion.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business.

One of the five total meetings is held on an annual basis to receive and Recommend, for Board approval, the Accountability Report and Annual Financial Statements and Accounts.

Patterson, Liz
21/05/2024 11:30:23
Committee Annual Report
2023/24

3. Activity in 2022/23

3.1 Main Areas of Committee Activity 2023/24

Internal Audit	
Internal Audit Reports	Presentation of all Internal Audit Reports, see item 3.2 for more details.
Progress Reports	Internal Audit provided the Committee with regular progress reports against the Internal Audit Plan and monitored progress against recommendations.
Head of Internal Audit Opinion 2022/23	For assurance of the overall assessment and Opinion from the Head of Internal Audit for the 2022/23 year.
Internal Audit Plan 2024-25	Internal Audit presented the Draft Internal Audit Plan for 2024/25 for review and approval.
Internal Audit Themes and Reflections	Internal Audit presented the Audit Themes and Reflections for consideration.
External Audit	
Progress Reports	Audit Wales provided the Committee with regular progress reports on any external audits and monitored progress against recommendations.
External Audit Reports	Presentation of External Audit Reports, both local and national.
Structured Assessment 2022-23 and 2023-24	Regular updates reports were provided which reported progress against the development of the Structured Assessment 2022-23 and 2023-24
ISA260 Audit Report	
Counter Fraud	
Counter Fraud Annual Report 2022-23	Annual Report outlining counter fraud activity in 2022/23 for assurance.

Patterton, Liz
 21/05/2024 11:37:23

Counter Fraud Work Plan 2023-24	Head of Local Counter Fraud presented the Counter Fraud Plan 2023/24 for approval.
Counter Fraud Updates	Regular updates reporting progress against the key areas of work undertaken by the Local Counter Fraud Specialists during 2023/24 were provided for assurance.
Counter Fraud Annual Plan 2024-25	Head of Local Counter Fraud presented the Counter Fraud Plan 2024-25 for approval
Corporate Governance	
Audit Recommendation Tracking	An overview of the position relating to the implementation of Audit Recommendations, arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services was provided to each meeting of the Committee for discussion, except for 21 July 2023 and 10 October 2023 and to provide assurance that the organisation has an appropriate system for tracking and responding to audit recommendations.
Welsh Health Circular Tracking	An overview of the position relating to the implementation of Welsh Health Circulars (WHCs) and Ministerial Directions was provided on a quarterly basis for discussion and to provide assurance that the organisation has an appropriate system for tracking and responding to WHCs and Ministerial Directions.
Board Assurance Framework	For observations or comments to aid the development.
Annual Assessments of Committee Effectiveness	For discussion within the Committee to support the identification of what works well, learning and actions for improvement.
Committee Annual Report 2022/23	Committee Annual Report 2022/23 for submission to Board.
Review of Terms of Reference	To consider the Terms of Reference and to ensure that they remain fit for purpose.
Register of Interests	Register of Interests for Board and Executive Members for discussion and to provide assurance that organisational policy is being implemented.

Register of Gifts and Hospitality	An overview of the latest position Register of Gifts and Hospitality for Board members and employees and to provide assurance that the organisation has an appropriate process to support the collection, management and reporting of declarations of gifts, in line with the Standards of Behaviour Policy.
Committee Work Programme 2023-24	For comment noting it will evolve throughout the year in response to changing needs.
Confirmation of Clinical Audit Programme 2023/24	Presented to the Committee with confirmation that the Health Board has in place a Clinical Audit Programme 2023/24 which had been examined at the Patient Experience, Quality and Safety Committee.
Finance and procurement	
Application of Single Tender Waivers	In line with the organisation's Standing Orders, there is a requirement for all single tender waiver and extension of contracts to be reported to the Audit, Risk and Assurance Committee for ratification.
Losses and Special Payments Interim Report 2023-24	The interim report of Losses and Special Payments for the period 01 April 2023 to 31 August 2023 for assurance.
Post Payment Verification Update and Workplan 2023-24	Update on progress and forward work plan to provide assurance Post Payment Verification cycle is being managed appropriately.
Annual Reporting	
Annual Report and Accounts 2022-23, including Letter of Representation	Draft Financial Statements and Accountability Report 2022/23 Final Draft of the Annual Report and Accounts 2022-23 for consideration prior to being submitted for formal approval at PTHB Board.
Approach to the Annual Accounts 2023-24	Outline of the approach and principles to be adopted for completion of the 2023/24 Annual Accounts together with the planned approach to key financial areas.

Patterson, Liz
21/05/2024 11:37:23

Risk Management	
Risk Management Arrangements	To provide the Committee with the foundation and organisational arrangements for supporting risk management processes in Powys Teaching Health Board

Patterson, Liz
21/05/2024 11:30:33

3.2 Internal Audit

Summary audits completed 2023/24:

Substantial Assurance	Reasonable Assurance
<ul style="list-style-type: none"> • Performance Management and Reporting (2022/23) • Business Continuity Planning • Board & Committee Structure / Effectiveness • Primary Care Dental Services – Management and Monitoring of GDS Contract 	<ul style="list-style-type: none"> • Temporary Staffing Department Unit • Risk Management and Board Assurance Framework (2022/23) • Occupational Health Service Follow Up (2022/23) • Savings and Efficiency Framework (2022/23) • Internal Audit Recommendation Tracking Process (2022/23) • SLA's for In-reach Medical Staff • Clinical Audit • Clinical Education - HCSW Induction Programme • Health & Safety Arrangements • Incident Management • IT Infrastructure and Asset Management Follow-up • Follow up: Cyber Security
Limited Assurance	Advisory & non-opinion
<ul style="list-style-type: none"> • Information Governance • Estates Condition 	N/A
No Assurance	Assurance yet to be determined
N/A	<ul style="list-style-type: none"> • Continuing Health Care • Agency Spend Reduction Project • Welsh Language Standards Follow-up • Vaccination Programme • End of Life Care Services • Integrated Performance Framework • Risk Management and Assurance • Patient Experience • Decarbonisation

Patterson, Liz
21/05/2024 11:30:23

3.3 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register. The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and balance the need reduce pressure on staff during this time.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.

- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.
- Review of how internal audit reports are summarised to the Committee, celebrating success but focussing more time on Limited and No Assurance reports.
- A clear, focussed work programme.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2024/25.

6. Planned Activity in 2024/25

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

Delivery and Performance Committee

Annual Report

2023 - 2024

Patterson, Liz
21/05/2024 11:30:33

Contents

1. Introduction	3
2. Roles and Responsibilities	3
2.1 Membership of the Committee	4
2.2 Others in Attendance	5
2.3 Meeting frequency	6
3. Activity in 2023/24	7
3.1 Main Areas of Committee Activity 2023/24	7
3.2 Internal Audit	Error! Bookmark not defined.
3.3 Work programme and action log	10
4. Assurance to the Board	10
5. Committee Effectiveness	10
6. Planned Activity in 2024/25	11

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

1. Introduction

The Delivery and Performance Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Delivery and Performance Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Delivery and Performance Committee were reviewed and agreed by the Board in September 2021. The purpose of the Delivery and Performance Committee ("the Committee") is to:

- a. provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Framework for Improving Performance.
- b. Committee will seek assurances:
 - o on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
 - o on performance against national and locally set quality and safety measures of care together with compliance to legislative requirements ensuring services are safe, personal, effective and continuously improving;
 - o that services are improving efficiency and productivity and financial plans are being delivered;
 - o risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

The Committee will play a key role in monitoring the achievement of the Board strategic aims, objectives and priorities and will:

- a. seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust,
- b. seek assurance that arrangements for the performance management and accountability of directly provided and commissioned services are sufficient, effective and robust,
- c. assurance that arrangements for compliance with Health and Safety Regulations and Fire Safety Standards are sufficient, effective and robust,
- d. assurance that arrangements for information management are sufficient, effective and robust,
- e. assurance that arrangements for the performance management of digital and information management and technology (IM&T) systems are sufficient, effective and robust, and
- f. assurance that performance management of capital, estates and support services related standards and systems are sufficient, effective and robust,

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board’s Policy Management Framework and Scheme of Delegation and Reservation of Powers.

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2023/24 was:

Name	Role	Attendance
Mark Taylor	Independent Member (Finance) and Committee Chair (April 2023– October 2023)	2/2
Ronnie Alexander	Independent Member (General) and Chair of the Committee (from 24 October 2023)	5/6

Tony Thomas	Independent Member (Finance) to 30 May 2023	1/1
Rhobert Lewis	Independent Member (General) and Committee Vice Chair	6/6
Cathie Poynton	Independent Member (Trade Union)	6/6
Mick Giannasi	Independent Member (from February 2024)	1/1

2.2 Others in Attendance

During 2023/24, the following staff attended the Committee:

Name	Role	Attendance
Pete Hopgood	Director of Finance, Information and IT (Joint Executive Lead)	6/6
Hayley Thomas	Director of Strategy, Primary and Partnerships (to 2 May 2023)	1/1
Stephen Powell	Director of Performance and Commissioning	5/5
Claire Madsen	Director of Therapies & Health Sciences	4/6
Joy Garfitt	Executive Director of Operations/Director of Community and Mental Health	3/6
Debra Wood Lawson	Director of Workforce and OD	5/6
Steve Elliot	Independent Financial Advisor (from September 2023)	3/3

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, (Carol Shillabeer to 2 May 2023 then Hayley Thomas), was also invited to attend every meeting, and attends at least annually.

The Chair of the Board, Carl Cooper, attended three meetings. The Chair has a standing invite to attend Board Committees.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2023/24 the Committee met six times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than bi-monthly and in line with the annual plan of Board and Committee Business.

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

3. Activity in 2023/24

3.1 Main Areas of Committee Activity 2023/24

Assurance	
Update on the Performance Report section of the Annual Report 2022/23.	May 2023
Financial Performance Month 12 Report	May 2023
Integrated Performance Report 2022/23 (Month 11)	May 2023
Annual Delivery Plan 2023/2024	May 2023
Information Governance Annual Performance Report 2022/23	May 2023
Committee Risk Register	May 2023
Integrated Performance Report 2023/24 (Month 1)	June 2023
Renewal Portfolio Transitions Report	June 2023
Finance Performance Report 2023/24 (Month 02)	June 2023
Quarter 1 Delivery Plan	August 2023
Integrated Performance Report 2023/24 (Month 3)	August 2023
Finance Performance Report 2023/24 (Month 04)	August 2023
Six month report on Continuing Health Care Costs	August 2023 / February 2024
Agency Pay Deep Dive	August 2023 / February 2024
Health and Safety Assurance Update	August 2023
ISO14001 Report	August 2023
Information Governance Monitoring Report	August 2023
Integrated Performance Report (Month 04)	October 2023

Patterson, Liz
21/05/2024 11:37:23

Finance Performance Report Month 06	October 2023
Primary Care Out of Hours Assurance Report	October 2023
IT Infrastructure and Asset Management (Update against audit report and progress)	October 2023
Finance Performance Report Month 08	December 2023
Integrated Performance Report month 07	December 2023
Deep dive on Emergency Access	December 2023
Information Governance Monitoring Report and Toolkit	December 2023
Capital Programme Delivery	December 2023
Primary Care Services reports - General Dental Services (GDS)	December 2023
Digital First Monitoring Report	December 2023 / February 2024
IT Infrastructure and Asset Management – update against Audit Report and Progress	December 2023
Food Hygiene Rating	December 2023
Finance Performance Report Month 10 (including savings report)	February 2024
Integrated Performance Report Month 09	February 2024
Quarter 3 Delivery Plan Progress Report	February 2024
Primary Care Services: GMS	February 2024
Primary Care: Community Pharmacy	February 2024
Health and Safety Annual Report	February 2024
Capital and Estates Compliance Report	February 2024
Information Governance Monitoring Report	February 2024
Discussion Items	
IT Infrastructure and Asset Management Plan update	June 2023
Escalated Items	
Records Management Improvement Plan	May 2023 / December 2023

Patterson, Liz
21/05/2024 11:37:23

Organisational Escalation and Intervention Status	December 2023 / February 2024
Items for Information	
Reinforced Autoclaved Aerated Concrete Planks Report	August 2023
Internal Audit Information Governance Report	February 2024
Corporate Governance	
Committee Annual Programme of Business/Committee Frequency	May 2023
Committee Risk Register	June 2023 / December 2023 / February 2024
Committee Work Programme	August 2023 / December 2023 / February 2024
Annual Assessment of Committee Effectiveness	February 2024
Review of Committee Terms of Reference	February 2024
In-Committee Items	
Financial Sustainability	May 2023 / August 2023 / October 2023 / December 2023
Integrated Plan 2023/24 Feedback from Welsh Government	May 2023
Financial Sustainability	June 2023
Cyber Security Update and Risk	June 2023 / February 2024
IT Infrastructure and Assessment Action Plan	February 2024

Patterson, Liz
21/05/2024 11:30:33

3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register.

The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The increase of meetings from four per year to six per year
- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2024/25.

6. Planned Activity in 2024/25

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

Patient Experience, Quality and Safety Committee

Annual Report

2023 - 2024

Patterson, Liz
21/05/2024 14:33

Contents

1. Introduction	3
2. Roles and Responsibilities	3
2.1 Membership of the Committee	5
2.2 Others in Attendance	6
2.3 Meeting frequency	6
3. Activity in 2023/24	8
3.1 Main Areas of Committee Activity 2023/24	8
3.2 Internal Audit	Error! Bookmark not defined.
3.3 Work programme and action log	11
4. Assurance to the Board	11
5. Committee Effectiveness	11
6. Planned Activity in 2024/25	12

Patterson Liz
21/05/2024 15:33

1. Introduction

The Patient Experience, Quality and Safety Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Patient Experience, Quality and Safety Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Committee were reviewed and agreed by the Board in September 2021. The purpose of the Committee is to:

- provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction
 - a. Citizen Experience; and
 - b. Quality and Safety of directly provided and commissioned services.
- Committee will seek assurances:
 - a) The robustness of the Board's Clinical Quality Framework;
 - b) the experience of patients, citizens and carers ensuring continuous learning;
 - c) the provision of high quality, safe and effective healthcare within directly provided and commissioned services;
 - d) the effectiveness of arrangements in place to support Improvement and Innovation and
 - e) compliance with mental health legislation, including the Mental Health Act 1983 (amended 2007) and the Mental Capacity Act 2005.

Noting the scope of the Committee extends to the full range of PTHB responsibilities. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

The Committee is responsible for providing advice to the Board and Committees on:

- A. Seek assurance that the Health Board’s **Clinical Quality Framework** remains appropriate, is aligned to the National Quality Framework, and is embedded in practice.

- B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:
 - the delivery of the Patient Experience Plan; and
 - the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.

- C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
 - the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
 - the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services;
 - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
 - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;

Patterson, Liz
21/05/2024 13:33

- the arrangements in place to ensure that there are robust infection, prevention and control measures in place in all settings;
- the development of the board's Annual Quality Statement and Annual Quality Priorities; and
- performance against key quality focussed performance indicators and metrics.

D. Seek assurance on the arrangements in place to support

Improvement and Innovation, including:

- an overview of the research and development activity within the organisation;
- alignment with the national objectives published by Health And Care Research Wales (HCRW);
- an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for **compliance with mental health legislation** are sufficient, effective and robust, including:

- the Mental Health Act 1983 Code of Practice for Wales and associated regulations;
- the Mental Capacity Act 2005 Code of Practice and associated regulations;
- the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
- the Mental Health Measure (Wales) 2010.

3.1 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.2 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

Patterson, Liz
21/05/2024 14:33

2.1 Membership of the Committee

The membership of the Committee during 2023/24 was:

Name	Role	Attendance
Kirsty Williams	Chair	4/4
Jennifer Owen Adams	Vice-Chair	4/4
Ian Phillips	Member	3/4
Simon Wright	Member	4/4
Mark Taylor (to 23 October 2023)	Member	2/2

2.2 Others in Attendance

During 2023/24, the following staff attended the Committee:

Name	Role	Attendance
Claire Roche	Director of Nursing and Midwifery	4/4
Kate Wright	Medical Director	3/4
Claire Madsen	Director of Therapies and Health Sciences	3/4
Joy Garfitt	Interim Director of Operations	2/4
Pete Hopgood (from 03/05/2023)	Director of Finance, Information and IT, Interim Director of Primary Care	1/3
Debra Wood Lawson	Director of Workforce and OD	2/4

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually attending once during the year.

The Chair of the Board, Carl Cooper, attended two meetings. The Chair has a standing invite to attend Board Committees.

2.3 Meeting frequency

During 2023/24 the Committee met four times and was quorate on all occasions.

Whilst the terms of reference for the Committee require meetings to be held no less than bi-monthly and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business, it was agreed that the Committee would meet quarterly, and the Terms of Reference require updating to reflect this. The Terms of Reference are due for consideration by the Board in May 2024.

In addition to the scheduled meetings, the Committee met once jointly with the Workforce and Culture Committee on 24 October 2023 to discuss areas of common interest. It is expected that further joint meetings of the two Committees will be held into 2024/25.

Patterson, Liz
21/05/2024 14:33

3. Activity in 2023/24

3.1 Main Areas of Committee Activity 2023/24

Assurance	
Integrated Quality Report	April 2023
Duties of Quality and Candour presentation	April 2023
WHSSC Quality and Safety Committee Report January 2023	April 2023
Integrated Quality Report	July 2023
Mental Health Power of Discharge Annual Report 2022-2023	July 2023
Clinical Audit Report	July 2023
Annual Safeguarding Report 2022-23	July 2023
WHSSC Quality and Safety Committee Report April 2023	July 2023
Integrated Quality Report	October 2023 (including Public Services Ombudsman for Wales Annual Report 2022/23 and Infection Prevention and Control Plan Progress)
Maternity Services Assurance Paper	October 2023
Mental Health Services Presentation	October 2023
111p2 12 week review	October 2023
Implementation of Welsh Government guidance on Transition and Handover from Children's to Adult's Health Services	October 2023

Patient Experience, Quality and Safety Committee
21/05/2024 11:33

Medical Devices and Point of Care Testing Annual Report 2022-2023	October 2023
Integrated Quality Report	January 2024
Mental Health Services Deep-Dive	January 2024
Mental Health Power of Discharge Six Monthly Report	January 2024
Joint Inspection on Child Protection Arrangements	January 2024
Cancer Improvement Plan	January 2024
Annual Report of Accountable Officer for Controlled Drugs	January 2024
WHSSC Quality and Safety Committee Chairs Report October 2023	January 2024
Items for approval	
Statement of Commitment to Infection Prevention and Control	October 2023
Items considered In-Committee	
Infection Prevention and Control	July 2023
Suicide Review Report (November 2023)	January 2024
Mental Health Deep Dive from a Quality and Safety Perspective	January 2024
Escalated Items	
Maternity Services	April 2023 de-escalated to business as usual
Infection Prevention and Control	Escalated in July 2023 – monitoring reports received in October 2023 and January 2024
Corporate Governance	

Committee Risk Register	April 2023, July 2023 and January 2024
Committee Work Programme	Each meeting
Annual Assessment of Committee Effectiveness	January 2024
Review of Committee Terms of Reference	January 2024

Joint Patient Experience, Quality and Safety Committee and Workforce and Culture Committee	
Duty of Quality and Candour – focus on workforce culture, quality and safety	For discussion – October 2024
Speaking up Safely draft Self-Assessment	For discussion – October 2024

Patterson, Liz
21/05/2024 10:33

3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report, noted as Escalated Items or those that are already visible in the corporate risk register. The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise a robust governance approach balancing the need reduce pressure on staff where possible, whilst ensuring the Committee fulfils its responsibilities.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key developments/adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.

Patterson, Liz
21/05/2024
14:33

- The continued development and maturing of the Integrated Quality Report as a key tool for a number of areas of the Committees responsibility including the Duties of Quality and Candour.
- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.
- The introduction of the joint meeting with Workforce and Culture Committee.

The Committee has undertaken its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 1 of 2024/25.

6. Planned Activity in 2024/245

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme when it is presented to the Board in May 2024.

Patterson, Liz
21/05/2024 14:33

Planning, Partnerships and Population Health Committee

Annual Report

2023 - 2024

Patterson, Liz
21/05/2024 14:23:33

Contents

1. Introduction	3
2. Roles and Responsibilities	3
2.1 Membership of the Committee	5
2.2 Others in Attendance	5
2.3 Meeting frequency	6
3. Activity in 2023/24	7
3.1 Main Areas of Committee Activity 2023/24	7
3.2 Internal Audit	Error! Bookmark not defined.
3.3 Work programme and action log	9
4. Assurance to the Board	9
5. Committee Effectiveness	9
6. Planned Activity in 2024/25	10

Patterson Liz
21/05/2024 14:23:33

1. Introduction

The Planning, Partnership and Population Health Committee has been established by the Board in order to provide advice and assurance to the Board on the effectiveness of arrangements in place for securing the achievement of the Board's aims and objectives, in accordance with the standards of good governance determined for the NHS in Wales.

This report summarises the key areas of business activity undertaken by the Planning, Partnership and Population Health Committee ('the Committee') over the past year and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.

2. Roles and Responsibilities

The Terms of Reference for the Planning, Partnership and Population Health Committee were reviewed and agreed by the Board in September 2021. The purpose of the Planning, Partnership and Population Health Committee ("the Committee") is to:

Provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

- a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
- b. business cases and service planning proposals;
- c. the alignment of supporting and enabling strategies, including workforce, capital, estates digital;
- d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
- e. the Health Board's priorities and plans to improve population health and wellbeing.

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

- a. that Health Board planning arrangements are appropriately designed and operating effectively to monitor the provision of high quality, safe healthcare and services across the whole of

- the Health Board's responsibilities (directly provided and commissioned);
- b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
 - (i) Joint committee and partnership planning;
 - (ii) Engagement and communication; and
 - (iii) Civil Contingencies and Business Continuity;
 - c. that partnership governance and partnership working is effective and successful; and
 - d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

The Committee is responsible for the development of the Health Board's aims, objectives and priorities, and in doing so will:

Strategic Planning

- a. Seek assurance that the health board's Planning Framework is robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Plan
- b. Seek assurance that the health board has sufficient enabling plans to support the achievement of strategic objectives
- c. Seek assurance that the health board's arrangements for engagement and consultation in respect of service change matters are robust and effective
- d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
- e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
- f. Seek assurance that the Health Board's Strategic Commissioning Framework is robust and fit for purpose;
- g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
- h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
- i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

Partnership Working

Patterson, Liz
21/05/2024 14:23:33

- a. consider the development of strategies and plans developed in partnership with key strategic partners
- b. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
- c. seek assurance that partnership governance and partnership working is effective and successful.

Population Health

- a. consider population health needs assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
- b. consider plans for whole-system pathway development and re-design;
- c. seek assurance on the adequacy of programmes to promote healthy lifestyles to the Powys population;
- d. seek assurance on the work of the Health Board to reduce health inequalities.

It is expected that the committee will also annually review its own terms of reference and report any changes to the Board for ratification.

2.1 Membership of the Committee

The membership of the Committee during 2023/24 was:

Name	Role	Attendance
Rhobert Lewis	Independent Members Committee Chair (General)	2/3
Ian Philips	Independent Members Committee Vice Chair (ICT)	2/3
Kirsty Williams	Independent Member	3/3
Jennifer Owen Adams	Independent Member (Third Sector)	3/3
Ronnie Alexander	Independent Members (General)	2/3

2.2 Others in Attendance

During 2023/24, the following staff attended the Committee:

Name	Role	Attendance
Stephen Powell	Director of Performance and Commissioning	2/3
Mererid Bowley	Director of Public Health	3/3

Other Directors and officers attended during the year to present reports which related to their areas of responsibility as required.

The Chief Executive, Hayley Thomas, was also invited to attend every meeting, and attends at least annually.

The Chief Executive attended two meetings during the year.

The Director of Corporate Governance or their representatives attended every meeting.

2.3 Meeting frequency

During 2023/24 the Committee met three times and was quorate on all occasions.

The terms of reference for the Committee require meetings to be held no less than quarterly and otherwise, as the Chair of the Committee deems necessary, consistent with the annual plan of Board and Committee Business. The Committee met three times during 2023/24 with one scheduled meeting cancelled due to the volume of work associated with the Welsh Government requested savings programme. The decision to stand down the Committee was made by the Chair of the Board, CEO, Chair of the Committee and the Director of Corporate Governance. It should therefore be noted, the Health Board did not comply with Standing Orders in respect of the frequency of meetings for this Committee.

3. Activity in 2023/24

3.1 Main Areas of Committee Activity 2023/24

Assurance	
Health Weight Health Wales: <ul style="list-style-type: none"> Briefing on the Whole System Approach to Healthy Weight Update on development of Weight Management Pathways 	May 2023
Strategic Change Report	May 2023 / November 2023/ February 2024
Communications and Engagement - Q4 update on delivery and progress by the Engagement and Communication Team and sets out the process by which the priority work programme for 2023/24 is being developed	May 2023
Healthy Child Wales Programme School Aged Screening Evaluation IMTP - Draft Planning approach 2024	May 2023
Primary Care Cluster Planning Reporting against delivery	November 2023
NWSSP Performance (Mid-Year) Report	November 2023
Accelerated Sustainable Model (planning and approach)	November 2023
Health Protection Summary Report	November 2023
Child Immunisation Annual Report	November 2023
Additional Learning Needs (ALN)	November 2023
Winter respiratory Virus Plan Update 2023/24	November 2023
Deep Dive Diabetes	February 2024
Endoscopy Services	February 2024

Socio Economic Duty	February 2024
Regional Partnership Board update - Age Well	February 2024
Population screening programme uptake	February 2024
Approval Items	
IMTP - Draft Planning approach 2024	November 2023
Discussion Items	
Deep Dive proposals-determine a programme of population health focussed topics	November 2023
Escalated Items	
There were no escalated items	
Items for Information	
Shared Services Performance Report	May 2023
Corporate Governance	
Committee Annual Programme of Business	May 2023
Committee Risk Register	May 2023 / February 2024
Committee Work Programme	November 2023
Annual Assessment of Committee Effectiveness	February 2024
Review of Committee Terms of Reference	February 2024
In-Committee Items	
North Powys Wellbeing Programme - including Models of Care	February 2024

Patterson, Liz
21/05/2024 13:33

3.2 Work programme and action log

The Committee Work Plan ensures that the Committee discharges its responsibilities in a planned manner. It assists with agenda planning and is updated during the year to ensure that the Committee considers any additional items which may arise during the year.

In order to monitor progress and any necessary follow up action, the Committee has an Action Log that captures all agreed actions. This provides an essential element of assurance to the Committee and from the Committee to the Board.

The Committee reported to the Board through a Committee Chair's report, providing an overview of items considered by the Committee and highlighting any cross-committee issues / themes or items needing to be brought to the Board's attention. The Committee Chair's report and confirmed minutes are published on the website.

4. Assurance to the Board

The Committee wishes to assure the Board that on the basis of the work completed by the Committee during 2023/24, there are effective measures in place and there are no outstanding issues that the Committee wishes to bring to the attention of the Board over and above the risks and issues already raised in the Committee Chairs report or that are already visible in the corporate risk register. The Chair of the Committee reports into the Board via a report from Committee Chairs, where any significant issues are brought to the attention of the Board.

5. Committee Effectiveness

During the year the Committee has continued to review and revise its ways of working to optimise the need for a robust governance approach and fulfil its terms of reference.

The Committee continued to review its effectiveness thorough the year, to ensure effective use of time and ensure it fulfilled its role to provide assurance to the Board.

The key adaptations made this year included:

- The construct of the Committee meeting agendas remained flexible, and the application of a risk based approach to the selection of agenda items.

- The use of verbal updates and presentations where appropriate to ensure the timeliness of information to the Committee given the fast moving pace of some agenda areas.
- The circulation of relevant material outside meetings where appropriate.

The Committee is in the process of undertaking its annual effectiveness review process. The outcome and recommendations following this review will be reported to the Board in Quarter 2 of 2023/24.

6. Planned Activity in 2024/25

The Committee has developed its annual work programme and is committed to continuing to develop its function and effectiveness as per its terms of reference. The Committee welcomes any feedback from the Board in relation to its annual work programme.

Patterson Liz
21/05/2024 14:33



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Agenda item: 5.5

BOARD		22 May 2024
Subject:	Board Committee Governance – Work Programmes and Committee Effectiveness Review	
Approved and presented by:	Helen Bushell, Director of Corporate Governance	
Prepared by:	Helen Bushell, Director of Corporate Governance	
Other Committees and meetings considered at:	Each work programme and effectiveness review has been considered at the relevant Committee meeting between February and May 2024.	
PURPOSE:		
The paper provides a series of updates in relation to Committee Governance, specifically Work Programmes and Committee Effectiveness Reviews for a number of the PTHB Board Committees.		
RECOMMENDATION(S):		
The Board is asked to:		
<ul style="list-style-type: none"> • NOTE work programmes are in place for the following Committees and are provided to the Board for ASSURANCE: <ul style="list-style-type: none"> ○ Audit and Risk Assurance (ARAC) ○ Delivery and Performance (D&P) ○ Planning, Partnerships and Population Health (PPPH) ○ Executive Committee (EC) • Take ASSURANCE that five Board committees have undertaken Committee Effectiveness reviews as follows: <ul style="list-style-type: none"> ○ Audit and Risk Assurance (ARAC) ○ Delivery and Performance (D&P) ○ Patient Experience, Quality and Safety (PEQS) ○ Planning, Partnerships and Population Health (PPPH) ○ Workforce & Culture (W&C). 		
Approve/Take Assurance	Discuss	Note
Y	N	Y

Patterson, Liz
21/05/2024 11:31:33

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Committees support the breadth and depth of the Health Boards activities are per their terms of reference.
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	

Patterson Liz
21/05/2024 11:31:33

EXECUTIVE SUMMARY:

Board Committee Work Programmes

Work Programmes are an essential component of the smooth running of Board Committees, they provide opportunity to plan ahead, ensure the breadth and depth of the Committee Terms of Reference are appropriately considered and support cross Committee working.

In 2023/24 a new approach to Committee work planning was introduced and this has been further developed for 2024/25. The approach enhances planning, fully involving the Committee in the approach. For 2024/25 we are utilising the PTHB Chairs' Forum as a mechanism to help look across the Committee Programmes to ensure there is appropriate coverage of key topics and themes, a key theme for 2024/25 being Primary Care.

Work programmes are fully in place for the following Committees:

- Audit and Risk Assurance (ARAC)
- Delivery and Performance (D&P)
- Planning, Partnerships and Population Health (PPPH)
- Executive Committee (EC)

Please note due to the volume and frequency of Executive Committee meetings, a quarterly plan is produced.

Due to the cycle of meeting dates, work programmes are in draft for the following Committees, due to be considered at their next meeting.

- Workforce and Culture Committee (4 June)
- Patient Experience, Quality and Safety (30 July)

Both programmes have been reviewed the Chair of each Committee and are being actively used to inform upcoming agendas.

A programme is also in place for the Joint Meeting between the Workforce and Culture Committee and Patient Experience, Quality and Safety scheduled for the Autumn, the meeting will focus on Speaking Up Safely and supporting data, both from a patient and staff perspective.

Committee Effectiveness Reviews

Committee effectiveness reviews are a helpful and recognised component of good governance. They provide opportunity for reflection and then planned action in response to feedback, data and information.

Reviews have been undertaken for the following Committees:

- Audit and Risk Assurance (ARAC)
- Delivery and Performance (D&P)

- Patient Experience, Quality and Safety (PEQS)
- Planning, Partnerships and Population Health (PPPH)
- Workforce & Culture (W&C)

The same approach of review has not been used for Executive Committee, due to the frequency and format of the meetings, a standing agenda item is in place seeking feedback and adjustments made throughout the year.

Each review includes an online questionnaire of 21 structured questions for Committee members and attendees to complete in the following areas:

- Composition and establishment
- Effective functioning
- Assurance
- General comments (including what is going well, what could be improved, learning and development)

All Committee Effectiveness review results have been presented to each Committee and discussed at a full meeting of each Committee. Results have been very positive, two consistent themes for action/attention from a number of Committee reviews relate to:

- The Committee(s) receives regular and sufficient evidence that the organisation is learning and improving.
- Ensuring Primary Care is appropriately considered with the right focus at each Committee / Board

The key actions from effectiveness reviews will be incorporated into a governance action plan, this will also include actions relating to the governance of the Board more broadly, including the outcome of the Boards own effectiveness review – scheduled for the 6 June 2024.

NEXT STEPS:

- Committees will continue to implement and where required refine their work programmes as the year progresses and report to the Board appropriately.
- The Committee work programmes that have not yet been provided to the Board will be provided in July 2024 once the respective Committees have considered them.
- Effectiveness reviews will be a consideration at the Board Development session in June where the whole Board will have the opportunity look across all reviews as well as the Boards own effectiveness.
- The key actions from effectiveness reviews will be incorporated into a governance action plan, this will also include actions relating to the governance of the Board more broadly, including the outcome of the Boards own effectiveness review – scheduled for the 6 June 2024

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.

Patterson, Liz
21/05/2024 11:31:33

Delivery and Performance Committee 2024-25							
Theme	Item Title	May 07/05/2024	June 27/06/2024	August 29/08/2024	October 22/10/2024	December 05/12/2024	February 06/02/2025
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓	✓	✓
Governance	Annual Work Programme	✓					
Governance	Work Programme (updated through year)		✓	✓	✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness						✓
Governance	Committee Annual Report (including IC elements)	✓					
Governance	Review of Terms of Reference						✓
Performance	Integrated Performance Report	✓	✓	✓	✓	✓	✓
Performance	Annual Delivery Plan quarterly performance report	✓				✓	
Finance	Finance Report inclu savings report	✓	✓	✓	✓	✓	✓
Finance	Savings - (Six monthly report on Continuing Health Care costs)			✓			✓
Finance	Variable Pay (Escalated issue)						
Annual Reporting	Draft Performance Report	✓					
Information Governance	Annual Report	✓					
Information Governance	Monitoring Report			✓		✓	✓
Information Governance	IG Toolkit (National Audit replaces Caldicott Principles)		✓				
Records Management	Records Management Improvement Plan (Escalated issue)	✓				✓	
Innovative Environments	Capital Programme Delivery					✓	
Innovative Environments	Capital and Estates Compliance Report						✓
Innovative Environments	Capital and Estates Strategy monitoring						✓
Innovative Environments	Capital Pipeline Overview						
Innovative Environments	Carbon Literacy			✓			
Primary Care	GMS			✓			✓
Primary Care	GDS		✓			✓	
Primary Care	Out of Hours	ⓧ	✓		✓		
Primary Care	Community Pharmacy		✓			✓	
Digital First / Digital Framework	Annual Plan	✓					
Digital First / Digital Framework	Monitoring Report			✓			
Digital First / Digital Framework	IT Infrastructure and Asset Management (update against audit report and progress)	✓					
Audit Reports	Any Internal Audit/Wales Audit reports received - for information						
Audit Rec Monitoring	Cyber security - In Committee	✓	✓	✓	✓	✓	✓
To be scheduled	Comms and Engagement Report for D&P			✓		✓	
	Six monthly report on catering services		✓				✓
	Primary Care - any other considerations??						
Key							
Date to be confirmed							
Item to be confirmed							
Item deferred							
Item brought forward							
Going to Board							
Due to Committee							
Find Exec Cttee date							
Added to draft agenda							

Planning, Partnerships and Population Health Committee 2024-25

Theme	Item Title	May 16/05/2024	August 15/08/2024	November 14/11/2024	February 04/02/2025
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness				
Governance	Committee Annual Report	✓			✓
Governance	Review of Terms of Reference				✓
Governance	Socio Economic Duty - Annual Assurance Report				
Planning	IMTP - Approach for development		✓		
Planning	IMTP - Draft Plan			✓	
Planning	Strategic Change Report	✓	✓	✓	✓
Planning	Primary Care cluster plans 2024/25	✓			
Planning	Primary Care Cluster Reporting against delivery 2023/24			✓	
Planning	Strategic Commissioning Framework timeframe TBC				
Partnerships	Regional Partnership Board - Health and Care Strategy and reporting mechanisms. RPB Work Programme			✓	
Partnerships	RPB delivery plan	✓			✓
Partnerships	Integrated Care Fund (annual) and performance reports Timescales TBC (HB)				
Partnerships	Public Service Board -Wellbeing Plan - a 5year plan, came in 2023/24 so next needed 2028/29				
Partnerships	North Powys Wellbeing Programme		✓		✓
Partnerships	NWSSP Performance Report	✓	Year-end	✓	Mid-year
Partnerships	Accelerated Sustainable Model	✓	✓	✓	✓
Partnerships	Partnership Governance Framework			✓	
Partnerships	Comms and Engagement report (Arrangements for Engagement and Consultation in respect of service change)	✓			
Population Health	Population Health Needs Assessment and Wellbeing Assessment (next needed 2026/27)				
Population Health	Whole Systems Approach to prevention of obesity	✓	✓		

Population Health	Adult Weight Management Pathway Update	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC				✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	✓			
Population Health	Health Protection Summary Report				✓
Population Health	Child Immunisation Annual Report			✓	
Population Health	Deep Dive - determine a programme of population health focussed topics			✓ proposals	
	Deep dive Diabetes	✓			✓
Population Health	Shared Services Report				✓
Population Health	Primary Care Development Programme Highlight Report (HB)				
Population Health	Endoscopy Services	✓			
Population Health	Additional Learning Needs (ALN)	✓			✓
Population Health	Winter Plan 2024/35			✓	
Population Health	Tobacco Control Action Plan (Annually at request of Committee)		✓		
Audit Reports	Any Internal Audit/Wales Audit reports received - for information				
Audit	Potential Report giving sight of IA and EA reports, actions and management responses (ARAC retain responsibility for monitoring)				
Population Health	Oral Health - Design to Smile Programme Warren Tolley			✓	

Key
Date to be confirmed
Item to be confirmed
Item deferred
Item brought forward
Going to Board
Due to Committee
Find Exec Cttee date
Added to draft agenda

Patterson, Liz
21/05/2024 11:31:33

Executive Committee Q1 2024-25													
Theme	Item Title	Item Required	Role of Committee	Committee Date	Exec Lead	3rd April 2024	17th April 2024	2nd May 2024	8th May 2024	15th May 2024	29th May 2024	12th June 2024	26th June 2024
Governance	Minutes of previous meeting	Y	Approval		DCG	ü	ü	ü		ü	ü	ü	ü
Governance	Declaration of Interests	N	Compliance		DCG	ü	ü	ü		ü	ü	ü	ü
Governance	Action Log	Y	Approval		DCG	ü	ü	ü		ü	ü	ü	ü
Governance	Chief Executive Briefing	N	Discussion		CEO	ü	ü	ü		ü	ü	ü	ü
Governance	Situational Awareness	N	Discussion		CEO	ü	ü	ü		ü	ü	ü	ü
Governance	Welsh Government Correspondence Summary	Y	Information		CEO	ü	ü	ü		ü	ü	ü	ü
Governance	Draft Board Committee Agendas	Y	Information		DCG	ü	ü	ü		ü	ü	ü	ü
Governance	Executive Committee Forward Look	Y	Information		DCG	ü	ü	ü		ü	ü	ü	ü
Transforming in Partnership	Register of Interests and Register of Gifts & Hospitality	Y	Assurance	09-Jul	DCG								ü
Early Help and Support	Carers Annual Report	Y	Assurance		ED NQW&FH	ü							
Transforming in Partnership	Corporate Risk Register	Y	Assurance		DCG					ü			ü
Finance and Performance	Integrated Performance Report	Y	Assurance		ED PP&C		ü					ü	
Finance and Performance	Finance Performance Report	Y	Assurance		ED FC&SS		Month 3 (Flash)			ü			ü [Board]
	Integrated Quality Report	Y	Assurance	30/07/2024	ED NQW&FH	x							
Transforming in Partnership	All Wales Outcomes Framework for PROMs	Y	Approval		ED FC&SS and EMD								x
Transforming in Partnership	Strategic Change Report	Y	Assurance	16/05/2024	ED PP&C			ü					
Transforming in Partnership	Primary Care Cluster Planning Report against delivery	Y	Assurance		ED FC&SS					ü			
Transforming in Partnership	Regional Partnership Board Delivery Plan	Y	Assurance		CEO					ü			
Digital First	IT Infrastructure and Asset Management (update against audit report & progress)	Y	Assurance	07/05/2024	ED FC&SS		ü					ü	
Transforming in Partnership	Quarterly Annual Delivery Plan Report	Y	Assurance	07/05/2024	ED PP&C			ü					
Developing Workforce Futures	Workforce Performance Report	Y	Assurance	07/06/2024	ED P&C						ü		
Transforming in Partnership	Audit Recommendation Tracker	Y	Assurance		DCG								
Transforming in Partnership	WHC Tracker	Y	Assurance		DCG								ü
Transforming in Partnership	Review of the Risk Management Framework	Y	Approval		DCG								
Developing Workforce Futures	Nurse Staffing Levels Act Assurance Report	Y	Assurance		ED NQW&FH								
Focus on Wellbeing	Nationally Reportable Incident (NRI) Update	Y	Information		ED NQW&FH			ü			ü		ü
	Information Governance Monitoring Report		Assurance		ED FC&SS		ü						
	Infection, Prevention and Control Assurance Report	Y	Assurance		ED NQW&FH								
Joined Up Care	Local Implementation of the National Clinical Pathways Programme	Y	TBC		EMD								
Clinical Audit	Annual Programme				EMD	ü							
	UK COVID Inquiry update	Y	Assurance		DCG	ü							
	Board / Committee Work Programmes	Y			DCG			ü					
	Report of the Committee Sub Groups	Y	Information			ü		ü				ü	
	Third Sector Review of SLAs	Y										ü	
	Insourcing direct award	Y	Approval		ED PP&C								
	Cross Border Growing Risk of Non-Delivery	Y	Discussion		ED FC&SS								
	Creating a Sustainable Transformation Team (Clinical and Non-Clinical) to support the national programs	Y	Discussion		ED FC&SS								
Governance	Corporate Policies Compliance	Y	Assurance		DCG		ü					ü	
	SaTH HTP Full Business Case	Y	Approval		ED PP&C								
	North Powys Wellbeing Programme - Modelling and Service Re-design Q1 focus	Y			ED PP&C	x	ü						
	Third Sector Review of SLAs	Y			ED PP&C	ü							
	Care Home Quality Governance	Y			ED NQW&FH	ü							
	JICPA	Y	Assurance		ED NQW&FH	ü							
	Child Practice Review	Y	Assurance		ED NQW&FH	ü							
	MSK Business Case	Y	Approval		DOPS	ü							
	Clinical Coding Compliance	Y	Assurance		EMD								
Primary Care	Shropdoc OOH Contract extension	Y	Assurance	07/05/2024	ED FC&SS		ü						
	Assessment of the Brap and Kline report and an update on our progress against the Anti-racism plan	Y	Assurance		ED P&C		ü						

Pathfinder 1.1/12
21/07/2024 11:31:33

	WOD Policies for approval: • HR011 Recruitment & Selection Policy • HR007 Maternity, Paternity, Adoption and Surrogacy Policy & Procedure • HR077 Staff with Caring Responsibilities Policy • HR073 Evaluating New Jobs & Re-evaluation of Changed Jobs Policy	Y	Approval		ED P&C		ü						
	Inspection report - Cottage View	Y	Information		ED AHPHS&D		ü						
	Pandemic Framework	Y	Information		ED PH			ü					
	Mental Health Governance Update	Y	Assurance	16/04/2024	ED NQW&FH		ü						
	Draft Performance Report	Y	Assurance	07/05/2024	ED PP&C		ü						
	Records Management Improvement Plan	Y	Assurance	07/05/2024	ED FC&SS		ü						
	Digital First Annual Plan	Y	Assurance	07/05/2024	ED FC&SS		x	ü					
Transforming in Partnership	Transformation Update	Y	Assurance		ED PP&C			x		ü		ü	
	Mental Health Escalation Update (Verbal)	Y	Assurance		ED NQW&FH			ü		ü		ü	ü
	Mental Health Escalation Update (Written)	Y	Assurance		ED NQW&FH		ü				ü	ü	
Finance	2024/25 Financial Savings	Y	Assurance		ED FC&SS		ü						
	EPMA Business Case	Y	Approval		EMD			ü					
	All Wales Catering System	Y	Approval		ED AHPHS&D		ü						
Population Health	Annual Report of Director of Public Health (including	Y	Assurance	16/05/2024	ED PH			x		?			
	Whole Systems Approach to Prevention of Obesity	Y	Information	16/05/2024	ED PH			ü					
Performance	Director of Workforce and OD Report	Y	Information	04/06/2024	ED P&C		ü						
Statutory Compliance	Wellbeing of Future Generations Act Report	Y	Assurance	24/07/2024	ED PP&C								ü
Statutory Compliance	Medical Job Planning Annual Review	Y	Assurance	04/06/2024	EMD					ü			
Primary Care	GDS	Y	Assurance	27/06/2024	ED FC&SS							ü	
Primary Care	Community Pharmacy	Y	Assurance	27/06/2024	DFIT/MD							ü	
Audit Rec Monitoring	Cyber security - In Committee	Y	Assurance	07/05/2024	ED FC&SS							ü	
Planning	Primary Care cluster plans 2024/25	Y		16/05/2024	ED FC&SS				ü				
Partnerships	Comms and Engagement report (Arrangements for Engagement and Consultation in respect of service change)	Y	Assurance	16/05/2024	DCG				ü				
Finance and Procurement	Single Tender Waivers Annual Report	Y	Assurance	14/05/2024	ED FC&SS				ü				
Infection Prevention and Control	IPC Assurance Report	Y	Assurance	04/07/2024	ED NQW&FH							ü	
Safeguarding	Safeguarding Annual Report	Y	Assurance	04/07/2024	ED NQW&FH							ü	
Clinical Quality	Clinical Quality Framework	Y	Assurance	04/07/2024	EMD/ED NQW&FH/ED AHPHS&D							ü	
	MH Power of Discharge Annual Report including MH compliance with legislation	Y	Assurance	04/07/2024	DOPS							ü	
	Welsh Language Commissioner Enforcement Action Update	Y	Assurance		DCG				ü				
	IG Toolkit Outturn Report and Improvement Plan	Y	Assurance	27/06/2024	ED FC&SS							ü	
	Proposed Changes to the Powys District Nursing Service		Approval		DOPS					x		ü	
	Monthly Health Board Briefs	Y	Assurance		ED PP&C				ü				
	Q4 Plan Progress update	Y	Assurance	07/05/2024	ED PP&C				ü				
	Civil Contingencies Annual Report & Emerg Response Plan	Y	Assurance		ED PH								ü
	Annual Report - Performance	Y	Discussion		ED PP&C				ü				
	Annual Delivery Plan 2023-24 including budget allocation and framework	Y	Assurance	22/05/2024	ED PP&C					ü			
	SBAR – Performance Resources	Y	Discussion		ED PP&C					ü			
	All Wales Information Governance Policy	Y			DCG					x		ü	
	Audit Wales Audit Plan 2024	Y	Assurance	14/05/2024	DCG				ü				
	Business Case for Resuscitation Officer / Trainer	Y	Approval		ED NQW&FH					ü			
	Strategic Weight Management Follow-On Paper: Progress Report on the Development of Weight Management Pathways in Powys	Y	Assurance	16/05/2024	ED PH					ü			
	Options for the Adult Sanctuary provision for Powys	Y	Discussion		DOPS					ü			
	Rentention Plans	Y	Discussion		ED P&C					ü			
	Capital Costs	Y			ED FC&SS					ü			
	OOH	Y		27/06/2024								ü	
	Records Management Policy	Y	Approval		DCG							ü	
	Revised Elective Pathways Plan to WG	Y	Approval		ED PP&C							ü	

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21/05/2024 11:31:33



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Agenda item: 5.6

Board		22 May 2024
Subject:	Progress Against the Integrated Plan (Delivery Plan 2023-2024) at Year End, Quarter 4	
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 – 2 May 2024 Delivery and Performance Committee 7 May 2024 Both of whom recommend the report to the Board having taken their respective assurances.	
PURPOSE:		
This report provides the Board with an update of the progress made against the Integrated Plan at Year End, Quarter 4 period (January to March 2024). Following consideration Board it will subsequently be submitted to Welsh Government, as a formal report of Progress against Plan for Year End, Quarter 4. It will also feed into the PTHB Annual Report 2023 - 2024.		
RECOMMENDATION(S):		
The Delivery and Performance Committee are asked to:		
<ul style="list-style-type: none"> • CONSIDER the report ahead of submission to PTHB Board and take ASSURANCE that there is a process in place for monitoring progress against plan. 		
Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The annual delivery plan underpins 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 an update of the progress made against the Integrated Plan for the Year End, Quarter 4 period (January to March 2024).

This is the output of the reviews carried out by each Executive Lead on their respective areas. For the purpose of year end Executive Leads have been asked to provide an update on progress made in their retrospective areas and also provide commentary on key areas of achievement and key challenges.

This report has been considered and supported at Executive Committee and the Delivery and Performance Committee and after consideration at Board, this will be submitted to Welsh Government as a formal report of Progress against Plan for the Year End, Quarter 4 Period. It will also feed into the PTHB Annual Report 2023 - 2024.

This is an important component of the health board's assurance and performance management regime. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan.

BACKGROUND

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 4 period (January to March 2024).

Completion of the report

Each of the 32 Strategic Priorities set out in the Integrated Plan has been reviewed and a commentary provided on key achievements and challenges, where required for Quarter 4. An additional explanation including mitigating action is also included where any items are rag rated as red.

For the purpose of year end the rag for each item is marked as either complete, not complete or not applicable therefore only showing blue, red or pink.

An additional request to provide a year-end position of Key Achievements and Challenges has been requested from leads and this information will feed into the PTHB Annual Report.

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

Continuous improvements

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

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

An approach was trialled in Quarter 3, to collate the information for this report where Planning Managers hosted pop up sessions with the Executive Directors and their nominated leads in order to collect the information required. This was received favourably as it allowed for a more interactive and collective consideration of progress and ratings. It was therefore maintained in Quarter 4. The addition of Delivery Confidence ratings for this reporting year has proven useful in appraising deliverability of each Strategic Priority individually, across portfolios and across the plan as a whole. This was set at the beginning of the year and reconsidered quarterly as part of the progress reporting process.

Alignment with the Plan Review and Reset exercise.

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

Following on from this, entries highlighted in pink are reflecting those areas which have been deprioritised, rescoped or rescheduled as part of the reset work in November 2023.

NEXT STEPS:

The report will be submitted to Welsh Government as a formal report of Progress against Plan for the Year End, Quarter 4 Period, and will also feed into the PTHB Annual Report 2023 - 2024.

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21/05/2024 11:31:33

IMPACT ASSESSMENT – NOT REQUIRED

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
21/05/2024 11:31:33



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Integrated Plan Progress Report

Quarter 4 2023/ 2024

January to March 2024

BRAGG Key

Blue - Complete

Red - Behind schedule

Pink – Not Applicable

Patterson, Liz
21/05/2024 11:31:33

- *Entries in pink are reflecting those areas which have been deprioritised, rescopeed or rescheduled as part of the reset work in November 2023. These are now counted as NA – Not Applicable.*



Plan on a page 2023 > 24



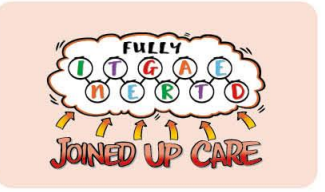
1. Population health improvement including health inequalities
2. Health Protection including vaccination
3. Health protection – Infection Prevention and Control



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



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



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

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

In Year Strategic Priorities:
(Incorporating Ministerial Priorities)

Enabling Objectives supporting delivery of Strategic Priorities



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



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



- Capital and estates programme
- Environmental management and decarbonisation



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

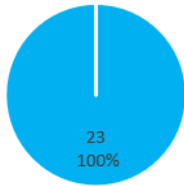
Enabling Priorities 2023-2026

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

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21/05/2024

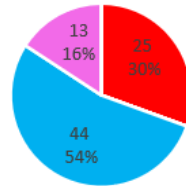
SUMMARY OVERVIEW

Focus On Wellbeing



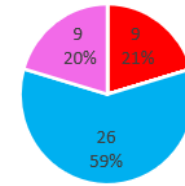
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Early Help and Support



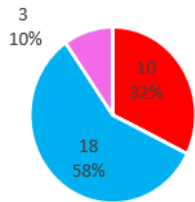
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Tackling the Big Four



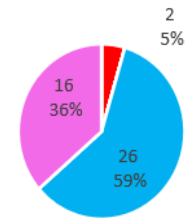
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Joined Up Care



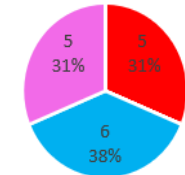
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Workforce Futures



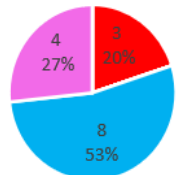
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Digital First



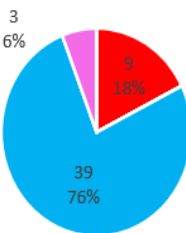
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Innovative Environments



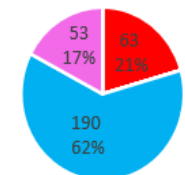
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Transforming in Partnership



■ Behind Schedule ■ Complete ■ NA

Overall



■ Behind Schedule ■ Complete ■ NA

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21/05/2024 11:31:33

Patterson, Liz
21/05/2024 11:31:33

Focus on Wellbeing

Strategic Priority 1 – Population Health improvement including Health Inequalities

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

Year End Achievements/ Deliverables and Challenges:

Overview of achievements this year

- More than 400 smokers made a quit attempt April-December 2023, 53% more than the same period in 2022.
- Six secondary schools have participated in the JustB Smokefree programme in 2023-24, three more than 2022-23 academic year.
- A Whole System Approach to Healthy Weights action plan has been developed and is being implemented.
- Uptake of the Healthy Start Scheme, which supports eligible parents on low incomes to buy healthy food and milk, reached 75% in February 2024 (previously averaging around 60%).

Key Deliverables

- The local smoking cessation service has improved access and client focus. Telephone support continues to be available, and in addition the health board smoking cessation team are providing face-to-face clinics across Powys in community venues and some GP Practices. Group support has been delivered in Brecon and Welshpool. 22 out of the 23 community pharmacies across Powys are providing a smoking cessation service; training sessions were held for pharmacy staff to increase their confidence in delivering the service.
- A communications and engagement plan for the public, professionals and partner agencies is raising awareness of the smoking cessation support available. For example, 5 practices in the more deprived areas have taken part in a GP text message project targeting patients who are smokers, and have seen an increase in patients accessing smoking cessation support.
- Stakeholder events were held to gain engagement and input from key partners across the system, to map and identify areas for action, and develop the Healthy Weights action plan.
- Local barriers to uptake of the Healthy Start Scheme were identified, and promotional work with the public and local retailers has begun.

Main Challenges

- As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit and are often facing complex issues.

Commentary on Progress in this Quarter:

- Healthy Child Wales Programme universal and Flying Start offer, uptake regularly reviewed and actioned as required.

- Pathfinder programme extended until 30th September 2024, positive evaluation with principle recommendations being shared across children's services.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	Status <i>BRAG ('not due' already greyed out)</i>				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic)	• Healthy Child Wales Programme Q1 – Q4	DoNM	Green	Green	Green	Blue	H	H	H	H
	• Designed to Smile Q1 – Q4	D Ops	Green	Green	Green	Blue	H	H	H	H
	• Expand the offer of Just B smoking prevention programme to targeted secondary schools in conjunction with Public Health Wales Q3 – Q4	DPH			Green	Blue	M	H	H	H
	• Work in partnership to improve awareness of and access to NHS Stop Smoking Service Q1–Q4	DPH	Green	Green	Green	Blue	M	M	H	H
	• Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/ D Ops	Green	Green	Green	Blue	H	H	H	H
	• Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme) Q1 – Q4	DoNM/ D Ops	Green	Green	Green	Blue	H	H	H	H
	Work in partnership to develop a Whole System Approach to Healthy Weights programme by: <ul style="list-style-type: none"> Planning and delivering stakeholder engagement workshops Q1 	DPH	Blue	Blue	Blue	Blue	H	H	H	H

Patterson, Liz
21/05/2024 11:31:33

	<ul style="list-style-type: none"> Undertaking mapping and analysis at sub-system level to identify specific system areas for action Q3 				Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Developing an action plan Q4 					Blue	H	H	H	H
Executive Director Sign Off	Mererid Bowley (Director of Public Health) Claire Roche (Director of Nursing and Midwifery)									

Strategic Priority 2 – Health Protection including vaccination

Executive Lead – Director of Public Health

Year End Achievements/ Deliverables and Challenges:

Overview of achievements this year

- The local mass vaccination model has been reviewed and adapted to ensure the requirements of the National Immunisation Framework is met as effectively as possible.
- Improvements have been made in childhood immunisation uptake; 92.1% of 5 year olds are up to date with their scheduled vaccinations as at Quarter 3.
- All civil contingency response plans have been reviewed, and all known public health threats responded to appropriately.

Key Deliverables

- The Covid-19 booster campaigns have been delivered, with targeted outreach sessions in areas with lower uptake. Catch-up programmes have occurred for polio and MMR, and there has been enhanced monitoring of pre-school childhood immunisation lists to inform proactive action. A Vaccine Equity Strategy for Powys has been produced.
- Civil contingency training and exercising has been undertaken.

Main Challenges

- Vaccine fatigue is being reported anecdotally across Wales. The Wales Covid-19 uptake was 4% lower in February 2024 compared with February 2023, and PTHB was 4.4% lower reflecting this national decline.

Commentary on Progress in this Quarter:

Commentary on red rated actions:

N/A

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17/05/2024 11:31:33

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework	<ul style="list-style-type: none"> Implement revised mass vaccination model in line with agreed OCP Implementation Plan Q1 	DPH	Blue	Blue	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Deliver covid-19 booster campaigns in line with Welsh Government directives Q1, Q2, Q4 		Green	Green		Blue	H	H	H	H
	<ul style="list-style-type: none"> Develop a vaccine equity plan to reduce variation in uptake Q3 				Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Promote uptake of immunisation for all ages Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Implementation of immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars Q3 - Q4 				Green	Blue	M	H	H	H
	<ul style="list-style-type: none"> Promote uptake of national cancer screening in partnership with Public Health Wales Q1 - Q4 		Green	Green	Green	Blue	H	H	H	H
Delivery of local component of Health Protection response aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees	<ul style="list-style-type: none"> Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales Q4 	DPH				Blue	H	H	H	H
	<ul style="list-style-type: none"> Annual review of civil contingency response plans, participation in training and exercises Q4 					Blue	H	H	H	H
	<ul style="list-style-type: none"> Work with partners to develop a joint recovery plan for Hepatitis B and C - delivery Q2 			Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Work with Public Health Wales and Local Authority to evolve a transitional health protection service to respond to public health threats within allocated funding Q1 - 4 		Amber	Amber	Amber	Blue	M	M	H	H

Executive Director Sign Off

Mererid Bowley (Director of Public Health)

Strategic Priority 3 – Health Protection – Infection Prevention and Control

Executive Lead – Director of Nursing and Midwifery

Year End Achievements/ Deliverables and Challenges:**Commentary on Progress in this Quarter:**

- Gap analysis completed and informed a comprehensive improvement plan, which has been managed at pace with robust governance arrangements to support and facilitate change as required. Year 2 priorities of the improvement plan have been realised to ensure 'Journey to Excellence' is a focus of the improvement requirements.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver improvements in Infection Prevention and Control, building on and strengthening learning from the Covid-19 pandemic and beyond	• Diagnostic phase: Gap analysis of Infection Prevention and Control Q1	DoNM	Blue	Blue	Blue	Blue	H	H	H	H
	• Implementation of Improvement Programme, "Journey to Excellence" informed by diagnostic assessment above, to include objective setting for year 1 – Q3				Blue	Blue	H	H	H	H

	<ul style="list-style-type: none"> Completion and embedding of immediate “make safe” actions, as identified in “Infection Prevention and Control: Journey to Excellence” Q4 					Blue	H	H	H	H
	<ul style="list-style-type: none"> Completion of Year 1 objectives Q4 					Blue	H	H	H	H
Executive Director Sign Off	Claire Roche (Director of Nursing and Midwifery)									

Early Help and Support

Strategic Priority 4 – Primary Care *Ministerial priority Executive Lead – Director of Finance and IT

Year End Achievements/ Deliverables and Challenges:

Overview of achievements

- The PTHB Primary and Community Care Academy has been fully established during 2023/24 to support training and development needs of Primary Care Contractors and support sustainability of services. A successful tender award for the GMS managed practice has resulted in 100% of PTHB GMS contracts achieving independent status. Optometry contract reform has resulted in new expectations and activity from contractors while developing and maintaining an engaged workforce.

Key Deliverables

- Professional Collaboratives have been further developed alongside Cluster maturity during this foundation year of the Accelerated Cluster Development Programme, with contractors working more closely with each other to deliver services for the local population. The PTHB Primary Care Department manage the Dental waiting list, and achieved the significant target of securing an NHS Dentist for at least 200 patients per quarter throughout 2023/24 and will host the national pilot of the Dental Access Portal during 2024/25.

Challenges

National delays with contract information have been challenging to manage with very tight deadlines. The Primary Care department have been supporting contractors with regular communication and development sessions, but contractors continue to report that staffing, resource and workload challenges interfere with internal discussions and planning.

Patterson
21/05/2024 11:31:33

- Community Pharmacy contractors have significant workforce challenges and this is resulting in many of them reviewing their opening hours. This is particularly a concern where contractors have supplementary opening hours in addition to their core contracted hours. Supplementary hours can be removed simply by the contractor serving notice to the health board. This will have consequences for our population accessing community pharmacy services. The workforce challenge also compromises the health board's ability to improve access to pharmacy services during the out of hours period (i.e. evenings, weekends and bank holidays)
- Identifying a community pharmacy collaborative lead for the mid and south clusters – remuneration for this role, timing and frequency of meetings may need to be reviewed to encourage suitable applicants to come forward.

Commentary on Progress in this Quarter:

- **GMS:** Unified contract and associated regulations in place. Updated bilateral contract variation notices progressed with all practices to reflect updated contractual requirements. Practice ongoing sustainability continues to be regularly reviewed. National Contract Assurance Framework now in place to further support local processes and monitoring. 100% practice participation in Quality Improvement Projects and Access Standards (non mandatory)
- **Community Pharmacy:**
 - Community Pharmacy Service contract implementation to be monitored – contract assurance framework has been put in place allowing routine monitoring. All contractors received a contract monitoring visit during 2023/24.
 - Systematic tracking of access and compliance with contractors – tracking/monitoring in place. Routine reports provided to contractors each month.
 - Refine and develop promotional opportunities – opportunities to promote community pharmacy services routinely explored and exploited.
 - Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges – 56 day prescribing actively implemented in the mid-cluster practices, however implementation in the north and south have been delayed due to the financial impact on dispensing practices. This requires resolution at a national level.
 - Support increased take up of non-medical prescribers – the health board continues to promote and support the uptake on non medical prescribing in community pharmacy. The health board now has 6 active prescribing pharmacies.
- **Optometry:** national legislation and associated national clinical manual publications have delayed implementation of Optometry Contract Reform. Optometry collaboration is embedding, and contract reform opportunities can now be strengthened. Primary Care Optometrists qualified to offer independent prescribing, glaucoma and medical retina services. Further expansion in these areas will be required to maximise further opportunities. Discussions on Pathway redesign commenced.
- **GDS:** Majority of practices are signed up to Dental Contract Reform. Access continues to be a challenge and there is considerable movement of patients being both added and removed from the Powys dental waiting list. PTHB will pilot the national Dental Access Portal in Q1 204/25. Urgent

Patterson
21/05/2024 13:31:33

access, both demand and capacity continues to be managed. Increased use of the mobile Dental clinic will be supporting access provision in south Powys.

Commentary on red rated actions:

- **Community Pharmacy:**
 - Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters – despite efforts by the health board and Community Pharmacy Wales (CPW), there has been no success with identifying a community pharmacy collaborative lead for either the mid or the south cluster. Work will continue during 2024/25.
 - Evaluate patient use of rota services and consider improvements – although discussions have started with current rota service providers, the health board does not yet have a clear understanding of the extent to which rota services are used. This is now a priority for 2024/25 as the health board is aware that contractors are struggling to identify the workforce to provide rota services and there may be an opportunity to provide rota services in a different way.

- **Optometry:**
 - The delay in the roll out of national pathways to support both Glaucoma and medical retina have been delayed which has impacted on progress in this area. Local conversations have commenced with Ophthalmology consultants to progress undertaking clinical triage of existing Glaucoma waiting list to redirect patients to appropriately qualified primary care optometry services. A similar approach will be undertaken for medical retina. PTHB planned care team will be undertaking waiting list clinical review in Q1 2024/25.
 - The roll out of Independent Prescribing in Optometric Services (IPOS) continues as Optometrists complete the required qualification. Access to IPOS is available across PTHB. Access and appointment availability review will commence from May 2024 onwards.
 - Mobile providers are in place to undertake domiciliary services, however coverage across the county is limited. Increasing provision will be considered as part of the Eye Care Needs Assessment which will be undertaken in 2024/25.

Progress against key actions and milestones

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

Paterson, Liz
21/05/2024 11:31:33

Increased access to GP and Community Services	<ul style="list-style-type: none"> GP Practice Sustainability and contract reform Q1 - 4 	DFIT	Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Data analysis and review, including review of additional investment Q1 - 4 - REDUCTION 		Green	Green	Green	NA	H	H	H	H
	<ul style="list-style-type: none"> Analysis of feedback and lessons learnt Q1 - 4 - REDUCTION 		Green	Green	Green	NA	H	H	H	H
	<ul style="list-style-type: none"> Quality Improvement Data Activity Project will conclude Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Engagement with patients and stakeholders on the perception and experience of access Q1 - 4 - REDUCTION 		Green	Green	Green	NA	H	H	H	H
	<ul style="list-style-type: none"> Maturing Clusters and GP Collaboratives in line with Cluster plans Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
Improved use of Community Pharmacy	<ul style="list-style-type: none"> Development of a workforce model including out of hours model Q1 - 4 - POSTPONE 	DFIT	Red	Red	Red	NA	M	L	L	L
	<ul style="list-style-type: none"> Community Pharmacy Service contract implementation to be monitored Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Systematic tracking of access and compliance with contractors (including emergency medicine service and prescribing) Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 - 4 - POSTPONE 		Green	Green	Green	NA	M	H	H	H
	<ul style="list-style-type: none"> Scoping, viability assessment, business case and skill development for identified opportunities Q2 - 4 - POSTPONE 			Red	Red	NA	H	L	L	M
	<ul style="list-style-type: none"> Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters Q1 		Amber			Red	M	M	M	L
	<ul style="list-style-type: none"> Evaluate patient use of rota services and consider improvements Q1 		Red			Red	H	M	H	L
	<ul style="list-style-type: none"> Refine and develop promotional opportunities Q1 - 4 		Green	Green	Green	Blue	H	H	H	H

Patterson, Liz
21/05/2024 11:31:33

	<ul style="list-style-type: none"> Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges Q1 - 4 		Green	Green	Green	Blue	M	H	H	H
	<ul style="list-style-type: none"> Support increased take up of non-medical prescribers Q2 			Green	Green	Blue	M	H	H	H
Improved use of Optometry	<ul style="list-style-type: none"> Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1 		Red	Red	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Medical retina referral refinement and data capture Q2 			Red	Amber	Red	M	M	M	M
	<ul style="list-style-type: none"> Legislative change implementation Q3 				Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Glaucoma referral refinement and data capture with virtual review Q3 				Amber	Red	H	M	M	M
	<ul style="list-style-type: none"> Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation Q1 - 2 - DEFERRED 		Green	Red	NA	NA	M	H	L	L
	<ul style="list-style-type: none"> Establish systematic tracking of access in relation to Independent Prescribing Optometric Services hours of operation Q1 	DFIT	Green	Green	Green	Red	M	H	H	H
	<ul style="list-style-type: none"> Establish inter-practice referral for urgent cases Q1 		Amber	Green	Blue	Blue	M	H	H	H
	<ul style="list-style-type: none"> 1 optometrist qualified as prescriber in North Powys; inter-practice referral in this area; second role with inter practice referral Q2 - 4 			Green	Blue	Blue	M	M	H	H
	<ul style="list-style-type: none"> School vision and eyecare access improvements Q1 - 4 - DEFERRED 		Amber	Amber	Red	NA	M	M	M	L
	<ul style="list-style-type: none"> Scope and develop health board led domiciliary service Q4 					Red	L	L	L	L
	<ul style="list-style-type: none"> Agree and implement 'The Eyes Open' communication campaign Q2 			Green	Green	Blue	M	M	H	H
Increased use of Dental	<ul style="list-style-type: none"> Implementation of new Llandrindod Wells contract with full operational capacity up to contract value Q1 - 4 	DFIT	Green	Green	Green	Blue	H	M	M	L

Patterson
21/05/2024 11:31:33

<ul style="list-style-type: none"> Rural enhancement offer for Foundation Dentists – two posts in place Q3 - 4 Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner Q1 - 4 Procure dental service in Newtown (North Powys Cluster) Q1 - 4 Recruit additional dental officer for sedation Q4 - DELAYED Recruit dental therapist in Mid Powys Cluster Q4 - DELAYED Rescoped mobile dental services operational in areas with limited or no access Q4 South Powys Cluster dental provider fully operational Q3 Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end Q1 - 4 Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 - DELAYED 			Green	Blue	H	H	H	H
	Green	Green	Green	Blue	M	M	H	H
	Amber	Green	Green	Blue	M	H	H	H
			NA	NA	M	H	H	M
			NA	NA	M	M	M	M
				Blue	H	H	H	H
			Green	Blue	M	M	M	H
	Green	Green	Green	Blue	M	H	H	H
			NA	NA	L	M	M	L
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)							

Strategic Priority 5 – Diagnostics *Ministerial priority
 Executive Lead – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

Overview of Achievements

- New technologies have been introduced such as a Dermatology Dermoscopy camera in primary care to streamline referrals of dermatology patients by providing better quality dermatology referrals into secondary care. Ongoing training being delivered by our GPwER in Dermatology

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 Peters@...

- The first phase of the community cardiology service was delivered in North Powys: of the 445 patients seen (by early January 2024) only 25 required onward referral to a district general hospital. 413 received an echocardiogram and 293 have new treatment plans, to prevent urgent and emergency care. The roll out to mid Powys is underway.
- Cardiac Rehabilitation is now being delivered across Powys
- Powys patients have access to Rapid Diagnostic Clinics

Key Deliverables

- There has been successful recruitment to Cardiology related Posts:
 - A GP with a Special Interest in Cardiology
 - Advanced Cardiac Physiologist
 - Cardiac Rehabilitation Specialists
 - Cardiac Specialist Nurses
 - Assistant Practitioners
- There has been successful recruitment to Dermatology Related Posts:
 - A GP with Extended Role in Dermatology

Main Challenges

- Ongoing Industrial Action
- Resource and staffing issues internal and external to the organisation
- Securing Clinical Governance Arrangements due to pressures in other Health Boards or NHS Trusts.

Commentary on Progress in this Quarter:

- **Transnasal Endoscopy:** The implementation of Transnasal Endoscopy has been delayed until Q1 2024/25. Ongoing Industrial Action has impacted the availability of the consultant Gastroenterologist who was providing the agreed supervision requirements for the TNE Clinics in Powys, clinics have been re-scheduled for 5th June 2024. The Senior Clinician for Theatres and Endoscopy has now commenced TNE training with Wye Valley Trust. All other actions in the Programme Plan are complete to include secured funding and purchase of equipment, Patient Information Leaflets and Standard Operating Procedures approved by Medical Director and approval of the PGD for Lidocaine 10mg Spray.
- **Dermatology:** General Practitioner with Extended Role (GPwER) in Dermatology appointed and in post. As previously reported a readiness assessment was undertaken and approval for go live given subject to alternative Clinical Supervision arrangement being secured which has remained challenging. The GPwER in the interim has been undertaking work on Interventions Not Normally Undertaken (INNU) as part of the Value Based Healthcare programme. In addition, funding has been secured through the Welsh Cancer Network to provide each GP Practice (engaged with the Dermatology Education Training Programme) with a Dermatology Dermoscopy camera. The camera has now been provided to each GP Practice to help with dermatological referral management and to provide better quality dermatology referrals into secondary care. 15 out of 16 Practices have received the equipment and ongoing training which is being delivered by the GPwER in Dermatology.

- **Community Cardiology Service Roll Out:** The Community Cardiology service is now being delivered across Powys (with some in reach continuing in Brecon from ABUHB). A GP with a Special Interest has been secured on a permanent basis working with a team including an Advanced Cardiac Physiologist, Cardiac Rehabilitation Specialists, Cardiac Specialist Nurses and Assistant Practitioners. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to two outpatient clinics are held in Newtown per week and once the graduated start (2 test clinics have been undertaken) for the Mid is complete one clinic per week in Llandrindod. The service is now receiving around 60 referrals per month. At the end of March 2024 of the 445 patients seen to date only 25 have required onward referral to a DGH consultant. 413 patients have received an echocardiogram in Powys. Treatment plans have been put in place for 293 patients locally.
- **Community Cardiology – Rehabilitation:** The rehabilitation programmes is being delivered across Powys in Welshpool, Newtown, Rhayader/Knighton and Llandrindod. There are currently 125 patients on the programme, and 56 patients having completed it. Engagement with general practices has taken place, a rehabilitation performance dashboard and electronic referral processes are being developed in line with Digital Health Care Wales timescales

Commentary on red rated actions:

- **Transnasal Endoscopy:** Ongoing industrial action caused a delay in the implementation of TNE in Powys beyond the 31st March, 2024. A consultant who was to supervise the initial TNE sessions in Powys could no longer attend before the 31st March 2024 due to the implications of the industrial action. However, TNE clinics in PTHB have now been rescheduled for 5th June 2024 and training is underway for the Lead Clinician.
- **Community Dermatology:** The progress which has been made is described in the narrative above. However, it has still not yet been possible to secure an alternative provider for ongoing clinical supervision after the original health board had to withdraw. Thus, at present progress is being made in relation to the implementation of the Dermatoscopes, referral improvement and in relation to INNU but the other aspects of the implementation are paused due to this issue.
- **Implement Regional Sharing Information Platform:** Progress has not been made on the capital element of the implementation plan and therefore leaves a gap in enabling this to progress.

Progress against key actions and milestones

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

Patterson, Liz
21/05/2024 11:31:33

Access to additional regional diagnostics capacity	<ul style="list-style-type: none"> Identify potential to repatriate low complexity activity and clarify basis of access Q2 - 4 - PARTIALLY DEFERRED 	D Ops		Green	NA	NA	M	M	M	H
	<ul style="list-style-type: none"> Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2 		Amber	Amber	Blue	H	M	M	M	
	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements Q3 - 4 			Blue	Blue	H	H	H	H	
	<ul style="list-style-type: none"> Adjust in year Long Term Agreements where solutions can be expedited Q3 			Red	Red	M	L	L	L	
Implementation of Transnasal Endoscopy	<ul style="list-style-type: none"> Readiness assessment, capital installed, pilot initiated in Mid and South Powys, review, Plan for North Powys developed Q1 - 4 		Green	Green	Green	Red	H	H	M	M
Implementation of Community Cardiology	<ul style="list-style-type: none"> Implementation of plan for first phase of Community Cardiology and transition to business as usual in North Powys; tracking activity, patient outcomes and experience Q3 				Blue	Blue	M	M	M	H
	<ul style="list-style-type: none"> Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) Q4 					Blue	M	M	M	H
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 				Blue	Blue	M	M	M	H
Implementation of Dermatology	<ul style="list-style-type: none"> Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) Q1 - 4 		Green	Green	Red	Red	M	M	H	L
Complete access to Rapid Diagnostic Clinics	<ul style="list-style-type: none"> Interim access for Mid Powys Q1 		Amber	Amber	Amber	Blue	H	H	L	M
	<ul style="list-style-type: none"> Research potentiality of rural model Q1 - 2 		Green	Blue	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Agree longer term model Q2 			Blue	Blue	Blue	H	M	H	H
Straight to Test Model	<ul style="list-style-type: none"> Work with commissioned services on straight to test models Q1 - 2 		Amber	Amber	Amber	Red	M	M	M	M
	<ul style="list-style-type: none"> Review impact on outpatient delivery, business case development, implementation Q3 - 4 				Red	Red	M	M	M	L

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24/05/2024 11:31:33

Implement Regional Image Sharing Platform & capital review of diagnostic equipment	<ul style="list-style-type: none"> Regional Image Sharing Platform implementation plan Q4 				Red	M	L	L	H
	<ul style="list-style-type: none"> Capital bid complete Q3 			Blue	Blue	H	L	L	H
Executive Director Sign Off	David Farnsworth (Director of Operations/ Director of Community and Mental Health)								

Strategic Priority 6 – Admission Avoidance
 Executive Lead – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- Implementation of the business case will continue into Q1 of 2425.
- The business case to implement the National Cellulitis Improvement Programme in Powys was supported by the Investment Benefits Group on 8 March 2024 and was approved by Executive Committee on 21 March 2024. The proposal provides funding for a Band 6 post within the national Lymphoedema and Cellulitis Team to ensure capacity for Powys whilst overcoming the risk of a single point of failure locally. The proposal will reduce the burden on primary care, emergency and inpatient care with a predicted 15% reduction in hospital admissions., ensuring no single point of failure. It will also support investment in an Antimicrobial Stewardship Pharmacy post in Powys to support the cellulitis work, as well as other areas. Phase 2 of the Admission Avoidance work is underway looking at the Urinary Tract Infection pathway.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

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

Patterson, Liz
 21/05/2024 11:31:33

Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)	<ul style="list-style-type: none"> Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for admission avoidance in Powys Q1 - 2 	D Ops	Blue	Blue	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Develop a business case, with phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2 		Red	Red	Blue	H	M	L	L	
	<ul style="list-style-type: none"> Secure approval for business case and implement Phase 1 – Q3 			Red	Blue	Blank	M	M	L	
	<ul style="list-style-type: none"> Implement Phase 2 – Q4 				Blue	Blank	M	M	L	
Executive Director Sign Off		David Farnsworth (Director of Operations/ Director of Community and Mental Health)								

Strategic Priority 7a) – Planned care (Transformation / Accelerated Sustainable Model)
 Executive Lead – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

Overview of Achievements:

- Substantial work has been undertaken through the GIRFT Programme in relation to GIRFT reviews of Ophthalmology, Orthopaedics, General Surgery and Gynaecology. GIRFT reviews have highlighted good practice in Powys such as bilateral cataract surgery and topical anaesthesia. PTHB has used new roles as part of multi-professional teams.
- 9 bids have been submitted against the National Planned Care Transformation Fund in keeping in line with the intentions of the transforming Planned Care Services recovery plan.

Key Deliverables:

- Excellent progress in Outpatient Transformation and Ophthalmology Services to include:
 - Excellent AMD clinical outcomes above national average, zero clinical complications reported, presented to International Eye Conference Oxford
 - Introduction of clinical triaging service offering early contact and signposting for OP patients reduction DNA rate to 3.5%

- Live cataract outcome database, PTHB now participating in National Cataract Database, outcome measures for visual loss and peri operative complications, 85% improved vision
- Introduction of paediatric autorefractors in Brecon and Llandrindod to repatriate children with additional needs/learning disabilities from Wye Valley Trust
- Successful transition to bio-similars for WeT AMD
- Wet AMD service extended to Mid Powys Llandrindod 140 injections per moth, 1680 per year
- MSK First Contact Practitioners appointed, and service live across Powys. The MSK First Contract Practitioner Service has seen 16% reduction in referrals to PTHB Physiotherapy, 65% reduction in referrals to Clinical Musculoskeletal Assessment and Treatment Services (CMATS), 17% reduction of referrals into Orthopaedics Services, 33% Reduction in X-Ray services and 19% reduction of referrals for MRI Scanning.

Main Challenges:

- Workforce Clinical and Medical
- Theatre Utilisation
- Complexity of in reach arrangements

Commentary on Progress in this Quarter:

- **GIRFT:** Substantial work has been undertaken through this programme in relation to the GIRFT reviews of Ophthalmology, Orthopaedics, General Surgery, Gynaecology and Urology during 2023/24 but implementation of all recommendations across the GIRFT Specialities will be required to continue against the delivery of GIRFT during 2024/25.
- **Delivery of Theatre Efficiency Plan:** The health board is now part of the Getting It Right First Time (GIRFT) Theatre Efficiency all Wales workstream. Current sessions delivered benchmark well when compared with peers but fall below recommended GIRFT levels of efficiency. The GIRFT improvement plan details action all HBs need to undertake to improve efficiency. It is expected that during 2024/25, theatres run in Powys will operate at GIRFT standards for the majority of sessions run.
- **Planned Care Clinical Director:** A bid has been submitted as part of the Planned Care Transformation fund to support the appointment. Awaiting outcome however, it is agreed to continue this action into Q1 2024/25.
- **Wet AMD and Cataracts:** Action and Improvement plans in place and being delivered.

Commentary on red rated actions:

- Implementation of all the recommendation across GIRFT Specialities have continued to evolve throughout 2024/25 with the most recent being the Urology with the final report issued late in Q4. It would have not been possible to have delivered all the recommendations during 2023/24 and the GIRFT work will be rolling on for 2024/25 to continue against the excellent progress already being made.
- If funding approved a Planned Care Clinical Director will be appointed in Q1 2024/25

Patterson
21/05/2024 11:31:33

Progress against key actions and milestones

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

Patterson, Liz
21/05/2024 11:31:33

	<ul style="list-style-type: none"> Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited Q3 			Blue	Blue	M	H	H	H
Improve Value in key specialties	<ul style="list-style-type: none"> Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement, commissioning intentions, Long Term Agreements / Service Level Agreements Q1 - 4 	Green	Green	Green	Blue	H	H	M	M
	<ul style="list-style-type: none"> Musculoskeletal - Develop Action Plan Q1 - 2 	Green	Blue	Blue	Blue	H	H	H	H
Executive Director Sign Off	David Farnsworth (Director of Operations/ Director of Community and Mental Health)								

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

Executive Lead – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress – Quarter 4:

- Digital Maternity Cymru (DMC)** – During Qtr4, the DMC Powys current project board was stood down until further notice. The DMC project will join the wider organisational portfolio of clinically led digital transformation projects and will be overseen by a reviewed governance structure of Service area professionals from 1st April 2024. DHCW subsequently made a funding announcement confirming a significant reduction in the national revenue budget for DMC in 24/25 in the region of 40% which will significantly impact the ability of the programme to deliver against its mandate. A request to HBs has been made that any DMC funded dependent roles currently in a recruitment/appointment process are paused to allow DCHW to make decisions. Therefore, recruitment or allocation of funding activities have been paused. A meeting is to be held on the 11th April to review the projects position but the understanding is that Welsh Government expect the Programme to continue. Welsh Government approval of the national Outline Business Case (OBC) along with priorities for 2024/25 with reduced funding is awaited.
- Maternity Continuous Improvement Plan** – continues to progress. Reviewed monthly and reports to Maternity Matters. Overall BRAG status Amber due to not progression of workforce review.
- Implement recommendations of All Wales Maternity Neonatal Report** – incorporated into maternity continuous improvement plan. National focus on MEWS and ATAIN and implementation in Powys due to commence in Qtr4. Work will continue into 2024/2025. Awaiting phase 2 confirmation from Welsh Government/ NHS Executive.
- Birth Rate Plus Recommendations** – SBAR developed and submitted for consideration by Directorate Management Team (DMT).

- **Health Inspectorate Wales (HIW) Recommendations for birth centre environments** – Llanidloes birth centre works complete. No progress re Knighton, hence Amber status.
- **All Wales HIV Plan** – PTHB sexual health attend national meetings, however, to progress further wider health board support and leadership capacity is required.
- **Womens Health Implementation Group (WHIG)** – WHIG have developed a national plan to be implemented under local health boards based on the Quality Statement. The W&C progress has included development of a robust data capturing system to identify patients referred to the service and to map data regarding patient referred other service. Coding commenced in 2023 to inform the demand and capacity exercise.
- **Scale up Endometriosis & Menopause pilots, based on evaluation outcomes** – Endometriosis service fully operational at Qtr2 (excludes menopause).
- **Community Paediatric Remodel** (including alignment to the Neurodevelopment (ND) service redesign) – An overarching SBAR has been developed and its Recommendations used to inform a Community Paediatric Remodel action plan. The Steering group will steer its delivery in 2024/25.

Commentary on Red rated actions:

- **Gender Identity** – Service Level Agreement (SLA) needs further revision and work currently underway to agree a sustainable future model.
- **Delivery of Getting it Right First Time (GIRFT) Gynaecology Recommendations** – There is a GIRFT action plan, however, we continue to work with planned care colleagues, commissioning and planning on what actions can realistically delivered.
- **Scale up Endometriosis & Menopause pilots, based on evaluation outcomes** – Endometriosis service fully operational at Qtr2 but the service excludes menopause. Menopause review to commence in 2024/25.

Progress against key actions and milestones

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

Patterson, Liz
21/05/2024 11:31:33

Delivery of the Maternity Assurance and Safety Improvements	<ul style="list-style-type: none"> Implement the Digital Maternity Cymru solution with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan Q1 - 4 	D Ops	Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Implement PTHB Maternity Continuous Improvement Plan 		Green	Green	Green	Red	H	H	H	H
	<ul style="list-style-type: none"> Implement recommendations of All Wales Maternity Neonatal Report Q2 - 4 			Amber	Amber	Red	H	M	M	M
	<ul style="list-style-type: none"> Review establishment against Birth Rate Plus Recommendations and develop response Q2 - 3 			Green	Amber	Blue	M	M	M	H
	<ul style="list-style-type: none"> Deliver the transfer from South Powys Maternity Pathways from Aneurin Bevan University Health Board to Cwm Taf Morgannwg Q3 - 4 				Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Implement Healthcare Inspectorate Wales (HIW) recommendations for birth centre environments including CAD designs and works for Llanidloes/Knighton Q3 - 4 				Amber	Red	M	L	L	M
Delivery of the Women's and Sexual Health Improvement Plans	<ul style="list-style-type: none"> Implement All Wales case management system Q3 				Amber	Red	M	L	L	L
	<ul style="list-style-type: none"> Implement the All Wales HIV Plan Q1 - 4 		Amber	Amber	Amber	Red	M	M	L	L
	<ul style="list-style-type: none"> Develop sustainable model for Gender Identity Service Q1 - 4 - DELAYED 		Amber	Amber	Red	Red	M	M	M	L
	<ul style="list-style-type: none"> Delivery of All Wales Women's Health Implementation Group Priorities and Getting it Right First Time Gynaecology recommendations Q1 -4 		Red	Red	Red	Red	M	L	L	L
	<ul style="list-style-type: none"> Delivery of recommendations of the demand and capacity exercise Q3 - 4 				Green	Red	H	L	L	M
	<ul style="list-style-type: none"> Scale up Endometriosis & Menopause pilots, based on evaluation outcomes Q2 - 3 			Green	Green	Red	H	H	H	H
Implementation of Paediatric Remodel including Paediatric Therapies	<ul style="list-style-type: none"> Improve outcomes for children and families through earlier, targeted interventions, integrated 		Green	Green	Green	Blue	H	H	H	H

	multidisciplinary team working and enhanced case management including cross border Q1 - 4								
Executive Director Sign Off	David Farnsworth (Director of Operations/ Director of Community and Mental Health)								

Tackling the Big Four

Strategic Priority 8 – Cancer *Ministerial priority Executive Director – Medical Director

Year End Achievements/ Deliverables and Challenges:

Overview of achievements:

- Completed access for Powys Patients to Rapid Diagnostic Services.
- Endosign pilot complete.
- Community Services Group appointed Cancer Tracker Role

Key Deliverables:

- Endosign pilot undertook 44 capsule procedures as part of a pilot to treat patients on waiting lists for surveillance endoscopy for Barrett’s Oesophagus.
- Cancer Tracker appointed and with Quality & Safety team undertook work to review and improve processes and liaising with other Health Board to understand pathways
- Cancer Improvement Plan approved and in place.

Main challenges:

- Securing Clinical Governance
- Ongoing Industrial Action
- Clinical Governance Arrangements: Ongoing pressures in other Health boards or NHS Trusts

Commentary on Progress in this Quarter:

- **Transnasal Endoscopy:** The implementation of Transnasal Endoscopy has been delayed until Q1 2024/25. Ongoing Industrial Action has impacted the availability of the consultant Gastroenterologist who was providing the agreed supervision requirements for the TNE Clinics in Powys, clinics have been re-scheduled for 5th June 2024. The Senior Clinician for Theatres and Endoscopy has now commenced TNE training with Wye Valley Trust. All other actions in the Programme Plan are complete to include secured funding and purchase of equipment, Patient Information Leaflets and Standard Operating Procedures approved by Medical Director and approval of the PGD for Lidocaine 10mg Spray.

- **Cytosponge (Now Endosign):** Endosign pilot is now complete with further clinics having taken place during Q4. One Endoscopy Nurse is trained and have completed 30 procedures to now allow the training of other clinicians. The evaluation is underway.

Commentary on red rated actions:

- **Transnasal Endoscopy:** Ongoing industrial action caused a delay in the implementation of TNE in Powys beyond the 31st March, 2024. A consultant who was to supervise the initial TNE sessions in Powys could no longer attend before the 31st March 2024 due to the implications of the industrial action. However, TNE clinics in PTHB have now been rescheduled for 5th June 2024 and training is underway for the Lead Clinician.

Progress against key actions and milestones

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

	<ul style="list-style-type: none"> Evaluation and approval for the way forward Q4 					Blue	H	M	M	M
Quality Statement and Pathways	<ul style="list-style-type: none"> Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 - DELAYED 		Green	Amber	Red	NA	H	M	L	
Executive Director Sign Off	Kate Wright (Medical Director)									

Tackling the Big Four

Strategic Priority 9 - Circulatory *Ministerial priority

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

Year End Achievements/ Deliverables and Challenges:

Overview of Achievements:

- The first phase of the community cardiology service was delivered in North Powys: of the 445 patients seen (by early January 2024) only 25 required onward referral to a district general hospital. 413 received an echocardiogram and 293 have new treatment plans, to prevent urgent and emergency care. The roll out to mid Powys is underway.
- Cardiac Rehabilitation is being delivered across Powys
- NT-proBNP Blood testing is routinely used across Primary care to detect heart failure

Key Deliverables:

- There has been successful recruitment to Cardiology related Posts:
 - A GP with a Special Interest in Cardiology
 - Advanced Cardiac Physiologist
 - Cardiac Rehabilitation Specialists
 - Cardiac Specialist Nurses
 - Assistant Practitioners

Main Challenges:

- Recruitment to Key Posts
- Securing Clinical Governance

Patterson, Liz
21/05/2024 11:31:33

Commentary on Progress in this Quarter:

- **Quality Statements:** Clinical leads have reviewed compliance against the attributes in the quality statements for Diabetes, Stroke and Cardiac and action plans are in place.
- **Community Cardiology Service Roll Out:** The Community Cardiology service is now being delivered across Powys (with some in reach continuing in Brecon from ABUHB). A GP with a Special Interest has been secured on a permanent basis working with a team including an Advanced Cardiac Physiologist, Cardiac Rehabilitation Specialists, Cardiac Specialist Nurses and Assistant Practitioners. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to two outpatient clinics are held in Newtown per week and once the graduated start for the Mid is complete (2 test clinics have been undertaken) one clinic per week in Llandrindod. The service is now receiving around 60 referrals per month. At the end of March 2024 of the 445 patients seen to date only 25 have required onward referral to a DGH consultant. 413 patients have received an echocardiogram in Powys. Treatment plans have been put in place for 293 patients locally.
- The rehabilitation programmes is being delivered across Powys in Welshpool, Newtown, Rhayader/Knighton and Llandrindod. There are currently 125 patients on the programme, and 56 patients having completed it. Engagement with general practices has taken place, a rehabilitation performance dashboard and electronic referral processes are being developed in line with Digital Health Care Wales timescales.
- **NT-proBNP blood test:** The NT-proBNP blood test is used routinely in primary care to detect heart failure.
- **National prescribing indicators for Atrial Fibrillation:** The Medicines Management team monitor the percentage of patients with AF with a risk score of 2 or more who are prescribed anticoagulants.
- **Care processes and treatment targets for Diabetes:** The 2021-22 National Diabetes Audit data has been analysed to identify which general practices need to increase the uptake by patients of the eight annual care processes and three annual treatment targets in primary care for type 1 and type 2 Diabetes. In quarter 4 the PTHB Diabetes Clinical Lead has engaged with the general practices to improve compliance. The audit identifies PTHB as the best performing health board in Wales for the uptake of the annual care processes but only the fourth best performing for the annual treatment targets.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Quality statement and pathways	<ul style="list-style-type: none"> In partnership with the All Wales Strategic Clinical Networks work towards compliance with Quality Statements for Stroke, Diabetes and Cardiac Q4 	DPH				Blue	M	M	M	M
Cardiac	<ul style="list-style-type: none"> First phase of Community Cardiology; transition to business as usual in North Powys; tracking activity, outcomes and experience Q3 	DPH			Blue	Blue	M	M	M	H
	<ul style="list-style-type: none"> Commence roll-out of the next phase of the community cardiology service to mid and south Powys (subject to successful recruitment) Q4 					Blue	M	M	M	H
	<ul style="list-style-type: none"> Work to improve equity of access to cardiac rehabilitation Q3 				Blue	Blue	M	M	M	H
	<ul style="list-style-type: none"> Work with primary care on use of NT-proBNP blood test and clinical guidance for referral Q3 - 4 				Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Review national prescribing indicators for Atrial Fibrillation and explore improvements Q4 					Blue	H	H	H	H
Diabetes	<ul style="list-style-type: none"> Review The National Institute for Health and Care Excellence (NICE) care processes and treatment targets for Diabetes and explore improvements Q3 - 4 	DP&C			Green	Blue	H	H	H	H
Stroke	<ul style="list-style-type: none"> Participation in All Wales and Herefordshire and Worcestershire strategic change programme Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
Executive Director Sign Off		Mererid Bowley (Director of Public Health) Stephen Powell (Director of Performance and Commissioning)								

Patterson, Liz
21/05/2024 11:31:33

Strategic Priority 10– Respiratory *Ministerial priority

Executive Director – Director of Therapies and Health Science

Year End Achievements/ Deliverables and Challenges:

Overview of achievements this year

- Asthma- respiratory specialist nurse focusing on asthma in regular communication with primary care – focus on asthma plans and difficult asthma and developing pathways (plan to link with CYP services about asthma plans)
- Face to face pulmonary rehabilitation group course has commenced in Newtown.
- Additional hours have been secured to support Pulmonary Rehabilitation.
- Secured funding for team members to undertake exercise training starting in September which will strengthen the capacity to deliver Pulmonary Rehabilitation.
- All Wales respiratory Apps continue to form part of our pathway, and data demonstrates that Powys has good rates of downloads of the Apps in comparison with other HBs.

Key Deliverables

- The work to develop the medical model for PTHB is continuing.
- Specialist practitioner has a dedicated work stream to focus on longest waits for consultant follow ups in the Northeast.
- Rolling programme of Virtual Pulmonary Rehabilitation courses continues.

Main Challenges

- Challenges the service faces relates to unfilled vacancies for highly specialist roles. The Service is looking to 'grow our own' model via a structured role-based training program. Recruiting staff who will then develop the necessary skills to undertake the highly specialised role.

Commentary on Progress in this Quarter:

- Asthma Specialist Post has now been recruited to and is part way through work planned

Commentary on red rated actions:

- Currently partly compliant with a view to progress in coming year

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implementation of the Respiratory Quality statement	<ul style="list-style-type: none"> Asthma Specialist Post and Primary Care roles recruitment Q1; Operational Q2 – DEFERRED 	DoTHS	Red	Red	NA	Blue	M	M	H	L
	<ul style="list-style-type: none"> Compliance to be achieved by Q4 					Red	M	L	M	M
	<ul style="list-style-type: none"> Review of Medical Model Q4 - DEFERRED 				NA	NA	L	L	M	M
The use of Asthma plans for children and young people	<ul style="list-style-type: none"> Continued Promotion of The Institute of Clinical Science and Technology (ICST) All-Wales App - Annual Delivery Q1 – Q4 – TO BE REVIEWED 		Green	Green	Red	NA	H	H	H	L
	<ul style="list-style-type: none"> Implementation of plan for use of asthma plans for children and young people to be progressed as part of new roles Q1 – Q4 - DEFERRED 		Amber	Amber	Amber	NA	H	M	M	M
	<ul style="list-style-type: none"> Plans in place by Q4 					NA	H	M	M	M
Executive Director Sign Off	Claire Madsen (Director of Therapies and Health Sciences)									

Strategic Priority 11– Mental Health *Ministerial priority

Executive Director – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

Overview of Achievements this Year:

The new 111Press 2 Service successfully went "live" in the first quarter of 2023/24, to help provide: early intervention for mental ill health issues; navigation to local appropriate services and non-statutory support for welfare issues; and information and options for self-care and support. The service aims to reduce the demand on Emergency Departments, General Practitioners, the police, the Welsh Ambulance Service NHS Trust and mental health crisis services. The service was established and moved to "Business as Usual" in-year and was extended to 24/7 access.

- The transformation of mental health was part of the work on a sustainable model and included in the draft design report "Better Together" presented to the Planning Partnership Population Health Committee on the 16th November 2023. It has been part of the engagement arrangements in relation to Better Together including the 13 locality sessions throughout Powys. In turn this has been embedded in the health board's Integrated Plan for the next 5 years which was supported by the Board in March 2024.
- The Mental Health Department has been involved in partnership building work with the local authority and the Regional Partnership Board on co-production.
- Work reviewing demand and capacity is underway in collaboration with the North Powys Wellbeing Programme in relation to the pan-Powys baseline and future model.
- A 'Step Down' Project has been established to develop an approach to enable patients with complex needs return to live in Powys. Part-time fixed term Transformation and Value Department support was secured for this project from 11th December 2023 The development of the approach to capital is being supported by the Estates Department.
- Work was initiated on a sanctuary provision and the extension of crisis support for children and young people in Llandrindod Wells
- Work was undertaken to develop a specification in relation to "sanctuary" provision for adults in line with Welsh Government's "Six Goals for Urgent and Emergency Care" through a multiagency Task and Finish Group. However, through the process concerns emerged about the viability of such provision outside large urban areas.

Key Deliverables:

- 111 Press 2 went live in Powys on the 10th May 2023 and was extended to 24/7 access, including a formal public launch on 15/06/2023.
- A specification for adult "Sanctuary" provision was developed.
- Work was initiated on a sanctuary provision and to extend the crisis response service for children and young people in Llandrindod Wells

Main Challenges:

The Mental Health Transformation Programme Manager post was vacant for almost a year from April 2023 which limited progress and the support available to the Mental Health Transformation Programme Board. Risks in relation to this were reported to the Accelerated Sustainable Model Programme Board in-year. A Transformation programme manager was appointed in quarter 4. (There have also been unavoidable changes to the Executive leadership for the Transformation Programme Board through the year.)

Commentary on Progress in this Quarter:

- Recruitment for a Transformation Programme Manager has been completed, with a manager in place from 1st April 2024.
- Work is continuing with demand and capacity modelling underpinning the baseline and for the modelling for new model.

- Work to develop a 'Step-Down' service for people with long term and complex mental illness was incorporated during Q4. This service should assist in helping patients with complex needs return to Powys. A part-time officer has been appointed to support this work, a project initiation document has been agreed by the Mental Health Transformation Programme Board and a multi-agency working group convened. The development of the approach to capital is being supported by the Estates Department.

Commentary on red rated actions:

- Work on the review of demand and capacity (Q4) has been undertaken, but external technological issues created a delay. This work is back underway and is expected to be completed by the 19th April 2024.
- A specification for adult sanctuary provision was developed by the end of 2023, including user in put, in line with national policy requirements, taking into account what works well elsewhere and the needs of the population in Powys. It was considered at the Mental Health Transformation Programme Board on 8th January 2024. However, more detailed work to develop options and a provisional business case highlighted significant gaps in the evidence base, in terms of viability outside large urban areas. (Some qualitative evidence was located, but did not provide the quantitative basis for a sustainable case.) This issue will be referred to the Executive Committee for advice on the way forward.
- One post remains outstanding in terms of recruitment but is in process for Quarter 1 2025.
- In order to improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); the model of practice has required review and is currently in demand and capacity processes.
- Physical Health monitoring in community settings in both adults and CYP is a key priority and work to move to an enhanced model of care is underway but not yet completed.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Mental Health Service Transformation	• Design stage of the accelerated sustainable model to confirm scope of mental health transformation Q2 - Q4	D Ops		Amber	Green	Blue	H	H	M	H
	• Interim sustainability improvements Q1 - 2		Green	Green	Green	Blue	H	H	H	H
	• National peer and clinical pathway review Q3				Amber	Red	M	H	H	H
	• Implementation Q4					Red	M	H	H	H

	<ul style="list-style-type: none"> 111 press 2 implementation Q1 	Blue	Blue	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Demand and capacity review Q4 				Red	H	H	H	H
Pathway design and development	<ul style="list-style-type: none"> Sanctuary service specification and tender Q2 		Red	Red	Red	H	H	L	H
	<ul style="list-style-type: none"> Contract award Q3 - 4 - DEFERRED 			NA	NA	H	H	L	
	<ul style="list-style-type: none"> Perinatal mental health key posts Q1 	Green	Amber	Amber	Red	H	H	L	H
	<ul style="list-style-type: none"> Training, service user focus groups and outcome measures, online platform Q1 - 3 	Green	Amber	Green	Blue	M	H	M	H
	<ul style="list-style-type: none"> Peer review Q1 	Green	Green	Green	Blue	M	M	M	H
	<ul style="list-style-type: none"> Update operational policy in line with all Wales pathway Q4 				Blue	M	M	M	M
CAMHS	<ul style="list-style-type: none"> Update part 1 scheme no wrong door panel Q1 - 2 	Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) Q1 - 4 	Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3 - DEFERRED 		Amber	Green	NA	M	M	L	H
	<ul style="list-style-type: none"> Develop as a trauma informed service (Incorporating TSW, ACE, HUB, NEST/NYTH) Q3 			Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 - DEFERRED 		Amber	NA	NA	M	M	L	
	<ul style="list-style-type: none"> Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); create a DBT service Q4 				Red	H	H	H	M
	<ul style="list-style-type: none"> Improve physical health monitoring for young people being prescribed medication Q2 - 4 		Amber	Amber	Red	H	H	M	M

Patterson.Liz
21/05/2024 11:31:33

	<ul style="list-style-type: none"> Increase service user involvement especially with recruitment and service development Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
Executive Director Sign Off	David Farnsworth (Director of Operations/ Director of Community and Mental Health)									

Joined Up Care

Strategic Priority 12 – Frailty and Community Model - *Ministerial priority Executive Lead – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

- A Clinical Frailty Scoring pilot has taken place to help inform the wider approach to frailty scoring consistently across Powys.
- Through the Frailty Workstream, which includes health board, cluster and third sector representatives, a draft Comprehensive Geriatric Assessment for Powys has been developed in readiness for piloting.
- Detailed data analysis has been provided to the North Powys Wellbeing Programme modelling work to inform the community hospital requirements for North Powys, whilst also aligning to the pan-Powys model. Further refinement of the data is underway and will continue to be fed into the North Powys modelling work.
- The revised Falls Prevention pathway has been designed and implemented. Referrals are triaged by a newly established multidisciplinary team (MDT) consisting of health, social care and third sector representatives. The MDT determines if a multifactorial assessment is required, and this assessment has been built into an app for professionals to complete. Once completed, the assessment identifies which services the individual may benefit from to reduce the risk of falling. The process to enable GPs to refer into the single point of access went live on 14/02/2024 and the wider referral process, which includes self-referral, is now available through the health board’s website. Following previous engagement, formal notice has been provided to Shropdoc and NHS 111 about the single point of access so that they can amend their existing processes – both Shropdoc and NHS 111 welcomed the new pathway, which will streamline how they refer.

Key Deliverables:

- There has been successful recruitment to several frailty-related posts, which have been funded from various sources, including the *Effective Use of Allied Health Professionals to support people to stay well at home* funding and the health board’s *Six Goals for Urgent & Emergency Care* allocation:
 - A part-time Clinical Director for Community Frailty Medicine,
 - Four Clinical Frailty Specialist posts to provide a preventative and proactive frailty response,
 - A Clinical Specialist Physiotherapist - Falls and Vestibular Rehabilitation, new Assistant Therapy Practitioner Falls Prevention posts and additional Occupational Therapy capacity to support the prevention of falls agenda,

Patterson, Liz
21/05/2024 11:31:33

- Other allied health professional posts which have expanded capacity within Adult Speech and Language Therapy Service, Dietetics and Podiatry linked to diabetic foot screening.
- The North Cluster Frailty proposal and the South Cluster Frailty proposal have both been approved during 2023/24. Both proposals align to the overarching Frailty & Community Model and will support the delivery of the frailty response.

Main Challenges:

- Prevent deconditioning: The average length of stay remains high within community hospitals in Powys. In early 2023/24, as a result of redevelopment work and investment in communal ward spaces, there was a reported increase in the number of Powys inpatients who were accessing the communal spaces on a daily basis. This work to prevent deconditioning will be built upon in 2024/25.

Commentary on Progress in this Quarter:

- First Phase of implementation of the Accelerated Sustainable Model is underway, with scheduling confirmed and incorporated into the programme of work.
- **Deliver revised Falls pathway:** the revised pathway is in place, which includes a multi-disciplinary team, and referrals are being received so that individuals who are at risk of falling can be provided with appropriate advice and support to reduce their falls risk.
- **Reduce use of out of county community hospital beds through escalation and tracking:** Although there has been an increase in the use of out of county community hospital beds during final months of 2023/24, there has been an 18% reduction in the use of community hospital beds overall between April 2023 – February 2024 (2,443 bed days) compared to April 2022 – February 2023 (2,976 bed days).

Commentary on red rated actions:

- **Community hospital mode and ward design developed:** The high level model has been set out through the 'Better Together' work and has helped to develop the detailed data analysis provided to the North Powys Wellbeing Programme modelling work to inform the community hospital requirements for North Powys, whilst also aligning to the pan-Powys model. Further work will take place during 2024/25.
- **Define Powys approach to Frailty Scoring:** The overarching PTHB Frailty Model is in place and incorporates both primary and community care, with cluster involvement in the design and delivery of the model. There has been successful recruitment to several posts, including a Clinical Director for Community Frailty Medicine, Allied Health Professional Clinical Specialists in Frailty posts and Assistant Therapy Practitioners in Falls Prevention posts, all of which will support frailty scoring. A pilot took place in Q4 funded by the Six Goals for Urgent & Emergency Care, which has demonstrated a potential means of clinical frailty scoring patients. The findings of the pilot will inform how frailty scoring is embedded in Powys.
- **Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay:** The National Goal 5 Team is now leading on developing a national 'Prevention Deconditioning Tool' which has superseded the work PTHB had planned. Length of stay remains high due to ongoing pressures within the system, however PTHB remains committed to preventing hospital-acquired deconditioning. A local audit of key factors to prevent cognitive and physical deconditioning is planned for early 2024/25 to provide a baseline of current practice and support how the national approach is implemented in Powys.
- **Improve coordination in the last year of life:** Following the workshop held in Q3 2023/24, operational capacity issues meant that the first meeting of the workstream did not take place until Q4. It has been identified that additional capacity to provide training and support around last

year of life care to clinicians working across community-based services, including major condition teams, will support improved coordination. The job description for the training role was finalised in Q4 and will be recruited to in 2024/25.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of an Accelerated Sustainable Model	<ul style="list-style-type: none"> First phase of implementation; detailed scheduling determined at Design stage Q1 - 4 	D Ops	Green	Green	Green	Blue	H	H	M	H
	<ul style="list-style-type: none"> Community hospital model CONTINUING and ward design including East Radnorshire and Out of County bed use RE-CONSIDERED Q1 - 4 		Amber	Amber	Amber	NA	M	M	M	M
Improve key pathways and interventions	<ul style="list-style-type: none"> Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 - 4 		Amber	Amber	Amber	Red	M	M	M	M
	<ul style="list-style-type: none"> Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111 - Q3 				Red	Blue	M	M	M	H
	<ul style="list-style-type: none"> Reduce use of out of county community hospital beds through escalation and tracking Q1 - 4 		Amber	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 - 4 		Green	Amber	Amber	Red	M	H	H	M
	<ul style="list-style-type: none"> Improve co-ordination in the last year of life and the support available at home and in the community at the end of life Q1 - 4 		Amber	Green	Green	Red	M	M	M	M
Executive Director Sign Off	David Farnsworth (Director of Operations/ Director of Community and Mental Health)									

Patterson, Liz
21/05/2024 11:31:33

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

Executive Lead – Director of Community and Mental Health

Year End Achievements/ Deliverables and Challenges:

- There has been an 18% reduction in the use of out of county community hospital beds overall between April 2023 – February 2024 (2,443 bed days) compared to April 2022 – February 2023 (2,976 bed days) ensuring that Powys patients are closer to home.
- A joint governance process, including a Service Level Agreement with Powys County Council, has been established to ensure a shared approach to pathway of care delays.
- The development of a new digital patient flow system for Powys has commenced to enable visualisation of patient-related data to support better patient flow and improved discharge.
- Red to Green Days and Discharge to Recover and then Assess are recorded and monitored by all PTHB general community wards.

Key Deliverables:

- There are now nine Care Transfer Coordinators in place covering all main out of county acute hospitals to provide additional support to out of county sites, continued targeting of patients in acute beds. This has also contributed to the overall reduction in out of county community hospital days as outlined above.
- There are now four Discharge Liaison Officers in post to facilitate timely discharge from PTHB community hospital sites.
- New posts have been recruited to support a Therapy Led Rehabilitation Model at Glan Irfon health and care unit to embed short stay reablement.

Main Challenges:

- Trusted Assessment: operational pressures for Powys Teaching Health Board and Powys County Council have contributed to the delay in the piloting of a trusted assessment approach. As detailed in the Q4 update, work remains underway to progress this.
- Rehabilitation and reablement bridging team; expansion of home first community rehabilitation: operational pressures for Powys Teaching Health Board and Powys County Council have contributed to the delay in this work progressing, however meetings have taken place in Q4 of 2023/24 and will continue in Q1 2024/25 to the proposed future design.

Commentary on Progress in this Quarter:

- **Swift transaction of out of county repatriation requests:** Additional Care Transfer Coordinators in place to provide added support to out of county sites in facilitation of discharge and repatriation of Powys residents with a focus on targeting patients in acute beds. Continued engagement in out of county escalation processes, including daily review of discharge planning at flow meeting. Work underway to review All-Wales Repatriation Policy in conjunction with Goal 5 of the Six Goals for Urgent and Emergency Care with subsequent developments to National Repatriation Database planned to continue into 2024/25.
- **Cluster led risk stratification, care co-ordination:** There is good utilisation of electronic frailty indices throughout Powys in the identification of those with an increased risk and areas of good practice have been identified. North and South Cluster Frailty proposals have been approved,

both of which support the overarching PTHB Frailty Model in further developing Cluster led risk stratification and care co-ordination of Powys residents.

- **Embed improved whole system approach to Pathways of Care Delays (POCD):** Pathways of Care Delay data is reported monthly, approved by PTHB and Powys County Council, and submitted to the NHS Executive. In line with the data, a joint PTHB/Powys County Council Pathway of Care Delay Action Plan is in place. An Unscheduled Care Strategic Oversight Group is being developed to further drive the implementation of this plan throughout 2024/25.
- **Assessment and discharge including Discharge to Recover then Assess (D2RA) and home first:** D2RA Pathways embedded and recorded for each patient at ward level. Digital Patient Flow System planned to launch 2024/25 to enhance digital allocation and monitoring of pathways.
- **Additional Discharge Liaison Officers:** Additional Discharge Liaison officers in post to support timely discharge from Community Hospital sites.
- **Red to Green days and SAFER to be embedded into daily practice and audit refine process:** SAFER principles and Red to Green days monitored as part of flow monitoring on Community Hospital sites. Digital Patient Flow System planned to launch 2024/25 to enhance efficiency in addition to digital capture and monitoring.
- **Unscheduled Care Dashboard to drive improvements in bed utilisation and capacity:** The collation of data has been taken forward as part of the PTHB Integrated Performance Framework. Data is utilised daily by the operational Unscheduled Care Team as part of bed utilisation, pathways flow management and capacity. Digital Patient Flow System planned to launch 2024/25 that will further enhance the availability and visualisation of Unscheduled Care data.

Commentary on red rated actions:

- **Refine Virtual Ward and Virtual Hospital models and scope Community Assessment Triage Model:** PTHB has participated in the Enhanced Community Care Project developed through the nationally-led Strategic Programme for Primary Care, which has been built into the draft 'Better Together' design report. Work has taken place to identify the existing agreements which underpin Powys' virtual wards and virtual hospital models. The Better Together Report, through the Accelerated Sustainable Model has outlined the proposed models to be implemented and the anticipated process and timescales for this will be defined in 2024/25.
- **Roll out Trusted Assessor:** Through control process, initially proposed model required refinement following national developments. As such, delivery of a refined model was identified as not achievable within initially proposed timescales, therefore the action has become red. Due to operational pressures of both PTHB and Powys County Council, previously planned pilot was unable to progress. Collaborative governance process with Powys County Council remains in development with support from the Regional Partnership Board.
- **Rehabilitation and reablement bridging team; expansion of home first community rehabilitation:** There is a proposal under consideration for the adaptation of the specification of the Home First and the rehabilitation bridging team as part of the Section 33 agreement with Powys County Council. The action was due to be completed in Q3, however, key meetings were postponed due to operational pressures of both PTHB and Powys County Council. Further meetings have taken place throughout Q4 in relation to remodelling, with the proposed future design to be finalised in 2024/25.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver alternatives to Urgent and Emergency Care	<ul style="list-style-type: none"> Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1 - DEFERRED 	D Ops	Green		NA	NA	M	M	M	M
	<ul style="list-style-type: none"> Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model Q3 - 4 				Amber	Red	M	H	H	M
	<ul style="list-style-type: none"> Swift transaction of out of county repatriation requests Q1 - 4 		Green	Green	Green	Blue	M	M	M	M
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan	<ul style="list-style-type: none"> Cluster led risk stratification, care co-ordination Q1 - 4 		Amber	Amber	Amber	Blue	Tb c	M	M	M
	<ul style="list-style-type: none"> Phone First embedded in Minor Injury Units 		Blue	Blue	Blue	Blue	H	H	M	H
	<ul style="list-style-type: none"> Embed improved whole system approach to Pathways Of Care Delays (POCD) Q1 		Green	Green	Green	Blue	M	H	H	H
	<ul style="list-style-type: none"> Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 - 4 		Amber	Amber	Amber	Blue	M	M	M	M
	<ul style="list-style-type: none"> Additional Discharge Liaison Officers Q2 			Red	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Roll out Trusted Assessor Q1 - 2 		Green	Red	Red	Red	M	H	L	L
	<ul style="list-style-type: none"> Explore and complete benefits analysis of an Integrated Brokerage Process development Q2 			Blue	Blue	Blue	M	M	H	H
	<ul style="list-style-type: none"> Patient level pathway assignment and tracking Q2 - 3 		Blue	Blue	Blue	M	M	M	H	
	<ul style="list-style-type: none"> Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 - 3 	Amber	Amber	Red	Red	M	H	H	L	

Patterson, Liz
21/05/2024 11:31:33

<ul style="list-style-type: none"> Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2 Implementation of 111 Press 2 on track for delivery Q1 Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 - 4 Implementation of guidance to prevent deconditioning Q1 – 4 - DUPLICATION Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1 			Blue	Blue	Blue	M	M	H	H
		Blue	Blue	Blue	Blue	H	H	H	H
			Green	Green	Blue	M	M	M	M
		Green	Green	NA	NA	M	M	M	
		Green	Green	Green	Blue	M	M	M	H

Executive Director Sign Off David Farnsworth (Director of Operations/ Director of Community and Mental Health)

Strategic Priority 14– Specialised Care
Executive Lead – Director of Performance and Commissioning

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- Overall progression and performance consistent with previous delivery and as forecast in terms of Year End Delivery. Actions previously denoted as Red risk of delivery continued that performance trajectory. Any deterioration in performance is noted in the next section below.

Commentary on red rated actions:

- Equitable access** – reducing unwarranted variation has not improved during the year but improving our understanding through improved data and understanding has occurred. This action to be carried forward into 24/25 as an improvement action.
- Out of County Placements** – the volume of out of county placements has not reduced. Action to be carried forward into 24/25
- Psychology Services & Specialised Pathway Lead** – both actions to be carried forward into 24/25

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment
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Patterson, J.
 21/05/2024 11:31:33

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

Workforce Futures

Strategic Priority 15 – Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

Year End Achievements/ Deliverables and Challenges:

- A total of 4 registered nursing cohorts have been recruited to Powys with planning underway for a fifth cohort due to arrive in June 2024. Future plans for further registered nurse cohorts are being developed with a view to recruiting 2-3 cohorts per year.
- PTHB is fully engaged with the All-Wales recruitment modernisation programme with a specific focus on reducing time to hire and shortened application forms for entry level roles. There has been a calendar of planned recruitment events scheduled which goes forward into the next 12 months which includes targeted recruitment events for bank workers at hospital sites.
- Wagestream has been successfully implemented and has now been rolled out, allowing bank staff to access their wages on a weekly basis for a small fee. This incentive is being advertised with our current substantive staff as an attraction mechanism to encourage the uptake of bank roles.
- September 2023 saw the successful recruitment and deployment of 22 new, externally recruited, Aspiring Nurses to our Award-winning Aspiring Nurses Programme, all of whom have been deployed in our community adult and mental health wards. This programme has won national recognition and an award for widening the access to nursing careers for those living in rural communities.

Commentary on progress in this Quarter:

- A direct sourcing model has been developed and is now in place, which includes a role segmentation and attraction pathway framework which supports recruiting managers with decisions about how and where they advertise vacancies. Further work will continue into 2024-25 with the roll out of the model supported by the Business Partnering Team, to embed the direct sourcing model approach into 'business as usual' recruitment methodology.
- All vacancies are advertised in both English and Welsh. Any Welsh essential vacancy has a Welsh translated job description. A number of our marketing materials used at recruitment events are bilingual.
- A total of 4 registered nursing cohorts have been recruited to Powys with planning underway for a fifth cohort due to arrive in June 2024. Future plans for further registered nurse cohorts are being developed with a view to recruiting 2-3 cohorts per year.
- Discussions have commenced with NWSSP regarding the recruitment of IEN's for mental health. NWSSP are exploring an All-Wales approach to this which if successful, will be piloted later in 2024-25. PTHB have indicated an interest in being part of the pilot.
- A PTHB representative joined an All-Wales trip to India for Medical recruitment which yielded offers to 4 medics interested in joining Mental Health services in PTHB. Formal offers have been made and onboarding processes are underway.
- PTHB is fully engaged with the All-Wales recruitment modernisation programme with a specific focus on reducing time to hire and shortened application forms for entry level roles. There has been a calendar of planned recruitment events scheduled which goes forward into the next 12 months which includes targeted recruitment events for bank workers at hospital sites.
- Wagestream has been successfully implemented and has now been rolled out, allowing bank staff to access their wages on a weekly basis for a small fee. This incentive is being advertised with our current substantive staff as an attraction mechanism to encourage the uptake of bank roles.

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21/05/2024 13:33

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Commentary on red rated actions:

- The Variable Pay plan is utilised to support the Mental Health and Community Services in addressing capacity issues in the immediate to medium term. As part of the plan, workforce planning is identified as a priority. Workforce planning projections have been developed that reflect the potential workforce supply for the next 1-5 years, which are being used to inform decisions relating to workforce planning i.e. the development and investment into workforce pipelines such as internationally educated nurses and externally recruited Aspiring Nurses. Within Community Services, workforce plans continue to be developed alongside plans for Demand & Capacity modelling. However, the current interim structure has presented challenges in finalising plans by Q4. The directorate has confirmed workforce plans remain a priority and will be informed during Q1 24/25 by the Variable Pay Group and a newly formed CSG Ward Variable Pay Group. Due to redirection of capacity within the Mental Health Directorate, this has also presented a challenge in the finalisation of workforce plans. There is a recognition of the priority and importance of this work progressing in the new financial year with updates from the directorates anticipated in Q1 2024/25. Key managers in both directorates have received training, and support is available via the Workforce team.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Workforce Planning	• All prioritised service areas to have a workforce plan Q4	DWOD				Red	H	M	L	M
	• Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4 - TIMING ADJUSTED				NA	NA	H	L	L	
	• Organisational Change approach to support Accelerated Sustainable Model Q2 -DEFERRED			Red		NA	NA	H	M	L
Recruitment redesign	• Direct Sourcing Model in place Q4				Blue	M	H	M	M	

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21/05/2024 11:31:33

	<ul style="list-style-type: none"> All appropriate marketing material bilingual Q4 				Blue	H	H	H	M
	<ul style="list-style-type: none"> 4 Overseas Nurses fully onboarded Q2 - 3 		Green	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3 - 4 			Blue	Blue	M	H	H	H
Variable Pay Reduction	<ul style="list-style-type: none"> Reduce on and off contract agency spend by increasing Bank shift take up rates as well as successful recruitment and retention activities to increase those on the Bank Q4 				Blue	M	M	M	L
	<ul style="list-style-type: none"> Incentivise Bank take up with more flexible arrangements for accessing wages Q1 - 2 	Green	Green	Green	Blue	H	H	H	H
Education and Role Development	<ul style="list-style-type: none"> Develop Aspiring Nurse Programme with Health Education and Improvement Wales and Bangor University by year end Q4 				Blue	M	H	H	H
	<ul style="list-style-type: none"> Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year Q4 - STOP 			NA	NA	M	M	L	
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)								

Strategic Priority 16 – A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

Year End Achievements/ Deliverables and Challenges:

- Team Climate has had a total of 498 respondents in 2023/24 with the following services having completed the questionnaire: WOD, Transformation and Value, HCRW, Women and Childrens, Mental Health, Finance and ICT, elements of Support Services.
- The use of the simulation suite in the Health, Care and Social Care Academy has increased, with internal and external teams using it to 'upskill' knowledge and MDT working through the use of simulated activities. Simulation exercises has proved successful when using with the L3 Health and Social Care school pupils.
- Submission for Employers for Carers accreditation is awaiting the final approval before release. 5 workshops were held on Carers Rights day in Nov. Information about support to working carers in now included in Corporate Induction. Employers for Carers delivered a dedicated support session to HR colleagues around the Carers Leave act.

- Following the adoption of the All Wales Speaking up Safely (SuS) framework an internal SuS working group has met monthly to work on delivery of the plan.
- Employee experience toolkit has been developed through Workforce Futures Programme and is now hosted on RPB site for use across Health and Social Care Sector.

Commentary on progress in this Quarter:

- NHS national Survey results/ outputs: PTHB had 673 responses, or 28% of staff, the highest response rate of the Health Boards. High level survey findings were shared with staff and via the CEO briefing in March. Further analysis / data will be released during April 2024 from HEIW for Health Boards to access.
- Team Climate has had a total of 498 respondents in 2023/24 with the following services having completed the questionnaire: WOD, Transformation and Value, HCRW, Women and Childrens, Mental Health, Finance and ICT, elements of Support Services.
- Chat 2 change: A refresh paper discussed in Executive Committee Feb 2024, with implementation planned for Q1 and Q2 of 24/25
- Two-tiered clinical leadership programme; Two 3-day Tier I pilot programmes have been delivered. Following evaluation one course a month will be offered in 24/25
- The use of the simulation suite in the Health, Care and Social Care Academy has increased, with internal and external teams using it to 'upskill' knowledge and MDT working through the use of simulated activities. Simulation exercises has proved successful when using with the L3 Health and Social Care school pupils.
- Submission for Employers for Carers accreditation is awaiting the final approval before release. 5 workshops were held on Carers Rights day in Nov. Information about support to working carers in now included in Corporate Induction. Employers for Carers delivered a dedicated support session to HR colleagues around the Carers Leave act.
- Following the adoption of the All Wales Speaking up Safely (SuS) framework an internal SuS working group has met monthly to work on delivery of the plan. An 'Our voice Hub' SharePoint page has been developed to provide advice and guidance on speaking up/ raising a concern.
- Employee experience toolkit has been developed through Workforce Futures Programme and is now hosted on RPB site for use across Health and Social Care Sector. A PTHB Retention Resources and Managers Hub site has been developed as part of WOD pages on the intranet. The HEIW funded PTHB Retention lead commenced in February 2024.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment <i>0 = Original</i>
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			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Temperature Checks and Analytics Capability – WORK WILL CONTINUE BUT WILL CONCLUDE IN 2024/2025	• Promotion and utilisation of outputs of National Staff Survey Q1 - 4	DWOD	Green	Green	Green	NA	M	H	H	L	
	• Conduct Team Climate Survey (targeting one service area per quarter) Q1 - 4		Green	Green	Green	NA	H	H	M	H	
	• Develop team health metrics; apply by year end Q4					NA	H	H	H	H	
	• Review and relaunch Chat 2 Change Q3 – 4				Green	NA	H	H	H	H	
Leadership Development	• Design and deliver a two-tiered Clinical Leadership Programme Q2 – 3 - ADJUSTED			Green	NA	NA	M	M	M		
	• Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4 - DEFERRED				NA	NA	H	H	H		
Professional Development	• Promote and increase self-sufficient use of simulation space in Health & Care Academy Q1 - 4			Green	Green	Green	Blue	M	M	M	M
Employee Support	• Achieve Employers for Carers accreditation, identifying and offering signposting Q4						Blue	H	H	H	M
	• Adopt All Wales approach to 'Speaking Up Safely' about concerns or issues by end of year Q1 - 4			Green	Green	Green	Blue	H	H	H	M
	• Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on 'stay' interviews Q3 - 4					Blue	Blue	H	H	M	H
	• Workforce Policies Caseload review; social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, workshops Q2 - 3			Green	Blue	Blue	H	H	M	H	
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)										

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21/05/2024 11:31:33

Strategic Priority 17 – Employee Health and Wellbeing

Executive Lead – Director of Workforce and Organisational Development

Year End Achievements/ Deliverables and Challenges:

- Throughout the year the attendance at Wellbeing roadshows on the main hospital sites has been really good with attendance at 82% (301/365) of those working that day.
- VIVUP Employee assistance uptake has increased by 104% overall; Self-help downloads from 86 to 109 (+27%) Counselling sessions from 32 to 121 (+278%) Incoming calls from 82 to 179 (+118 %)

Commentary on progress in this Quarter:

- Throughout the year the attendance at Wellbeing roadshows on the main hospital sites has been really good with attendance at 82% (301/365) of those working that day. Positive feedback was received from the series of additional wellbeing 'road runs' that were held during January to March, facilitating a face to face visit for all of the outreach locations our staff work from.
- PTHB were the last HB to go live with the implementation of OPASG2 the new OH management system. The Occupational Health team have been configuring all of the new templates which will now enable greater reporting of data and themes during 2024/25.
- VIVUP Employee assistance uptake has increased by 104% overall; Self-help downloads from 86 to 109 (+27%) Counselling sessions from 32 to 121 (+278%) Incoming calls from 82 to 179 (+118 %)

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Gold Corporate Health Standard	<ul style="list-style-type: none"> Regain Gold Corporate Health Standard Q1 	DWOD	Blue	Blue	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> Create development plan from the feedback received from the reassessment Q1 		Blue	Blue	Blue	Blue	H	H	H	H

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

Strategic Priority 18 – Joint Workforce Futures Programme

Executive Lead – Director of Workforce and Organisational Development

Year End Achievements/ Deliverables and Challenges:

ACCEES and H&SC schools programme of work , has seen an enormous increase from 2 schools participating (with 32 pupils) in 22/23 to contact with 11 secondary schools, 3 Additional Learning Needs settings. The ACCEES programme now provides a 'whole' school approach, with interaction from years 7 to 10 and then those in sixth form studying L3 Health and Social Care. The ACEES programme during 23/24 had a reach of just over 3500 pupils. Evaluation of the programme has just taken place and the findings will be used to inform the 2024/25 programme. Alongside this work as part of the foundation Economy Welsh Government commissioned a Powys Case study on our H&SC career pathway and the video will be used across Wales to show case best practice.

- Lived experiences of the workforce has been captured through a number of routes: sections within the staff survey, staff stories to board each month, plus a number videos of: 'a day in the life of' / my NHS journey which have, and will continue to be developed.
- The refresh of the WFF priorities which includes the theme Wellbeing and Engagement has been approved through WFF programme board and the Regional Partnership Board.

Commentary on progress in this Quarter:

- ACCEES and H&SC schools programme of work, has seen an enormous increase from 2 schools participating (with 32 pupils) in 22/23 to contact with 11 secondary schools, 3 Additional Learning Needs settings. The ACCEES programme now provides a 'whole'school approach, with interaction from years 7 to 10 and then those in sixth form studying L3 Health and Social Care. The ACEES programme during 23/24 had a reach of just over 3500 pupils. Evaluation of the programme has just taken place and the findings will be used to inform the 2024/25 programme. Alongside this work as part of the foundation Economy Welsh Government commissioned a Powys Case study on our H&SC career pathway and the video will be used across Wales to show case best practice.
- Within PTHB opportunities for volunteering has increased; Alongside the active ward based volunteers, there are opportunities available in the following areas: AMD wet clinic; supporting the roll out of the 'RITA' all-in-one touch screen system offering digital reminiscence therapy for patients; Quality and Safety patient feedback data capturing; Volunteer story at PTHB Board. PTHB also has for the first time a volunteer as lay member of the local Individual Patient Funding Panel (IPFR)
- Lived experiences of the workforce has been captured through a number of routes: sections within the staff survey, staff stories to board each month, plus a number of videos of: 'a day in the life of' / my NHS journey which have, and will continue to be developed.
- The refresh of the WFF priorities which includes the theme Wellbeing and Engagement has been approved through WFF programme board and the Regional Partnership Board.

Commentary on red rated actions:

- 3 pilot Joint Health and Social Care induction programmes were held between March and July where 19 staff Health and Care staff were trained. During the pilot programme we undertook some detailed evaluation and feedback, and it was evident that the format and content of the work/ assessment books was too repetitive and lengthy. This resulted in a Health Education Improvement Wales (HEIW) working alongside Social Care Wales, PTHB and Hywel Dda who were also piloting the induction to develop a new joint induction workbook. As a result of this, the further roll out of monthly joint induction programmes was halted. The new workbook is now agreed and ready for April release.

Progress against key actions and milestones

Patterson, Liz
21/08/2024 11:31:33

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Designing, Planning and Attracting the Workforce	<ul style="list-style-type: none"> Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people Q4 	DWOD				Blue	H	H	H	H	
	<ul style="list-style-type: none"> Upscale the Health and Social Care Schools training programme to two further schools Q4 					Blue	H	H	H	H	
	<ul style="list-style-type: none"> Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4 - DEFERRED 				NA	NA	H	H	H		
Leading the Workforce	<ul style="list-style-type: none"> Compassionate Leadership Programme trial Q2 - DELAYED 			Amber	NA	NA	M	L	L		
	<ul style="list-style-type: none"> Rollout 4 a month (12 per cohort) Q4 - DELAYED 				NA	NA	M	M	L		
Engagement and Wellbeing	<ul style="list-style-type: none"> Understand the lived experience of the workforce Q2, Q4 			Green	Green	Blue	M	H	H	M	
	<ul style="list-style-type: none"> RPB action plan to improve wellbeing and engagement across the sector Q4 					Blue	H	H	H	H	
Education Training and Development	<ul style="list-style-type: none"> After an initial pilot, deliver one joint induction programme per month by year end Q1 - 4 			Green	Amber	Red	Red	M	M	L	L
	<ul style="list-style-type: none"> Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4 - DELAYED 					NA	NA	M	M	M	
Partnership and Citizenship	<ul style="list-style-type: none"> Carers strategic framework by year end to increase support to paid and unpaid carers Q4 - DEFERRED 					NA	NA	H	H	H	
	<ul style="list-style-type: none"> Increased volunteering opportunities Q4 				Blue	H	H	H	H		
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)										

Patterson, Liz
21/05/2024 14:33

Digital First

Strategic Priority 19 – Digital Strategic Framework

Executive Lead – Director of Finance and I.T.

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- Digital Strategic Framework on track, reporting through various Boards & Delivery and Performance Committee

Commentary on red rated actions:

N/A

Progress against key actions and milestones

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

Strategic Priority 20 – Implement clinical digital systems

Executive Lead – Director of Therapies

Year End Achievements/ Deliverables and Challenges:

Overview of achievements this year

- Digital Strategic Framework approved and live (first ever for PTHB)
- Managed Print (Secure printing) implemented
- Implementation of 2-way text message clinic appoint reminders (Planned Care & Therapies)
- Implementation of Scan 4 Safety clinic stock management at Brecon & Llandrindod Theatres
- Capital investment to procure new ICT equipment
- Implementation of SharePoint
- Second highest HB in Wales delivering virtual group consultations through Attend Anywhere
- Guest Wifi implemented and improved
- Cloud Hosted Lakehouse Implementation for a Modern Data Platform
- Cyber Risk Management greatly improved and corporate risk score reduced, also the first and only HB to achieve zero weak passwords
- Telephony Upgrade procurement complete
- ICT Services brought in house
- Improved cabling and wifi, and cyber infrastructure across the estate

Key Deliverables

- Scan For Safety implementation.
- Mobile Phone Carrier Upgrade
- EPMA pre-implementation landscape scope
- Cloud hosted data lake.
- App Development for pathways
- First NHS in the UK to adopt this hybrid/federated approach to Data Architecture
- Cloud Hosted Lakehouse Implementation for a Modern Data Platform
- Implementation of a new IT logging solution (Halo) used also in HR

Main Challenges

- National Programme Priority and Planning, such as EPMA, RISP etc There doesn't seem to be a proactive forward plan for national programme system replacement that allows HBs enough time to prepare and make the case.

- Poorly designed and managed Digital Eye Care Programme nationally resulting in complete pause of further rollout.
- Aged buildings that are difficult and expensive to digitally modernise
- Recruiting on Fixed Term temp contracts, is not sustainable for delivery of national and local digital transformation projects and programmes, and this is done due to the nature of the national funding.
- Service led ownership and accountability of systems that are implemented to realise benefits and efficiencies, without a strong Clinical Informaticians function, systems such as Hybrid Mail and E-Scheduling are not maintained to the point that the service can realise the benefits available.
- Digital Health and Care Wales slow or no delivery of national programmes and no transparency of contracts and slas in order to hold them to account.
- NWSSP and DHCW both procuring national systems on behalf of HB's provides inconsistency in engagement and delivery
- Cross Border project due to SaTH implementation of a EHR, and also DHCW slow or non-delivery of core requirements

Commentary on Progress in this Quarter:

Commentary on red rated actions:

- Not complete due to Capacity and staff resource as previous
- Functional Requirements part completed through the cross border and epma projects, but not across all MDT's of all systems. More clinical informatics roles would achieving this work at pace. This includes all service led digital transformation activities, such as standardised operating procedures. Clinical staff are not currently given the necessary time needed to be allocated to digital activities.
- Healthcare pathways is being progressed by other HB's and PTHB will benefit from this initial work.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
	<ul style="list-style-type: none"> • Map functional requirements for service areas Q2 	DoTHS		Red	Red	Red	H	M	L	L

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21/05/2024 11:31:33

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

Strategic Priority 21 – Resilient, Cybersecure Infrastructure

Executive Lead – Director of Finance and I.T.

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- Known clinical areas prioritised and work is going to be ongoing and will be reported against in 24/25 plans

Commentary on red rated actions:

- Telephony upgrades delayed through a complex procurement that took longer than planned. The upgrade being planned with the supplier and will reported in 24/25 Plans

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver a resilient, cyber secure infrastructure within the PTHB buildings	<ul style="list-style-type: none"> Upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity. Pace of delivery subject to additional funding Q1 - 4 	DFIT	Amber	Amber	Green	Blue	M	M	L	H
	<ul style="list-style-type: none"> Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording The pace of delivery will be subject to availability of additional funding Q1 - 4 		Amber	Red	Amber	Red	M	M	L	L
	<ul style="list-style-type: none"> Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans Q1 - 4 		Green	Green	Blue	Blue	M	M	H	H
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)									
Strategic Priority 22 – Electronic Document Management and Digitisation										
Executive Lead – Director of Finance and I.T.										
Year End Achievements/ Deliverables and Challenges:										
Commentary on Progress in this Quarter:										
Commentary on red rated actions:										

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21/05/2017 11:31:33

- **PROMS & PREMS Platform** – data from this platform will be incorporated into the Integrated Performance Report as it becomes available. Carry forward action into 2024/25.

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Develop and implement electronic document management policies and processes, digitalisation of paper records	Pace of delivery will be subject to availability of additional funding Q1 – 4 - DEFERRED	DFIT	Red	Red	NA	NA	M	L	L	
Executive Director Sign Off		Pete Hopgood (Director of Finance, Information and IT)								

Strategic Priority 23 – Modernise Data Architecture and Business Intelligence

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

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- RPA tooling and infrastructure in place, next steps is to await priorities from the Business Opportunities Group.

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22/05/2024 11:31:33

Commentary on red rated actions:

- Health and Care data platform on hold (PCC and PTHB agreed pause given the WCCIS project)
- Workforce collaboration - initial data integration complete and ongoing onboarding of services, to build the one source of the truth for all services.

Progress against key actions and milestones

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

Innovative Environments

Strategic Priority 24 – Capital and Estates Programme
Executive Lead – Assistant Director of Estates, Capital and Property
Year End Achievements/ Deliverables and Challenges:

Overview of achievements this year

- Revised cleaning standards assurance process established.
- Following a redesign of the service model new integrated porter and domestic job descriptions implemented
- Identified a number of cleaning contractors which can support low risk and also highly specialist cleaning during time of peak demand.

Key Deliverables

- New prioritisation criteria established to ensure limited resources are focussed towards clinical service areas.

Main Challenges

- Speedy recruitment in a very competitive sector
- Staff capacity does not enable cover for urgent requirements such as post infection or post refurbishment cleans.
- Difficult to recruit to and maintain staff on bank in sufficient numbers to meet service demands.

Commentary on Progress in this Quarter:

- Welsh Government have recently introduced a new NHS Capital Prioritisation Process which applies to all business cases seeking All Wales Capital and runs alongside the existing PBC/SOC/OBC/FBC process; **Llandrindod Phase 2** and **North Powys Programme** have been paused pending the outcome of the prioritisation which will see schemes approved for further consideration/amended/deferred/stopped – we are unlikely to have outcomes until summer 2024 and this could be as late as September.
- **Estates Strategy:** work has progressed well with a draft document to be available for July 2024
- The cleaning standards for PTHB was reviewed and went to execs in august 2023

Commentary on red rated actions:

- **Llanfair Caereinion:** the Third Party Developer process is no longer financially viable. Consideration is being given to direct capital funding of the project from Regional Partnership Board IRCF funding with discussions ongoing with Welsh Government.

Progress against key actions and milestones

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

Patterson, Liz
21/05/2024 11:31:33

Implementation of 'Soft' Facilities Management	<ul style="list-style-type: none"> Cleaning Standards review Q1 		Green	Green	Green	Blue	M	M	H	H
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates and Property)									

Strategic Priority 25 – Environmental Management and Decarbonisation

Executive Lead – Assistant Director of Estates, Capital and Property

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- Energy Efficiency – **Re:fit programme**: bid for funding has been made to Welsh Government, Invest to Save, Salix fund in Q4 – awaiting decision and if approved in reasonable timeframe then work activity will be programmed for 2024/25 to deliver planned energy and decarbonisation benefits
- Carbon Literacy training**: there has been an 'in year' shift away from implementation of this training model to alternative delivery models.
- Agile Working**: work to implement at Bronllys was delayed 'in year' but will start up again in 2024/25 with updated policy and monitoring of space.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q3	Q4
	<ul style="list-style-type: none"> Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1 	ADoEP	Blue	Blue	Blue	Blue	H	H	H	H

Patterson, Liz
21/05/2024 11:31:33

Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act Delivery of energy efficiency improvements HDecarbonisation including ambition for Net Zero by 2030 across public sector including	<ul style="list-style-type: none"> Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3 			Green	Blue	H	H	H	H	
	<ul style="list-style-type: none"> Commence Re:fit programme of works activity Q4 				Red	H	H	H	M	
	<ul style="list-style-type: none"> Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3 - RESCOPEd 			NA	NA	M	L	L		
	<ul style="list-style-type: none"> Quarterly tracking and internal reporting to Environment & Sustainability Group against 46 Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan Q1 - 4 			Blue	Blue	Blue	Blue	H	H	H
	<ul style="list-style-type: none"> Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3 - DEFERRED 			NA	NA	M	M	M		
Executive Director Sign Off	Wayne Tannahill (Associate Director of Estates and Property)									

Transforming in Partnership

Strategic Priority 26a - Corporate Governance
Executive Lead – Director of Corporate Governance

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

Commentary on red rated actions:

Patterson, Liz
21/09/2024 11:31:33

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

Strategic Priority 26b - Quality Governance									
Executive Lead – Director of Nursing and Midwifery									
Year End Achievements/ Deliverables and Challenges:									
Commentary on Progress in this Quarter:									

- Several key actions have been completed, which is supporting the maturity of the organisational governance in line with the requirements of the Quality & Engagement Act 2021. It is noted that organisational maturity is required to ensure the requirements are realised when decisions are made and aligned with the requirements of the Act.

Commentary on red rated actions:

- The updated Integrated Performance Framework (IPF) has been updated to Integrated Quality & Performance Framework (IQPF) to ensure the domains of quality are clearly articulated within the usual business of governance processes along with an escalation framework for services during Q4. This framework will support the outstanding actions within the implementation of the Duty of Quality, the maturity of the implementation programme will be realised during 2024/25.
- Patient stories agenda has been challenging to address due to no resource in place to support robust completion of patient stories. This is a priority for the Assistant Director Quality & Safety who has purchased equipment to facilitate production of patient stories, unfortunately there is no support within the health board to edit the stories for production.

Progress against key actions and milestones

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

Patterson, Liz
21/05/2024 11:31:33

Executive Director Sign Off

Claire Roche (Director of Nursing and Midwifery)

Strategic Priority 27 – Engagement and Communication**Executive Lead – Director of Corporate Governance****Year End Achievements/ Deliverables and Challenges:**

During 2023/24 the Health Board’s engagement and communication team has supported the wider Health Board activities as we continue with recovery and renewal following the COVID-19 pandemic whilst also addressing the significant financial challenges facing the public sector.

Engagement and consultation activity has included:

- Planning and delivery of series of engagement events to support our “Better Together” approach for the future of safe and sustainable health and care services in Powys
- Initial work as part of the national stroke review for Wales
- Decision making and mitigation planning & delivery following engagement during 2022/23 following an application from Crickhowell Group Practice to close their branch surgery in Gilwern
- Support for the planning and delivery of three phases of national engagement by the Emergency Ambulance Services Committee on the future service model for the NHS Emergency Medical Retrieval and Transfer Services (EMRTS) in partnership with the Wales Air Ambulance Charity
- Partnership work with Public Services Board (PSB) and Regional Partnership Board (RPB) partners on a shared approach to coproduction in Powys.

Informal stakeholder engagement activity has been ongoing for a number of other projects and programmes. These include the redevelopment of Bro Ddyfi Community Hospital and the development of Knighton Hospital as an interim re-ablement facility to provide more care closer to home whilst the ward remains closed due to ongoing staffing and recruitment issues.

Key areas of communication focus have been the continued work to support Powys residents to access the right care in the right place at the right time. This has included a focus on Help Us Help You, promotion of NHS 111 Wales services, launch of NHS 111 Press 2 for access to mental health advice, and SilverCloud Wales which is hosted by PTHB on behalf of NHS Wales.

A major programme of activity was also undertaken to connect with communities in the celebration of the 75th anniversary of the NHS in July 2023.

With industrial action taking place during the year in both Wales and England, the team was also central to the Health Board response, providing public messaging to help people access the right service at the right time.

Internally, we have continued to develop our SharePoint intranet site which was launched in 2022/23. We also relaunched our Staff Excellence Awards.

Given rising levels of acute respiratory infections during the autumn, alongside growing financial pressures, the decision was taken to change from a face-to-face event for all our finalists and instead hold a series of virtual events supported by in-person visits by Board members to our winners.

Key priorities for 2024/25 include continued engagement and communication for our Better Together programme as well as right-sizing the team to best reflect the organisation's future needs.

Commentary on Progress in this Quarter:

- **Engagement:** A key priority during Q4 has been the planning and delivery of a programme of stakeholder engagement for the Accelerated Sustainable Model / Better Together programme. This has included a series of workshops in each of the 13 Powys localities, in partnership with Powys County Council. Thematic analysis is under way to inform the continued progress on this important programme. Recruitment to the role of Engagement Officer was successfully concluded with this fixed term post filled from February bringing additional capacity and expertise to the Better Together activities. Phase 3 of the EMRTS review took place during February, and the team has supported local delivery and national coordination of this work. Further work has also taken place on the local approach to co-production with citizens and partner organisations working together to shape this.
- **Communication:** Focus has remained on seasonal pressures and priorities including respiratory & hand hygiene and COVID & flu vaccination. With the rising risks of measles, promotion work has also taken place to advice families and staff of the importance and availability of MMR vaccination. Delivery of the Staff Excellence Awards also concluded during the quarter with the final in-person award presentations taking place in February. Other key activities have included the publication of a Child Practice Review with important findings and learning for the health board and partners. Graphic design and installation activities have also continued to support the health board with environmental improvements and visual appeal, for example through a new design for the MIU waiting room in Brecon.
- **Projects:** A new SilverCloud communications officer came into post in January enabling a relaunch and refresh of this hosted national project, including initial development of a re-brand due for launch early in 2024/25. The next phase of engagement on the North Powys Wellbeing programme has not yet commenced pending Welsh Government approval of the Programme Business Case, and the communications specialist has supported wider system priorities including promotion of the primary care model for Wales and steps to reduce violence and aggression towards public sector workers..

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment
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21/05/2024 11:31:33

						0 = Original			
		Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of a programme of marketing and communications	<ul style="list-style-type: none"> Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks Q1 – 4 	Green	Green	Green	Blue	H	H	H	H
Design and delivery of a programme of continuous and/or targeted engagement	<ul style="list-style-type: none"> Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance / Citizen Voice Body Q1 – 4 	Green	Green	Green	Blue	M	M	H	H
Executive Director Sign Off	Helen Bushell (Director of Corporate Governance)								
Strategic Priority 28 – Strategic Commissioning									
Executive Lead – Director of Performance and Commissioning									
Year End Achievements/ Deliverables and Challenges:									
Commentary on Progress in this Quarter:									
Commentary on red rated actions:									
<ul style="list-style-type: none"> GIRFT – it has not been possible to action all GIRFT recommendations as some of the recommendations are generic and geared much more towards acute providers. PTHB is working with the GIRFT team to tailor the recommendations to capture our community hospital provision but is in the process of acting on all other recommendations. Full utilisation of our theatre and daycase suites has not been possible during 23/24. Action carried forward to 24/25 Financial Savings – these have not been delivered as increases in emergency admission and their associated cost was higher than planned for and there has been slippage on the deliver of savings scoped within the ASM project. Our IMTP for 2425 seeks to address both of these issues. Third Sector SLA review -. At the end of quarter 4 this had not been achieved due to capacity constraints within the commissioning team. This has subsequently been progressed and an update will be provided in a future iteration of this report. 									
Progress against key actions and milestones									

Patterson, Liz
21/05/2024 11:31:33

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Commissioning	<ul style="list-style-type: none"> Develop commissioning intentions and manage any in year adjustments Q1 - 2 	DP&C	Amber	Blue	Blue	Blue	H	M	H	H
	<ul style="list-style-type: none"> Implementation of Getting It Right First Time (GIRFT) recommendations Q1 - 4 		Green	Green	Amber	Red	M	M	H	M
	<ul style="list-style-type: none"> Refinement of baseline activity against contract and targets Q1 - Q4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Develop external and internal commissioner / provider relationship Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Review sustainability of secondary care in-reach provision Q2 			Amber	Blue	Blue	M	M	H	H
	<ul style="list-style-type: none"> Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken Q2 			Red	Red	Blue	H	H	H	M
	<ul style="list-style-type: none"> Deliver commissioned services financial savings plan Q1 - 4 		Amber	Red	Red	Red	L	L	M	L
	<ul style="list-style-type: none"> Review of Service level Agreements (SLAs) with third sector organisations Q2 - 3 			Green	Amber	Red	M	H	H	M
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)									

Strategic Priority 29 – Integrated Performance
Executive Lead – Director of Performance and Commissioning
Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

Commentary on red rated actions:

- **Demand & Capacity Planning** – the Performance Team has not had the capacity to roll this out in 2324.
- **Integrated Performance Framework** (system component) – the Performance Team has developed and rolled out improved oversight and performance reporting for commissioned services. The development of a single IT system / interactive dashboard has been delayed. Action to be carried forward into 24/25

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Integrated Performance	<ul style="list-style-type: none"> • Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) Q1 - 4 	DP&C	Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> • Preparation and delivery and production of annual report Q1 		Blue	Blue	Blue	Blue	H	H	H	H
	<ul style="list-style-type: none"> • Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> • Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> • Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) Q1 - 4 		Amber	Amber	Red	Red	H	H	M	L
	<ul style="list-style-type: none"> • Implement and rollout the Integrated Performance Framework from both a governance and system 		Green	Amber	Amber	Red	H	H	M	M

Patterson, Liz
21/05/2024 11:31:33

	perspective for all commissioned services. (As per Implementation plan) Q1 - 2							
	• Develop Demand & Capacity Model Q1	Amber	Blue	Blue	Blue	H	H	H
	• Roll out use of Demand & Capacity Model Q1 - 3	Amber	Amber	Red	Red	H	M	L
	• Develop Performance Escalation and Exception reporting Q1	Blue	Blue	Blue	Blue	H	H	H
	• Implement Remedial Action Plan regime for services failing targets Q1	Red	Blue	Blue	Blue	H	H	H
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)							

Strategic Priority 30 - Strategic Planning

Executive Lead – Director of Performance and Commissioning

Year End Achievements/ Deliverables and Challenges:

- The Planning function has supported the annual cycle of strategic planning including developing and refining the appraisal and reporting of progress against plan, to provide information which supports management / committee and board intelligence and insight.
- The team have also supported the Plan Reset exercise during the year which was conducted in parallel with the Executive Opportunities work in the Summer and Autumn of 2023 and subsequently became part of the strategic planning for the organisation.
- The team led the production and co-ordination of the System Resilience (Winter Plan) in Q3, working with colleagues across the organisation and partners in the Regional Partnership Board.
- The development of the Strategic Plan for 2024 onwards commenced in Q3 and has spanned the remainder of the year. Whilst it has not been possible to submit a financially balanced plan, significant work was undertaken to produce a plan that represented the best offer that could be made. A plan was submitted which is firm in detail in Year One yet maintains the longer term view in line with agreed local partnership plans and aligned to national policy context and requirements.
- A Five Year Planning group was established in October 2023 to carry out the underpinning technical work for the Plan, enabling the 'poly-angulation' of the baseline data across finance, workforce, activity and performance. This formed the baseline for trajectory setting over a five year period.
- Collaboration across the key Powys partnerships has also been key to ensure alignment of plans locally – including the assimilation of outputs from the Discovery phase of the Accelerated Sustainable Model of Care and 'Better Together'

Patterson
21/05/2024 11:31:33

- Quarterly updates of the stocktake of Strategic Changes around the Powys borders has been delivered throughout the year, enabling tracking of the key programmes and developments that may impact on the healthcare pathways for Powys residents – this also informs the strategic plan for 2024 onwards.

Commentary on Progress in this Quarter:

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Planning	<ul style="list-style-type: none"> Development of the Integrated Plan for the organisation: co-ordinating internal and external processes and providing support and guidance to teams and Directorates Q3 - 4 	DP&C			Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2 			Green	NA	NA	H	H	H	
	<ul style="list-style-type: none"> Management of monitoring of progress against plan Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Leading Strategic Change horizon scanning, surveillance, tracking and production of management information Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan & Public Services Board Wellbeing Plan Q1 - 4 		Green	Green	Green	Blue	H	H	H	H

Patterson, Liz
21/05/2024 11:31:33

	<ul style="list-style-type: none"> • Delivery of Planning module of PTHB Managers Training Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> • Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)									

Strategic Priority 31 – Innovation and Improvement
Executive Lead – Medical Director

Year End Achievements/ Deliverables and Challenges:

Commentary on Progress in this Quarter:

- Skills and training resources have been developed to increase capacity and capability across PTHB
- Panel Y Ddraig fund has been launched across PTHB, PCC and PAVO
- Community of practice meet monthly to share learning and increase capacity and capability
- Identification of collaborations with academic and industry partners continues to identify ways of improve services across Powys

Commentary on red rated actions:

N/A

Progress against key actions and milestones

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

Patterson.Liz
21/05/2024 11:31:33

Innovation and Improvement	<ul style="list-style-type: none"> Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model Q2 – 4 	MD		Green	Red	NA	H	H	H	L
	<ul style="list-style-type: none"> Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2 			Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Develop School of Research Innovation and Improvement activity, launch of Fund, suite of tools and training, embed community of practice Q1 – 3 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Embed Quality Improvement approach Q1 – 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle Q3 				Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Develop research participation and Powys led studies with academic and industry engagement; Cascade learning Q1 - 2 		Green	Green	Green	Blue	H	H	H	H
Executive Director Sign Off	Kate Wright (Medical Director)									

Strategic Priority 32 - Strategic Equalities and Welsh Language

Executive Lead – Director of Workforce and Organisational Development

Year End Achievements/ Deliverables and Challenges:

Commentary on progress in this Quarter:

- The final draft of the Strategic Equality Plan has been completed and approved by board following its passage through Board development session and workforce culture committee on top of the staff and public consultation stages.
- The Welsh Language Standards Audit initiated in late 2022 has been closed following the presentation of satisfactory evidence of progress to the auditors.
- The final draft of the Welsh language in Healthcare Strategy has been completed and approved by board.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of Strategic Equality Plan and Welsh Language Standards:	<ul style="list-style-type: none"> Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan Q1 - 4 	DWOD	Green	Green	Amber	Blue	H	H	H	M
	<ul style="list-style-type: none"> Roll out Trans Awareness training for Staff Q1 - 2 		Amber	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Consultation, draft and approval of Strategic Equality Plan (for 2025-29) Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Welsh Language Standards Audit response Q1 - 2 		Green	Amber	Amber	Blue	H	H	H	H
	<ul style="list-style-type: none"> Consultation, draft and approval of Clinical Consultations Plan 2024-28 and More than Just Words Plan Q1 - 4 	DWOD	Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Approve Welsh Language Policy (Standard 79) Q1 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Welsh Language Service Leads Group to drive improvements Q1 - 4 		Green	Green	Green	Blue	H	H	H	H
	<ul style="list-style-type: none"> Design of Welsh Language Managers' training and incorporation into Management Training Program Q2 - 3 			Amber	Blue	Blue	H	H	H	H
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)									

Patterson, Liz
21/05/2024 11:31:33