Board

Wed 24 July 2024, 09:30 - 14:30

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_Agenda_24JUL24 FINAL.pdf (4 pages)

1.1. Welcome and Apologies for Absence

Chair

1.2. Declarations of Interest

All

1.3. Board Action Log

Chair

Board_1.3_Action Log.pdf (1 pages)

1.4. Experience Story

1.4.1. Patient Experience Story

Executive Director of Nursing, Quality, Women and Family Health

1.4.2. Staff Experience Story

Executive Director of People and Culture

1.5. Questions to Board from the public

Director of Corporate Governance

1.6. Update from the

1.6.1. Chair

Chair

Board_1.6a_Chair's Report July 2024.pdf (5 pages)

1.6.2. Vice Chair

Vice Chair

Board_1.6b_Vice Chair's report Board 24 July 2024.pdf (3 pages)

1.6.3. Chief Executive

Chief Executive

Board_1.6c_CEO Board paper JULY 2024.pdf (6 pages)

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1.7. Assurance Reports of the Board's Committees

Board_1.7_Committee Chair Reports_May July 24.pdf (5 pages)

1.7.1. Audit, Risk and Assurance Committee (09/07/2024)

Committee Chair

Board_1.7a_AppA_ARA_Committee Chair's Assurance Report_9 July 2024.pdf (4 pages)

1.7.2. Executive Committee (01/05/24 - 10/07/2024)

Chief Executive

Board_1.7b_AppB_EC Chair's Assurance Report.pdf (11 pages)

1.7.3. Delivery and Performance Committee (07/05/2024 and 27/06/2024)

Committee Chair

Board_1.7c_App_C_Delivery & Performance Chairs Assurance Report_07May&27June2024final.pdf (10 pages)

1.7.4. Planning, Partnership and Public Health Committee (16/05/2024)

Committee Chair

Board_1.7d_App_D_PPPH_Chairs Assurance Report_16May2024.pdf (6 pages)

1.7.5. Charitable Funds Committee (10/06/2024)

Committee Chair

Board_1.7e_App_E_Charitable Funds Report 10 June 2024.pdf (5 pages)

1.7.6. Workforce and Culture Committee (04/06/2024)

Committee Chair

Board_1.7f_App_F_W&C_Chairs Assurance Report 4 JUN 2024.pdf (5 pages)

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2. CONSENT AGENDA BUSINESS

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

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1. Major Incident and Emergency Response Plan and Corporate Business Continuity Plan

Executive Director of Public Health

Board_3.1_Major Incident, Emergency Response Plan_Final.pdf (5 pages)
Board_3.1a_App_1_Revised Civil_Contingencies_(1).pdf (56 pages)
Board_3.1b_App2_FINAL Revised Corporate Business Continuity Plan_Ver 5.0 (1).pdf (28 pages)

3.2. Civil Contingencies Annual report

Executive Director of Public Health

Board_3.2_Civil_Contingencies_Cover Paper_Annual Report 23-24.pdf (4 pages)
Board_3.2a_24 06 Civil Contingencies Annual Report for 2023-24 (1) (002).pdf (15 pages)

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3.3. Director of Corporate Governance Report

Director of Corporate Governance

Board_3.3_DCG Report.pdf (4 pages)

3.4. Minutes of the Previous Meeting held on the 22 May 2024 and 11 July 2024

Chair

- Board_3.4a_Board_Minutes_22May2024.pdf (18 pages)
- Board_3.4b_Board_Minutes_2024-07-11.pdf (5 pages)

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0 min

4. ITEMS FOR BOARD ASSURANCE

4.1. Financial Performance Report - Month 03 - 2024/25

Executive Director of FInance, Capital and Support Services

- Board_4.1_Financial Performance Report Mth 03.pdf (17 pages)
- Board_4.1a_DIRECTOR OF FINANCE COMMENTARY.pdf (10 pages)

4.2. 2024/25 Annual Delivery Plan/Temporary Service Changes

Chief Executive

- Board_4.2_Annual Plan & Temporary Changes.pdf (10 pages)

4.3. Integrated Quality and Performance Report 2024/25 - Month 02

Executive Director of Planning, Performance and Commissioning/All Directors

- Board_4.3_Month2_IQPR_Cover paper.pdf (7 pages)
- Board_4.3a_IQPR_24-25_Month 2_Board_Final.pdf (52 pages)

4.4. Corporate Risk Register and revised Risk Appetite Statement

Director of Corporate Governance

- Board_4.4_Corporate Risk and Risk Appetite.pdf (15 pages)

4.5. Report of the Chief Officer of Llais

Llais Regional Director

- Board_4.5_RDs Report PtHB July 2024.pdf (5 pages)

09:30 - 09:30
0 min

5. CONSENT AGENDA

5.1. Welsh Language Annual Report

Executive Director of People and Culture

- Board_5.1_Cover paper for 2023-24 Welsh Annual Report.pdf (3 pages)
- Board_5.1a_Welsh Annual Monitoring report 2023-24.pdf (44 pages)

5.2. Equalities, Diversity and Inclusion Annual Report

Executive Director of People and Culture

- Board_5.2_Cover paper for 2023-24 Equality Annual Report.pdf (4 pages)
- Board_5.2a_Equality Annual Monitoring Report 2023-24.pdf (31 pages)

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5.3. Assurance Report of the Board's Joint Committees

Chief Executive

- Board_5.3_Joint Committee Reports_24 July 2024.pdf (2 pages)
- Board_5.3a_App1_JCC Briefing (Public) 21 May 2024.pdf (9 pages)

5.4. Assurance report of the Board's Partnership Arrangements

Chief Executive

- Board_5.4_Summary of Partnership Board Activity July 2024.pdf (3 pages)
- Board_5.4a_App1_SSPC Assurance Report 16 May 2024.pdf (6 pages)

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

Executive Director of People and Culture

- Board_5.5_Assurance_Report of the Board's Local Partnership Forum_July24.pdf (2 pages)
- Board_5.5a_Chairs report_LPF_JUL24.pdf (5 pages)

5.6. Committee Annual Reports - Workforce and Culture

Director of Corporate Governance

- Board_5.6_Board_Committee Annual Reports.pdf (3 pages)
- Board_5.6a_W&C_Committee Annual Report_2023-24.pdf (9 pages)

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0 min

6. OTHER MATTERS

6.1. Any Other Urgent Business

Chair

6.2. Close

6.3. Date of Next Meeting - 25 September 2024 (In Person)

09:30 - 09:30
0 min

7. CONFIDENTIAL MATTERS

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

Chair

7.1. Welcome and apologies for absence

Chair

7.2. Declarations of interest

All

7.3. MInutes of the Previous In-Committee Meetings held on 22 May and 30 May 2024

Chair

7.4. Covid-19 Public Inquiry

Director of Corporate Governance

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7.5. ePMA Business Case

Executive Medical Director

7.6. Judicial Review - EMRTs

Director of Corporate Governance

7.7. Emergency Response and Planning - Self Assessment

Executive Director of Public Health

7.8. Corporate Risk Register (In-Committee)

Director of Corporate Governance

7.9. Committee Annual Reports - Remuneration and Terms of Service Committee

Chair

7.10. Any other Urgent Business

Chair

7.11. Close

Patterson,Liz
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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 24 JULY 2024
09:30 – 14:15
TO BE HELD VIA MICROSOFT TEAMS

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

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1: PRELIMINARY MATTERS				
09.30	**1.1**	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.3	Board Action Log	Attached	Chair
09.35	**1.4**	Experience Story a) Patient Experience Story b) Staff Experience Story	Attached	Executive Director of Nursing, Quality, Women and Family Health Executive Director of People and Culture
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
09.55	**1.6**	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Attached Attached Attached	 Chair Vice Chair Chief Executive
10.10	**1.7**	Assurance Reports of the Board's Committees • Audit, Risk and Assurance Committee (09/07) • Executive Committee (01/05 – 10/07) • Delivery and Performance Committee (07/05 and 27/06) • Planning Partnership and Public Health Committee (16/05) • Charitable Funds Committee (10/06) • Workforce & Culture Committee (04/06)	Attached	Committee Chairs Chief Executive
2: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.				
3: ITEMS FOR APPROVAL/RATIFICATION/DECISION				

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10.35	**3.1**	Major Incident and Emergency Response Plan and Corporate Business Continuity Plan	Attached	Executive Director of Public Health
10.50	**3.2**	Civil Contingencies Annual Report	Attached	Executive Director of Public Health
10.55	**3.3**	Director of Corporate Governance Report	Attached	Director of Corporate Governance
11.00	**3.4**	Minutes of Previous Meetings held on 22 May 2024 and 11 July 2024	Attached	Chair
	BREAK 15 minutes			
4: ITEMS FOR BOARD ASSURANCE				
11.15	**4.1**	Financial Performance: Month 03 - 2024/24	Attached	Executive Director of Finance, Capital and Support Services
11.35	**4.2**	2024/25 Annual Delivery Plan / temporary service changes	Attached	Chief Executive
11.55	**4.3**	Integrated Quality and Performance Report 2024/25 month 02	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.20	**4.4**	Corporate Risk Register and revised risk appetite statement	Attached	Director of Corporate Governance
12.30	**4.5**	Report of the Chief Officer of Llais	Attached	Llais Regional Director
5: CONSENT AGENDA				
	5.1	Welsh Language Annual Report **Purpose**: Approval	Attached	Executive Director of People and Culture
	5.2	Equalities, Diversity and Inclusion Annual Report **Purpose**: Approval	Attached	Executive Director of People and Culture
	5.3	Assurance Report of the Board's Joint Committees **Purpose**: Assurance	Attached	Chief Executive
	5.4	Assurance Report of the Board's Partnership Arrangements **Purpose**: Assurance	Attached	Chief Executive
	5.5	Assurance Report of the Board's Local Partnership Forum **Purpose**: Assurance	Attached	Executive Director of People and Culture
	5.6	Committee Annual Reports (Workforce & Culture) **Purpose**: Assurance	Attached	Director of Corporate Governance

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6: OTHER MATTERS				
12.40	**6.1**	Any Other Urgent Business	Verbal	Chair
	6.2	Close		
	6.3	Date of the Next Meeting: ▪ 25 September 2024 In person		
12.45 LUNCH 45 minutes				

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

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

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

Time	Item	Title	Attached / Oral	Presenter
13.30	**7.1**	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
	7.3	Minutes of Previous In-Committee Meetings held on 22 May and 30 May 2024	Attached	Chair
13.35	**7.4**	Covid-19 Public Inquiry	Attached	Director of Corporate Governance
13.40	**7.5**	Electronic Prescribing and Medicines Administration Business Case	Attached	Executive Medical Director
14.00	**7.6**	Judicial Review – EMRTs	Verbal	Director of Corporate Governance
14.05	**7.7**	Emergency Response and Planning – self assessment	Attached	Executive Director of Public Health
14.10	**7.8**	Committee Annual Reports – Remuneration and Terms of Service Committee	Attached	Chair
	7.9	Any other urgent business	Verbal	Chair
14.15	**7.10**	Close		

Patterson,Liz
26/07/2024 10:48:26

MESSAGE TO THE PUBLIC:

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

Patterson,Liz
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Board Action Log								
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
Board								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS FOR REVIEW - NONE								
22-May-24	PTHB/24/16	ADC&E	Update Reports from Chair	Reducing Waste and efficiences from business process improvement to be reported to the Delivery and Performance Committee	**24.07.2024 update:** Transferred to Delivery and Performance Committee and therefore added to the D&P work programme			Transferred
22-May-24	PTHB/24/17	MD	Assurance Report from Executive Committee	Clarification regarding length of retention of patient records	**24.07.2024 update:** The Medical Director will confirm the answer to the action within the Board meeting	Jul-24		On track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING - NONE								
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 24 JULY 2024)								
IN-COMMITTEE ACTIONS								
IN-COMMITTEE ACTIONS RECOMMENDED FOR CLOSURE (MEETING 24 JULY 2024)								

Patterson Liz
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AGENDA ITEM: 1.4c

BOARD MEETING	**Date of Meeting: 24 July 2024**
Subject:	**CHAIR'S REPORT**
Approved and Presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair
Prepared by:	Carl Cooper, PTHB Chair
Other Committees and meetings considered at:	N/A

PURPOSE:
To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in May 2024.
RECOMMENDATION(S):
It is recommended that the Board RECEIVES this report.

Approval/Ratification/Decision	**Discussion**	**Information**
✘	✓	✘

Patterson,Liz
26/07/2024 10:45:22

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

CHAIR'S REPORT:

Board Membership

Ian Phillips' service as an Independent Member of the Board will come to an end in August. Ian's contribution over the last 6 years has been greatly valued. His professional expertise in the field of digital and ICT, together with his focus on people and culture, have made a positive impact on the life and business of the board. He leaves us with our gratitude and best wishes.

We are currently working with the Cabinet Secretaries office to commence the recruitment to the 2 Independent Member vacancies.

I was also pleased to be involved in the recent Executive Director recruitment, the Chief Execuitve will provide a further update at the relevant time.

Primary Care

We have begun a series of sessions that aim to increase our sightedness on and understanding of primary care services. These began with a general overview presentation during a board development day in June and now complemented by several board briefings on specific aspects of primary care provision, the first of which focused on optometry services. This activity also supports the Board's response to the 2023 Audit Wales Structured Assessment recommendations.

These sessions are in addition to the particular focus the Delivery & Performance Committee is also placing on this important and essential provision in Powys.

Patterson,Liz
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Listening and Learning

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

Each monthly board development session includes an opportunity to engage with different, front-line colleagues. It was particularly encouraging recently to learn from and converse with colleagues from the CAMHS in-reach team, and from the Registered Individual and Registered Manager of Cottage View, our residential care home and extra care facility in Knighton.

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

- Wye Valley NHS Trust – a visit to Hereford County Hospital to learn about the services we commission.
- A continuation of our visits to hospital Leagues of Friends around Powys.
- Observing a meeting of the 'Individual Patient Funding Requests' panel.
- Wales Ambulance Services University NHS Trust – a visit to the Cwmbran HQ to learn more about 999 and 111 services.

Integrated Plan 2024-2025

We continue to invest considerable time in and give attention to the development of our Integrated Plan for the coming period. As stated in my last report, we are needing to carefully balance our legal duties as regards providing safe, high-quality services alongside securing a financially balanced budget.

It was also reported that we are needing to consider difficult decisions to implement the ambitious and challenging plan submitted to Welsh Government in March, and the inevitable need to go further as the plan, due to its financial deficit position, is not supportable by Welsh Government. More detail regarding the implications of these planning decisions is included in the Chief Executive's report and in other items on the Boards agenda.

Once again, it is right to emphasise that, as things become increasingly difficult, we ensure we are guided by the principles we agreed at the start of this process:

- Be informed by evidence and / or data**.**
- Maintain commitment to minimising and mitigating detrimental impact, as far as possible**.**
- Focus on quality, safety, patient experience & outcomes.
- Maximise efficiency via partnership / collaboration**.**
- Support staff welfare**.**
- Maintain as much patient-focussed service as possible**.**
- Stay as aligned as possible to our strategic direction (Health & Care Strategy 2017-2027)

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- Not be led by political pressures or views**.**
- Be as aligned as possible to national policy and Welsh Government direction.
- Be based on ethically informed principles to avoid further unfairness / inequity for the population of Powys**.**

We also place great emphasis on the importance of reflecting and incarnating the **values of our organisation** in all that we do and in the way we operate.

Cabinet Secretary Monthly Assurance Meetings

I have attended newly initiated monthly Health Board Chairs assurance meetings with the Cabinet Secretary for Health & Social Care. These meetings seek to strengthen the cooperation between Chairs & the Cabinet Secretary, particularly in relation to those priority areas of NHS Wales performance and the Ministerial priorities.

Recent meetings have focused on planned care, emergency care, cancer care and mental health services. In Powys, almost all these services are provided by our commissioned partners and not directly by ourselves.

Performance Appraisal and Development Reviews (PADRs)

Once again, it has been a pleasure to conduct the PADRs of Independent Member (IM) colleagues' PADRs over recent weeks. We are very fortunate to have IMs whose range of skills, breadth of knowledge and depth of experience are as impressive as they are impactful. In addition, IM colleagues demonstrate a commitment and dedication to their board responsibilities that is much appreciated. Individual objectives have been agreed with each IM colleague for the current year.

It has also been a pleasure to conduct the PADR of the Chief Executive. This provided an opportunity for critical reflection, both retrospectively and as regards the foreseeable future. The principal objective of the CEO is to ensure the implementation and delivery of the organisation's plans. I was also delighted to thank Hayley for the fabulous and refreshing ways in which she has fulfilled her responsibilities, both during her tenure of the interim role and since her substantive appointment.

Leagues of Friends (LoF) Forum & Powys Charity Alliance

The inaugural meeting of the Hospital Leagues of Friends Forum was held on 8th July. This will pave the ways to establishing a wider Powys Charity Alliance including key partners and stakeholders.

It was an opportunity for the Vice Chair and me to reflect with LoF colleagues on what we have heard and learnt during our visits to LoFs. These reflections fell into the following themes:

- Working relationship between hospital & League of Friends / community
- Informing and making decisions
- Supporting sustainability & effectiveness of Leagues of Friends
- Responding to the changing shape of health and care services

Patterson, Liz 26/07/2024 10:45:27

- League of Friends volunteers within local hospitals

We built on this by agreeing a number of actions that aim to strengthen weaknesses and improve cooperation into the future:

- Powys Health Charity Alliance: regula**r** meetings with LoF representatives to develop effective, productive cooperation**.**
- Support via Powys Health Charity: The charity will act as the main point of contact between the Health Board & LoFs, thereby improving communication and decision-making. LoF funding applications will be streamlined through charity's existing grant schemes.
- Volunteering: Develop a clear model of volunteering that supports LoF colleagues' involvement within local hospitals.

Powys Volunteers of the Year (PVOY)

I was very pleased to attend this year's PVOY ceremony organised by Powys Association of Voluntary Organisation (PAVO). It is an inspiring, annual celebration of the contribution of the army of people that make up Powys' volunteer-force. The importance of their support of the health and wellbeing of individuals, households and communities cannot be overstated.

Patterson,Liz
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AGENDA ITEM: 1.6b

BOARD MEETING	**Date of Meeting: 24 July 2024**
Subject:	VICE CHAIR'S REPORT
Approved and Presented by:	Kirsty Williams, PTHB Vice Chair
Prepared by:	Kirsty Williams, PTHB Vice Chair
Other Committees and meetings considered at:	None

PURPOSE:
To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in May 2024.
RECOMMENDATION(S):
It is recommended that the Board RECEIVES this report.

Approval/Ratification/Decision	**Discussion**	**Information**
✖	✓	✖

Patterson,Liz
26/07/2024 10:45:2

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

VICE CHAIR'S REPORT:

Veterans

I am delighted to inform the Board that Powys THB has been awarded NHS Veterans Aware accreditation. This follows our achievement of Pride in Veterans status in January of this year and a bronze award in the Defence Employment Recognition Scheme in March. I would like to thank and congratulate Melanie Jones in Mererid Bowley's Public Health team for all her hard work in this area.

National Meetings

During this period I deputised for the Chair in a number of meetings including one with the Cabinet Secretary. Amongst the challenge from Eluned Morgan MS on overall NHS performance, she noted progress in Powys on a number of fronts and was particularly pleased to see our developments around Trans Nasal Endoscopy.

Quality & Safety

The Quality and Patient Safety Committee met for the first time under the new Joint Commissioning Committee arrangements. A number of services remain

Peterson, Liz
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in escalation. In these meetings I particularly pressed the issues relating to children's surgical waiting times as well as neonatal services.

Out and About

I was very pleased in this period to accompany the Chair on a visit to Hereford Hospital, where we were able to see at first hand the pressures in the Emergency Department, some newly opened facilities, as well as to discuss patient flow issues.

Staff Engagement

As always**,** the recent Certificate of Appreciation Awards were very uplifting. It is very inspiring to learn about staff's individual achievements, innovation and selfless commitment. What I find particularly reassuring is the huge amount of peer support and compassionate leadership that shines through in these events despite the pressures teams find themselves under.

Community

I was pleased to attend the Brecon Hospital League of Friends AGM and received very positive feedback regarding the working relationship they have with key members of hospital and PTHB staff. Frustrations were expressed about ongoing difficulties with monitoring inappropriate use of the hospital car park, which have been picked up with Wayne Tannahill.

This positivity and commitment to work together for the benefit of Powys patients was also much in evidence at the first meeting of the newly formed League of Friends Forum recently held in Llandrindod Wells. This initiative was very much welcomed by those present.

Partnership

At the most recent meeting of Powys Regional Partnership Board**,** it was confirmed that I would continue to act as Chair for the forthcoming year. I am grateful for the continuing support of both Cllr Sian Cox and Clair Swales of PAVO who form the other elements of the tripartite leadership arrangements.

Patterson,Liz
26/07/2024 10:45:2

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6c

BOARD MEETING	**DATE OF MEETING: 24 July 2024**
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and Presented by:	Hayley Thomas, Chief Executive
Prepared by:	Helen Bushell, Director of Corporate Governance Adrian Osborne, Deputy Director Communications and Engagement
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

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

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

The report specifically covers:

- Executive Team Recruitment
- Escalation and Intervention Arrangements
- EMRTS / Wales Air Ambulance
- Veterans Aware Award
- Vaccine Saves Lives Awards
- Staff Recognition

RECOMMENDATION(S):

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

Patterson,Liz
26/07/2024 10:45:28

Approval/Ratification/Decision[1]	Discussion	Information
	✓	

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

EXECUTIVE SUMMARY:

EXECUTIVE TEAM RECRUITMENT

Following the recent recruitment campaigns, appointments have been made to the posts of Execuitve Director of Planning, Commissioning and Performance and Executive Director of Primary Care, Community and Mental Health. Further announcements are expected week of the 22 July 2024.

ESCALATION AND INTERVENTION ARRANGEMENTS

Welsh Government have confirmed the Health Board remain in Enhanced Monitoring (level 3) for strategy, planning and finance and in Routine Monitoring (level 1) for all other areas. More details about the Escalation and Intervention Framework and status of NHS Wales organisations can be found here - Written Statement: Escalation and Intervention Arrangements (15 July 2024) | GOV.WALES

EMRTS / WALES AIR AMBULANCE

The latest EMRTS stakeholder bulletin from the Joint Commissioning Committee was issued on 5 July. It provides an update on the progress since

Patterson,Liz 26/07/2024 10:45:08

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

the decision in April to consolidate the Welshpool and Caernarfon bases to a new single North Wales site, and the health board has ensured that this has been shared through our usual channels to keep Powys residents updated on this work.

A Task and Finish Group has been established for Recommendation 4 (road based response), with representation from the health board as well as non-voting status for a representative on behalf of Llais, with Powys Regional Director representing Llais nationally on this group.

We expect the final proposal from this work to be presented to JCC in October. Alongside this, the Chairty is pursuing its work to secure the new operational base. We understand that there will be regular updates to the Committee, and I will be able to provide an oral update to the Board following the JCC meeting on 16 July.

Potential Judicial Review – Letter Before Action
The Health Board received a Letter Before Action on the 5 July 2024 in relation to a potential Judicial Review of the decision related to the EMRTS Service Review. The Letter Before Action was sent to all Health Boards and other interested parties in Wales. A response has been provided to the claimant, the Board will continue to receive updates at appropriate times.

Veterans Aware Award
During Armed Forces Week PTHB were bestowed the Veterans Aware award from the Veterans Covenant Healthcare Alliance (VCHA). This is in recognition of the Health Board's work in demonstrating its commitment to the principles of the Armed Forces Covenant, including:

- Ensuring that the armed forces community is never disadvantaged compared to other patients
- Training relevant staff on veteran-specific culture or needs
- Making veterans, reservists and service families aware of appropriate NHS services beneficial to them
- Supporting the armed forces as an employer.

This award now sits alongside the Bronze Employer Recognition Scheme award presented by the MOD in March 2024 and the Pride in Veterans Standard award received from Fighting With Pride. These awards provide evidence and reassurance of our compliance to the Armed Forces Act and our commitment in demonstration the pledge the health board made to the armed forces community, when it signed the Armed Forces Covenant in 2019.

Patterson,Liz
26/07/2024 10:45:28

Vaccine Saves Lives Awards
Powys Teaching Health Board has been judged as the winner of "Health Board and Trust Achievement Award 2024" at the recent all Wales Vaccines Saves Lives Awards. This award is judged using national data sets considering Winter Respiratory Programme uptake in NHS Wales Health Boards and Trusts. During 2023/24 Winter Respiratory Vaccination season Powys demonstrated:

- The highest percentage uptake of the Covid-19 autumn booster amongst all eligible groups
- Highest uptake for preschool, primary and secondary schools flu vaccine programme
- Consistently high uptake of the routine vaccine programme delivered in secondary schools
- Highest flu uptake by healthcare staff of the Welsh health boards.

STAFF RECOGNITION

King's Birthday Honours
On 15 June we received the wonderful news that Dementia Lead Nurse Heather Wenban had been awarded the British Empire Medal in the King's Birthday Honours.

Heather has made a real difference to the lives of so many people. Working in the NHS since 2011, first as a mental health nurse and for 6 years as PTHB Lead Nurse for Dementia, she provides impetus, compassion and drive to improve dementia care in Powys and across Wales.

Heather's work has seen her leading the implementation of the All Wales Dementia Standards in Powys. She has ensured improved diagnosis rates for people with dementia, the adoption of a new Hospital Charter, and wider engagement with communities to build their support for a dementia-friendly future. She ensures that the improvement of a person's journey pre and post diagnosis is fully informed by people with lived experience and their families.

She played an instrumental part in helping Newtown become a dementia friendly community, and implementing the Butterfly Scheme and John's campaign in all Powys wards.

Heather has made a transformative impact on dementia care, inspiring those around her to bring their skills and creativity to overcome the specific challenges for care delivery in the most sparsely populated county in England and Wales.

Heather's quiet but determined dedication, humble outlook and tireless work makes her an inspiration who has improved outcomes for so many people.

Patterson Nicola
26/07/2024 10:45:28

Well done, Heather, from all of us at Powys Teaching Health Board.

Certificate of Appreciation
On 13 June 2024 we held our latest Certificate of Appreciation event, and we were delighted to be joined by the High Sheriff of Powys Lady Kathryn Silk. These events provide an opportunity for us to celebrate people who have been nominated by their peers, as well as marking those who have achieved qualifications and been shortlisted or won external awards.

Moondance Cancer Awards
Also in June, Transformation Programme Manager Kara Price was a winner in the national Moondance Cancer Awards. She was nominated for the award by Dr Ruth Corbally, PTHB Clinical Lead for Cancer, for her work on the TNE and Capsule Sponge Device Implementation pilots as well as her work on Referral Management initiatives in Dermatology and Dental Services.

Welsh NHS Sustainability Awards
Also in June, colleagues across NHS Wales were awarded for their successes in making healthcare services more sustainable at the Welsh NHS Sustainability Awards 2024. The awards celebrate the efforts of staff in delivering environmentally friendly outcomes at work, and projects making lasting changes. Winning the Cohesive Communities Award was a partnership between Powys Teaching Health Board's Living Well Service, Powys County Council's Libraries team and Accessibility Powys to overcome barriers to digital access.

The partnership work, under the title of "Breaking Down Barriers - Supporting people to access digital healthcare in rural Powys" was also a winner in our own Staff Excellence Awards last year. It involves providing digital support to service users across Powys ranging from reassurance and coaching on using technology through to arranging loans of iPads from a local library. It even provides individual support to people within their home.

NHS Wales Awards
There are further congratulations for the Powys Living Well Service for reaching the highly contested shortlist for the NHS Wales Awards. Their work on engaging people in the management of their own health and wellbeing is one of three finalists in the NHS Wales Person-Centred Care Award.

Winners will be announced at a ceremony on 24 October.

Apprentice Of The Year
Assistant Capital project manager Megan Thomas was awarded Welsh apprentice of the year award at this year's ***Institute of Healthcare Engineering and Estate Management (IHEEM)*** Conference on 13 June 2024. Megan joined PTHB in November 2019 as an administrative assistant in Women and Children's Services. After a short secondment within the Estates

Patterson
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department, Megan was appointed to a full-time capital administrator post in January 2021. Megan was nominated by PTHB Head of Capital Louise Morris who said: "In her short time in the department Megan has had a hugely positive impact on the team. She is highly professional, eager to learn and always happy to help and assist. Megan supported on the Bro Ddyfi Community Hospital redevelopment scheme which was hugely complex and involved coordination and communication with numerous groups of stakeholders. This included organising and taking part in a number of workshops with the local community in which Megan was also able to be a key communicator through the medium of Welsh."

Patterson,Liz
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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 1.7

BOARD MEETING	**DATE OF MEETING: 24 JULY 2024**
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

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

RECOMMENDATION(S):
The Board is asked to: • **RECEIVE** the summary assurance reports appended to this covering paper taking **ASSURANCE** that Board Committees are fulfilling their roles and reporting accordingly to the Board.

Approval/Ratification/Decision	**Discussion**	**Information**
✓	✓	

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

DETAILED BACKGROUND AND ASSESSMENT:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 09 July 2024 is attached at **Appendix A.**

Executive Committee:

- The Committee Chair's report of the meetings held from 01 May 2024 – 26 June 2024 is attached at **Appendix B**.

Delivery and Performance Committee:

- The Committee Chair's report of the meetings held on 07 May 2024 and 27 June 2024 is attached at **Appendix C**.

Planning Partnership and Public Health Committee:

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

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Charitable Funds Committee:

- The Committee Chair's report of the meeting held on 10 June 2024 is attached at **Appendix E.**

Workforce and Culture Committee:

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

Escalation and Information to the Board

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

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. **PEQS 16 April 2024:** • received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. Nothing further to escalate to the Board at this stage.
PEQS 4 July 2023	Infection Prevention and Control (Reported to Board IC July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on progress on the Infection

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		Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and • agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee **PEQS 16 April 2024:** Action plan is nearing completion and all actions are on track The Committee has not de-escalated this item.
PEQS 16 April 2024	Mental Health Services have been placed in Level 2a local escalation	PEQs 16 April 2024: The Committee: • NOTED the actions that have been taken since 23 January 2024 • NOTED the escalated status of Mental Health Services to Level 2a (in line with the newly approved escalation framework within the Integrated Quality and Performance Framework IQPF) • Took ASSURANCE of the plans in place to monitor progress in mental health services to ensure effective oversight, assurance and improvement.

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		The Committee will continue to monitor, seek assurance and report to the Board.
Executive Committee (9 August 2023)	Tawe Ward (Reported to Board In-Committee September 2023)	Considered at Board IC 11 August 2023 **Executive Committee 20 Sept 2023:** • update on safe staffing and estate options, advised of enhanced monitoring of staffing levels and recruitment efforts, and • Director of Operations to further develop options with support of CEO and Deputy CEO. Nothing further to escalate to the Board at this stage. Plans continue to be considered in line with the 2024/25 Annual Delivery Plan.

NEXT STEPS:

Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 25 September 2024.

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Rhobert Lewis
Date of last meeting:	9 July 2024
Paper prepared by:	Corporate and Governance Assurance and Risk Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk and Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 9 July 2024.

The Board is asked to **NOTE** that the following matters were considered by the Committee on 9 July 2024:

- Annual Report and Accounts 2023/24
- Audit Wales ISA260 Audit Report including Letter of Representation
- Head of Internal Audit Opinion 2023/24
- Internal Audit Progress Report 2024/25 and Final Internal Audit Reports for 2023/24
- External Audit Update Report
- Counter Fraud Update
- Single Tender Waiver (including extensions to contracts)
- Hosted Body annual report (Health and Care Research Wales)
- Confirmation Clinical Audit Programme in place Audit Recommendation Tracker
- Committee Annual Work Programme

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9 July 2024

The papers of the meeting held on 09 July 2024 can be accessed here: 09 July 2024 - Powys Teaching Health Board (nhs.wales)

ANNUAL REPORT AND ACCOUNTS 2023-24

The Committee received the Annual Report and Accounts 2023-24 including:

- the Performance Report
- the Accountability Report, including:
  - Corporate Governance Report
  - Remuneration and Staff Report
  - Parliamentary Accountability and Audit Report
- the Financial Statements 2023-24
- Enquiries of Management and those charged with Governance.

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The Committee **NOTED** the content of the report and acknowledge the changes highlighted since the presentation of the draft Report at the last ARAC May 2024.

The Committee **NOTED** the accounts have been subject to a statutory audit by Audit Wales (External Audit).

The Committee **AGREED** for this report to be taken to the Board at its meeting on 11 July 2024 for approval and signature of the Annual Report and Financial Accounts for year ended 31 March 2024. This meeting took place as planned and approval was confirmed, and the documents duly signed.

The Committee **NOTED** the responses to enquiries of management and those charged with governance.

AUDIT WALES ISA260 AUDIT REPORT INCLUDING LETTER OF REPRESENTATION

The Committee received the Final Report.

A brief summary of the audit findings highlighted the following updates since the last 2023-24 report was presented to the Committee:

- Manager and Engagement Lead Final Review completed
- Audit Opinion – In line with last year's opinion is qualified as the Health Board did not meet its revenue resource limit over the three years to 2023-24
- It was proposed that a substantive report is issued
- There are no uncorrected misstatements or significant issues
- The errors identified in the 2022/23 audit relating to payable and accruals were not found in the testing of the balances or transactions for the year ending 31 March 2024.

The Committee **RECEIVED** and accepted the Letter of Representation.

HEAD OF INTERNAL AUDIT OPINION 2023/24

The Committee **RECEIVED** the Head of Internal Audit annual report and agreed that to be included into the Annual Governance Statement.

A summary of the Report findings highlighted the following matters:

- Three out of the four audits outstanding on the draft report presented in May 2024, have now been completed to a draft stage and outcomes included in this Head of Internal Opinion report.
- The outcome of remaining outstanding audit will inform the 2024/25 Head of Audit Opinion report.

Paterson Liz 26/07/2024 10:45:28

- In Summary, 21 individual audits were completed in 2023/24. The outcome of three of those audits demonstrated Substantial Assurance, 16 demonstrated Reasonable Assurance and 2 demonstrated Limited Assurance.

The Committee **REQUESTED** that the audit programme be kept under review to ensure its scope offered appropriate level of stretch and coverage.

INTERNAL AUDIT PROGRESS REPORT 2024-25 AND FINAL INTERNAL AUDIT 2023-24

The Committee received the report which provided information regarding the progress of Internal Audit work in accordance with the agreed plan, including details and outcomes of audits finalised since the previous meeting. Following the Head of Internal Audit opinion update, matters highlighted to the Committee were:

- Three audits completed (Substantive Assurance)
- 16 audits completed (Reasonable Assurance)
- Two audits completed (Limited Assurance)
- One outstanding audit will feed into 2024-25 report
- Some concerns raised regarding the formalising and improving on the Reporting of CHC packages
- The report also referred to the Patient Experience feedback received and the sample data used might be lower in relation to other areas in the Health Board
- Attention was also drawn to areas where Risk Assurance processes and procedures are strengthened in some areas to ensure we are fully delivering on the purpose of the Assurance Framework.

The Committee **NOTED** the Internal Audit Progress Report, including the findings and conclusions from the finalised audit reports.

The Committee **APPROVED** the proposed adjustment to the 2024/25 plan.

EXTERNAL AUDIT REPORT 2023/24

The Committee **RECEIVED** and DISCUSSED the report.

It was reported that the external audit efficiency report had not yet been finalised and the Committee sought to understand the reasons for this. External audit colleagues explained the delay related to the moderation process. It was anticipated this would be presented to the Delivery and Performance Committee in August 2024.

COUNTER FRAUD UPDATE

Patterson Li 26/07/2024 09:45:28

The level of activity had been impacted by long term sickness absence with the postholder returning to work in January 2024. The service has continued to receive

reports of fraud with no particular pattern emerging, examples included working whilst on sick leave, and contractor fraud. Consideration is being given to strategic governance arrangements for counter fraud services in Wales which would be consulted upon.

The Committee took **ASSURANCE** that appropriate counter fraud systems are in place.

SINGLE TENDER WAIVER (INCLUDING EXTENSIONS TO CONTRACTS)

No Single Tender Waiver requests made between 1 May 2024 and 30 June 2024.

HOSTED BODY ANNUAL REPORT (HEALTH AND CARE RESEARCH WALES)

The Committee **RECEIVED** the report and took **ASSURANCE** that a hosting agreement is in place, both parties fulfil their roles appropriately and monitoring systems are in place across the year.

CONFIRMATION CLINICAL AUDIT PROGRAMME IN PLACE

The Committee took **ASSURANCE** that the Health Board has in place a Clinical Audit Plan, which is overseen by the Patient Experience, Quality and Safety Committee.

AUDIT RECOMMENDATION TRACKER

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

COMMITTEE ANNUAL WORK PROGRAMME

The Committee **NOTED** the annual work programme.

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 8 October 2024.

Patterson,Liz
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Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	26 June 2024
Paper prepared by:	Director of Corporate Governance Corporate Business Manager

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

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

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 2 May, 8 May, 15 May, 29 May, 12 June and 26 June 2024. Meetings following these dates will be reported to the Board in September 2024.

Key:

D&P – Delivery & Performance Committee
PEQS – Patient Experience, Quality & Safety Committee
PPPH – Planning, Partnerships and Population Health Committee
W&C – Workforce & Culture Committee

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
2 May 2024						
Progress against the Integrated Plan at Year End (Q4)		x			Received the Q4 Progress to Plan report noting there had been good regional progress against the 23/24 plan. The Committee considered the report and took assurance that there is a process in place of monitoring progress against plan.	D&P & Board
Month 12 Finance Report			x		Overview on the Month 12 position – noting the 2023/24 deficit is £11.92M subject to audit and final adjustments.	D&P & Board
MH Escalation Verbal Update			x		RECEIVED and DISCUSSED the update and noted that project management support had been made available to support the mechanics of the review.	Quarterly report to PEQS
Strategic Change Report				x	NOTED the updated stocktake of Strategic Change programmes around Wales and England.	PPPH
Digital First Annual Plan		x			ASSURANCE of progress against the Digital First actions – noting there are 17 projects for delivery within the programme with one on hold and one behind schedule.	D&P
Primary Care Cluster Plans 2024/25		x			Update on progress against the cluster plan delivery during 2023/24 and an overview of the Primary Care Cluster Plans for 2024/25. The three key areas of focus are Frailty, Urgent and Emergency Care and Mental Health.	PPPH

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Comms and Engagement Report	x	x			Overview of current and forthcoming service change engagement and consultation activity with potential impact for Powys residents.	PPPH
Whole Systems Approach to Prevention of Obesity		x			Took ASSURANCE on the progress made implementing the whole system approach to the prevention of overweight and obesity in Powys, noting that the Public Service Board had formally adopted this work as one of its key priorities.	
Pandemic Framework	x				APPROVED the updated Pandemic Framework	
Welsh Language Commissioner Enforcement Action Update	x	x			ASSURANCE from the action taken in response to the enforcement investigation by the Welsh Language Commissioner and APPROVED the Health Board's response to the Commissioner.	

8 May 2024						
Strategic Weight Management Progress Report – Development of Weight Management Pathways in Powys			x	x	NOTED the report and supported its onward consideration at PPPH Committee. The Committee noted the challenges of delivering this service in the budget provided.	PPPH
Annual Report of Director of Public Health		x		x	The Committee received the Annual Report which reflected the messaging and actions from the last 18 months.	Board

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15 May 2024						
Transformation Update		X			NOTED the update on progress of the programmes. It was noted that the Committee will receive a regular monthly update on the Transformation Work underway.	
Annual Delivery Plan 2023-24 including Budget Allocation and Framework		X			NOTED the report and noted that any changes to be made to the Plan will undergo an appropriate change control exercise (possibly in Q1) in order to provide a clear audit trail.	Board
Integrated Performance Report – Month 12		X	X		NOTED the report which provided an update on the latest available performance position for PTHB up until month 12. Noted that commissioning performance remained poor, and a key action going forward for this report is to consider plans from other health boards and English Trusts for 24/25 and the impact that will have on PTHB performance.	D&P and Board
Finance Report – Month 1		X			NOTED the month 1 finance report update. It was noted there is a £2.391M overspend and the year-end forecast is in line with the submitted plan at £24.948M.	D&P and Board
Performance Team Structure – Case for Additional Resource	X		X		DID NOT approve the allocation of additional resources to the team as outlined in the paper pending review from the IBG. The business case would return to the Committee	
Continuing Health Care – Paper to Consider Uplift Requests	X	X	X		The paper is classified as commercially sensitive.	

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Board Assurance Framework					REVIEWED and SUPPORTED the draft Board Assurance Framework ahead of its presentation to Board on the 22 May.	Board
Business Case for Resuscitation Officer / Trainer	X				APPROVED the business case, with a caveat to explore savings around kit testing.	
Mental Health Escalation Update		X	X		ASSURANCE, DISCUSSED and NOTED the contents of the update report.	
Workforce Retention Plans				X	The Committee were provided with a presentation on the Health Board's Workforce Retention. The Committee DISUCSSED the update.	
North Powys Wellbeing Programme		X		X	NOTED the progress update provided and its onward consideration at Board.	Board

29 May 2024						
Nationally Reportable Incident (NRI) Update				X	The meeting NOTED the update report, however, further clarity was requested on the RAG rating for the next period. It was noted that a discussion would be held to review the current process, look at ways where improvements can be made and lessons learnt.	
Proposed Changes to the Powys District Nursing Service	X				The Committee received a summary of the Powys District Nursing Team propose re-alignment. A review of the North Powys District Nursing service had identified opportunities to increase efficiencies across the service, strengthen team resilience, improve continuity of patient care, support, develop and organise teams to prepare for delivery of the national Community Nursing Service Specification. The Committee AGREED to seek assurance from Primary Care	

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					Clusters on the proposed service change before coming back to the Committee for decision.	
Records Management Policy	X				Item DEFERRED in order to consider current protocols and further guidance when sending patient information via email; ensuring the correct standards are applied.	
Revised Elective Plan to WG	X				REVIEWED and AGREED that the revised plan would be agreed and approved by the CEO before submission on the 31 May.	
Performance Team Resources	x				APPROVED the proposal for additional staffing resources within the Performance Team.	
Aspiring Nurses					A report was considered seeking approval to continue the Aspiring Nurse Programme from September 2024, for up to 35 nurses. It was agreed to DEFER this proposal for further discussions with Nursing and Workforce and OD colleagues.	
Mental Health Escalation Update		X	X	X	NOTED the progress report and agreed further updates will be presented fortnightly.	
All Wales Information Governance Policy	X				APPROVED the adoption of the new All Wales Information Governance Policy.	
Workforce Performance Report				X	The Committee received the latest Workforce Performance report which included updates on staff transformation and sustainability of the workforce, workforce modelling projections, employee health and well-being and team climate survey. The Committee NOTED the report and its onward submission to Workforce and Culture Committee.	W&C
Workforce Futures: Theme 1:		X			NOTED the report and its ASSURANCE against delivery with the Integrated Plan.	W&C

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Staff and Wellbeing						
Welsh Language Report		X			Received the annual report outlining the steps taken by the organisation to comply with the Welsh Language Standards and outlined the work to promote the Standards through 2023-24. The Committee SUPPORTED the report for submission to the Workforce and Culture Committee.	W&C
Equalities Annual Report					Received the Annual Report outlining the steps taken to meet the Public Sector Equality Duty. The Committee SUPPORTED the report for submission to the Workforce and Culture Committee.	W&C
Voluntary Early Release Scheme (VERS)			X		Discussed the intention of the VERS policy and what benefit it can bring to the organisation. The Committee agreed further discussions were required.	
Future Foundations Staff Development Fund			X		Received a proposal to establish a fund which would allow staff to develop their skills and knowledge managed by the WOD directorate. It was agreed to discuss this further at a later date, awaiting the outcome of the review currently underway in relation to administrative roles.	
Welsh Health Circular – Non-Pay Elements of Pay Award	x			X	Received an update against the Welsh Health Circular. The Committee AGREED to the submission of the Action Plan by 31 May.	
Director of People and Culture Report				X	NOTED the work of the People and Culture Directorate and assurance against the delivery of its priorities.	W&C

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12 June 2024						
Transformation Update		X			Received the monthly update on the Transformation Programme. The Committee NOTED the update and took ASSURANCE from the work underway.	
Integrated Quality and Performance Report		X			AGREED to schedule a discussion at Information Executives on the 19 June to allow more time for further discussion in relation to the report developments.	D&P
Finance Flash Report		X			NOTED the month 2 finance flash report. It was noted that the organisation is broadly in line with the Financial Plan, with a £4.245M overspend against the planned year to date deficit of £3.825M. Directors reinforced the focus on delivering the plan, and to have an awareness there may be further requirements, subject to ongoing discussions with Welsh Government.	D&P
Mental Health Escalation Update		X	X	X	RECEIVED a verbal update on this, and were advised that the Oversight meeting is now meeting fortnightly.	
Policies and Written Control Documents – Future Proposals	X	X			DISCUSSED and APPROVED the renewed way of working for the management and approval of policies and other written control documents across PTHB. A compliance report would be extracted from the database and shared with all Directors.	
Commissioning Assurance Framework – Primary Care General Dental Services (GDS) 2023/24		X			NOTED the update and took ASSURANCE that the GDS framework monitoring process is providing assurance.	D&P
IG Toolkit Outturn Report and		X			Received a report on the Health Board's performance against the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2023-24. The Committee REVIEWED the content of the	D&P

Patterson (Lisa)
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Improvement Plan					report and supported management actions identified in the plan to support the 24/25 submission.	
Health Pathways	X				NOTED the detail and DISCUSSED the report presented. The Committee did NOT AGREE a recommended option but it was agreed that the Medical Director would meet with the WG Leads to discuss Health Pathways further and bring back an update to a future Committee.	
Out of Hours General Medical Services Performance 2023/24		X			NOTED the update provided and took ASSURANCE from the Out of Hours Commissioning Assurance framework monitoring process and contract management. It was NOTED that from 1 April 2024, commissioning and performance management of 111 moved to the new NHS Wales Joint Commissioning Committee and therefore data will note be reviewed locally going forward. It was AGREED to confirm to Swansea Bay UHB that the Out of Hours weekend pathways continues to follow the weekday pathway.	D&P
Six monthly Catering Services Update		X			Updated on current compliance levels of food safety in relation to statutory regulations, guidelines and best practices. The Committee NOTED the substantial progress that had been made in this area.	D&P
Decarbonisation – Action Plan and Progress		X			Updated on the progress and status of PTHB decarbonisation actions. The Committee were INFORMED of and took ASSURANCE from the present carbon emission status, decarbonisation progress and delivery confidence to contribute to a net zero public sector in Wales by 2030.	D&P

Patterson,Liz
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26 June 2024						
Finance Report – Month 2		X			RECEIVED and NOTED the full finance report for Month 2.	D&P and Board
Strategic Change Programme Board Update		X			RECEIVED and NOTED an update on progress with the Strategic Change workstreams.	
The PTHB Manager (Manager's Charter)	X				Subject to any comments received and any adjustments made the Committee APPROVED IN PRINCIPLE the PTHB Manager document and approach.	
Mental Health Escalation update		X			NOTED the update and expressed their thanks for the continuous work in this area.	
Clinical Pharmacist Capacity Business Case	X		X		Business case SUPPORTED, subject to review checkpoints to be undertaken prior to the end of this financial year, to understand differences made. The Committee reserved the right to re-visit any vacancies.	
Electronic Prescribing and Medicines Administration ePMA) Business Case	X		X		AGREED that the current assessment of the ePMA is submitted to Board, and in the formal submission it needs to be highlighted that whilst the benefits are clear from a patient safety perspective PTHB require assurance on financial impact. PTHB would also discuss the governance route map further with DHCW.	Board
Annual Review fo PtHB Major Incident and Emergency Response Plan and PTHB Corporate	X	X			RECOMMENDED the PTHB Major Incident and Emergency Response Plan revised plans to the Board and APPROVED the PTHB Corporate Business Continuity Plan.	Board

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Business Continuity Plan						
PTHB Civil Contingencies Annual Report 2023-24	X	X			CONSIDERED and RECOMMENDED the Civil Contingencies Annual Report to the Board for its approval.	Board
Long Term Arrangements (LTAs) and Service Level Agreements (SLA) 24-25 Agreements		X		X	ASSURED that the relevant templates had been updated for 2024/25 and NOTED the contract values that PTHB aims to work to.	

ITEMS TO BE ESCALATED TO THE BOARD
A large number of topics from this report are reported either to the full Board or one of its other Committees. There are no specific topics to escalate that have not already been reported to or addressed by the Board or a Board Committee.
NEXT MEETING
The Executive Committee generally meets fortnightly with additional meetings held if urgent matters arise. The Committee will continue to report to the Board.

Patterson,Liz
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Reporting Committee:	**Delivery & Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meeting:	7 May 2024 and 27 June 2024
Paper prepared by:	Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Delivery and Performance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 7 May and 27 June 2024.

The Board is asked to **NOTE** that the following matters were discussed at Delivery and Performance Committee on **7 May 2024**:

- Finance Performance Report Month 12
- Integrated Performance Report Month 11
- 2023/24 Annual Delivery Plan
- Emergency Ambulance Services Update
- Information Governance Annual Report 2023-24
- Digital First Update
- IT Infrastructure and Asset Management
- Records Management Improvement Plan
- Organisational Status- including Enhanced Monitoring Self-Assessment
- Committee Risk Register
- Annual Work Programme
- Committee Annual Report

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

and **27 June 2024**:

- Finance Performance Report Month 02
- Integrated Quality and Performance Report Month 01
- Primary Care:
    - General Dental Services
    - Out of Hours
- Food and Safety Compliance and Assurance Report
- Decarbonisation Action Plan and Progress
- Information Governance Toolkit Outturn Report and Improvement Plan
- Organisational Status (NHS Wales escalation framework) – Enhanced Monitoring Report

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- Committee Risk Register
- Committee Work Programme

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

The Board is asked to **NOTE** that the following matters were discussed In-Committee on 7 May 2024.

- Risk Register – Cyber Security
- Draft Annual Performance Report 2023/24

and In-Committee on 27 June 2024.

- Digital First Update-Cyber Security
- Minutes of the In-Committee held on 7 May 2024

A summary of the key issues discussed at the meeting on 7 May 2024 are provided below.

FINANCE PERFORMANCE REPORT MONTH 12

The Committee received the report and attention as drawn to the following areas:

- PTHB is reporting a £11.983m overspend at year end against the revised deficit of £12.000m giving the Health Board an operational underspend of £17k.
- The capital resource limit for 2023/24 is £6.481m of which £6.456m had been spent, a £25k underspend.

Other matters raised included:

- Due to the financial deficit, the Health Board had received £11.8m of strategic cash support from Welsh Government.
- The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in approving agency invoices.

The Committee **RECEIVED** the financial report and **NOTED** the revenue target control total of £12m deficit and the capital resource limit have been achieved for 2023/24.

INTEGRATED PERFORMANCE REPORT (IPR) MONTH 11

The Committee received the report, and an update was provided on the latest available performance position against the NHS Wales Performance Framework to February 2024 advising that the report was a reduced version due to a lag in performance reporting. Attention was drawn to the following matters:

- Continued poor progress of improvement in secondary care services,
- Substandard performance in Accident and Emergency (A&E), Referral to Treatment Times and cancer and diagnostics,
- Some areas of improvement in commissioned services such as waits for first appointment and long waits for treatment, however, there is an increase in patients waiting for treatment moving through the system, and
- Performance in Mental Health Services has recovered since the data recording issues and operational challenges seen in the February report.

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The Committee **DISCUSSED** the content of this report; and

- took **ASSURANCE** that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues;
- **NOTED** that an updated version of the report will be presented to Board at their next meetings in May 2024.

2023/24 ANNUAL DELIVERY PLAN

The Committee received the report which provided an update on progress made against the Integrated Plan for quarter 4 (year-end). The report took into account the partial reset to the plan made in-year. The report would be taken to Board prior to submission to Welsh Government.

The Committee was advised that the majority of the plan had been delivered, however, there were some areas which were behind due to delays in recruitment. An exercise had been undertaken to compare the confidence assessment with delivery. This will be continued in future years.

The Committee **CONSIDERED** the report ahead of submission to PTHB Board and took **ASSURANCE** that there is a process in place for monitoring progress against plan.

EMERGENCY AMBULANCE SERVICES UPDATE

The Committee was provided with a presentation with the key themes as follows:

- Emergency Medical Retrieval and Transfer Services (EMRTS) – five Health Boards had supported the proposal with two Health Boards not supporting the proposal at a meeting of the Emergency Ambulance Services Committee (EASC). All four recommendations were agreed with further work recognised for Recommendation 4 to be brought back to the Joint Committee in October 2024. A further two recommendations were agreed. The further work required on Recommendation 4 will be undertaken in an EMRTS action group;
- Welsh Ambulance Services Trust (WAST) have agreed their Integrated Medium-Term Plan (IMTP) with a focus on remote and community-based assessment and care, closing cases without onward travel unless absolutely necessary;
- Ambulance response times remain weak (60% nationally but 40% in Powys for red calls), a large reduction in lost hours is necessary, and;
- A recovery plan will be expected within the next performance report.

The Committee **RECEIVED** the presentation and took **ASSURANCE** that measures were in place to monitor improvements which would be reported to Committee.

INFORMATION GOVERNANCE ANNUAL REPORT 2023/24

The Committee received the report which provided assurance of the arrangements in place to ensure the Health Board complies with its statutory obligations in relation to data protection legislation, national frameworks and good practice. Attention was drawn to:

- the increasing numbers of Freedom of Information (FOI) requests received;
- the improved response rate to FOI requests;

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- an increase in requests for personal information,
- 144 Information Governance (IG) related incidents were reported of which 56 were not reported within the regulatory 72 hours due to service delays in reporting;
- two IC related complaints were received and resolved with no further action, and;
- National Intelligent Integrated Audit Solution (NIIAS) notifications are increasing (where staff access family or friends' records) but, as yet none are reportable to the Information Commissioners Office (ICO).

The Committee **NOTED** the contents of the report and the work planned for 2024/25, and **SUPPORTED** the actions required and took ASSURANCE that implementation will lead to improved compliance.

DIGITAL FIRST UPDATE

The Committee received the paper demonstrating assurance against the delivery of the Digital Strategic Framework which aims to enhance the quality of community care provision through digital transformation and innovation. Updates against the Digital Portfolio Programme Plan and Cyber and Infrastructure improvements were provided.

The Committee felt the report was comprehensive and would welcome an annual digital programme deep dive with lighter touch assurance reports during the year.

The Committee:

- **RECEIVED** the report taking **ASSURANCE** that the organisation is delivering against the Digital Portfolio of Projects and Plans that underpin the delivery of the Digital Strategic Framework;
- **NOTED** the National Programmes updates and challenges impacting the PTHB delivery of Digital enablers;
- **NOTED** the progress with Business Intelligence Dashboards.

IT INFRASTRUCTURE AND ASSET MANAGEMENT

The Committee received the report which outlined the ongoing action and management response in relation to the 2022 IT Infrastructure Audit. Progress had been made such that it was recommended that monitoring of this Audit was removed from the Delivery and Performance work programme and considered as business-as-usual activity.

The Committee **APPROVED** that the ongoing actions in relation to the 2022 internal audit on IT Infrastructure were now business as usual activities with no further need for regular progress reports to the Committee.

ESCALATED ITEMS

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RECORDS MANAGEMENT IMPROVEMENT PLAN

The Committee received the summary update in relation to the outstanding actions for each of the Records Management Internal Audit recommendations dating back

to 2019. This has been an area of challenge, particularly around the destruction of records but progress continues to be made.

The Committee **NOTED**

- the current position with the progress against the 2019 Internal Audit recommendations.
- the areas requiring immediate attention together with the longer-term plan.
- the challenges and identified risks with mitigation recommendations.
- the achievements resulting in completion of the Internal Audit actions and take ASSURANCE these actions have been completed.

ORGANISATIONAL STATUS -INCLUDING ENHANCED MONITORING SELF-ASSESSMENT

The Committee received the presentation outlining five levels of escalation as set by Welsh Government, with the Health Board in Enhanced Monitoring (level 3) for Strategy, Planning and Finance. The Health Board has remained at this level for nearly 12 months. The Integrated Quality, Performance and Delivery (IQPD) meetings with Welsh Government have increased from quarterly to monthly. The most recent IPQD slides were shared with the Committee (item 4.2).

Welsh Government was due to confirm de-escalation criteria. Whilst the Health Board was not in escalation for other areas of the escalation framework, a self-evaluation would be undertaken. When the de-escalation criteria have been confirmed, the position against that criteria will be reported to Committee.

The Committee **RECEIVED** and **NOTED** the update provided on organisational status – enhanced monitoring.

COMMITTEE RISK REGISTER

The Committee received the Committee Risk Register for information.

The Committee **CONSIDERED** the February 2024 version of the Committee Risk Register, which reflected the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on 20 March 2024.

ANNUAL WORK PROGRAMME

The Committee **RECEIVED** the Annual Work Programme for information.

COMMITTEE ANNUAL REPORT

The Committee:

- **CONSIDERED** the Delivery and Performance Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken;
- Took **ASSURANCE** that the Delivery and Performance Committee is fit for purpose and operating effectively in fulfilling its terms of reference;
- **RECOMMENDED** the report to the Board for the 22 May 2024 meeting.

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ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

There were no matters for escalation to the Board.

A summary of the key issues discussed at the meeting on 27 June 2024 are provided below.

FINANCE PERFORMANCE REPORT 02

The report was received, and the following key areas were highlighted:

- PTHB continue to monitor against the current year-end deficit forecast of £22.948m despite no acknowledgement of this amount by Welsh Government
- At month 2, there was a £4.245m overspend against the planned year to date deficit of £3.825m giving the Health Board an operational overspend of £0.420m.
- The capital resource limit for 2024/25 was £2.706m. To date £0.111m has been spent.
- Pressure areas continue across Pay and Agency costs, alongside Continuing Health Care (CHC), Mental health and Learning Disabilities (MH&LD) services and pay breakdown.
- Future reporting to include detail on five national work streams.

Committee members were asked to identify and suggest deep dive topics for future meetings. PH confirmed that future reporting would highlight the main cost pressure areas for further analysis. The Chair welcomed the report and the additional commentary which was available within the Monthly Monitoring Return to the MMR component of the report.

The Committee **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.

The Committee **RECEIVED** and **DISCUSSED** the financial forecast for 2024/25 and the underlying deficit.

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 01

The Committee received the report which had been updated to include metrics and commentary to show whether targets had changed in line with 2024/25 requirements. Cabinet Secretary performance matches were now referenced to convey performance within month 01. The Health Board showed consistent performance across Planned Care and MIU as previously reported.

Key planned care targets remained challenging with Powys planned care services remaining highly fragile especially with reliance on commissioned diagnostic pathways and in-reach clinical services.

There had been improvement from Welsh providers albeit slowly against the 104 week and 52-week new outpatient targets, but the total waiting list continued to grow. Cancer performance remained poor against the 62-day targets in both English and Welsh commissioned services and was under continued scrutiny at a national level.

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

PRIMARY CARE: General Dental Services (GDS)
An update was provided on the GDS Commissioning Assurance Framework (CAF) which is updated monthly, and internal assurance would be delivered through the monthly GDS Monitoring meetings.

During 2023/24 the end CAF position resulted in seven practices in Routine Monitoring and 11 in Enhanced Monitoring. Access to GDS continued to be a local and national challenge and supporting patients to access appropriate GDS provision continued to be a high priority for PTHB.

The Committee **RECEIVED** the report and was **ASSURED** that the GDS CAF monitoring process was providing the required information PTHB on dental contract management.

PRIMARY CARE: Out of Hours
An update was provided on the Out of Hours (OOH) and General Medical Services (GMS) provision for Powys during 2023/24. The following key themes were discussed:

- 82% of patient contacts/outcomes are concluded by Shropdoc assessment and advice. Little onward referral to other services (1.73% to 999).
- Challenges remain with meeting the standard around completing home visits within one hour and two hours. Due to the geography of Powys the achievement of both these standards will always prove to be challenging.
- the current Shropdoc contract was due to terminate on 30 June 2024 and will be extended to 31 March 2025. Any contract award beyond this date will depend on the outcome of changes to the procurement regime across the NHS in Wales.

There had been an expectation that the weekend out of hours cover included a GP to be based at Ystradgynlais Community Hospital for a morning session on both a Saturday and Sunday. This had not been explicit within the contract for a number of years. The past two years, the default weekend patient pathway was the same as during the weekday OOH period whereby patients registered with Ystradgynlais practice attend a Swansea Bay University Health Board (SBUHB) base, mainly at Morriston Hospital. The Committee noted that Powys had received three complaints/ concerns relating to OOH services during this period.

Discussions recognised the strong performance provided by Shropdoc and concerns were raised for the patients within the Ystradgynlais Community as the service had not been delivered as expected.

The Committee:

- **RECEIVED** the update provided.

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- took **ASSURANCE** that the OOH Commissioning Assurance Framework monitoring process has provided the required assurance to PTHB on OOH contract management.
- **NOTED** that from 1 April 2024, commissioning and performance management of 111 moved to the new NHS Wales Joint Commissioning Committee and data will not be reviewed locally.
- **NOTED** the Executive Committee approved the OOH weekend pathway continues to follow the weekday pathway for Swansea Bay University Health Board.

FOOD SAFETY COMPLIANCE AND ASSURANCE REPORT

The report was presented which provided assurance on the current compliance levels of food safety in relation to statutory regulations, guidelines and best practices. The key area highlighted was that PTHB has achieved the highest level 5 Food Hygiene Ratings across all nine Hospital Sites, indicating its commitment to maintaining standards.

The Committee was **ASSURED** of the Health Boards processes in monitoring food safety and compliance systems.

DECARBONISATION ACTION PLAN AND PROGRESS REPORT

The Committee received the report which highlighted the Health Board was on target to meet the 16% carbon reduction by 2025 milestone. This had been enabled by the anticipated £4M investment in upgrades to the buildings and infrastructure associated the Welsh Government Salix 'spend to save' investment which was with Ministers for consideration/approval.

The Committee **RECEIVED** the report outlining the present carbon emission status and decarbonisation progress and took **ASSURANCE** in the delivery confidence to contribute to a net zero public sector in Wales by 2030.

INFORMATION GOVERNANCE TOOLKIT OUTTURN REPORT AND IMPROVEMENT PLAN

The report was received which outlined the performance against the NHS Wales Information Governance Toolkit for Health Boards 2023/24. An improvement plan had been developed highlighted areas of work required to improve the current compliance in readiness for the 2024/25 submission.

The Committee noted the new platform in readiness for this year's submission and the overall compliance score would no longer be available, however would be conveyed as an individual score against each category going forwards.

The Committee:

- **RECEIVED** the report and took **ASSURANCE** that the management actions identified in the Improvement Plan underpin the 2024/25 submission.
- **NOTED** that due to the change in the platform and additional categorisation an overall score will no longer be provided, and each category is scored separately, and;

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- **NOTED** that the Executive Committee approved the publication of the Toolkit scores and final out-turn report in accordance with the requirements of the Wales Information Governance Board (WIGB) and providing open and transparency to the wider public.

ESCALATED ITEMS

ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT

The Committee received the presentation which outlined five levels of escalation as set by Welsh Government, with the Health Board in Enhanced Monitoring (level 3) for Strategy, Planning and Finance. The de-escalation criteria had been received and a self-evaluation exercise would be worked through. The Committee would expect to see a dashboard including IQPD content at each meeting going forwards, this would form part of the Board escalation framework.

The Committee **NOTED** the update provided on organisational status – enhanced monitoring.

COMMITTEE RISK REGISTER

A verbal update confirmed work was underway to review and reframe the Corporate Risk Register with an updated version presented to the Board in July 2024. Each Committee would receive risks within its scope and remit. The Committee recognised the need to simplify the register to gain a better understanding through benchmarking against comparator organisations.

The Committee was **ASSURED** that the Risk Register was under review and acknowledged that a reframed Corporate Risk Register would be presented to the Board in July 2024.

COMMITTEE REFLECTION

The Chair explained that a new standard agenda item would be added to all Committee agendas going forwards for governance best practice.

The following summary of business and reflections were provided by RL:

- Important topics discussed;
- Selective and perceptive questions asked;
- Presentation on Enhanced monitoring was informative;
- Discussions show how well Executive colleagues work together;
- Good selection of topics discussed eg: OOH and Dentistry from a public perspective;
- Financial issues were clearly documented;
- Decarbonisation report was clear on uncertainties and complemented the Internal Audit Report.

DATE OF NEXT COMMITTEE MEETING:

The next meeting of the Delivery and Performance Committee will be held on 29 August 2024.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

Public Board Meeting 24.07.24

The following items were discussed in private session on 7 May 2024:

Risk Register
The In-Committee element of the Risk Register was presented to Committee.

The Committee **NOTED** the update on Cyber Security Risk.

Draft Annual Performance Report 2023/24
The Committee RECEIVED the draft report which outlined the process for approving the Annual Report. Members NOTED the prescribed format of the report which limited flexibility in presentation.

The Committee **NOTED** the draft report and opportunity to submit comments to the Director of Corporate Governance.

The following items were discussed in private session on 27 June 2024:

Digital First Update – Cyber Security
The Committee **NOTED** the update on Cyber Security.

Minutes of the In-Committee meeting held on 7 May 2024.
The Committee **CONFIRMED** that the minutes of the In-Committee held on 7 May 2024 as an accurate and true record of discussions held.

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

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Planning, Partnerships and Population Health Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 16 May 2024.

The Board is asked to **NOTE** that the following matters were discussed at the Planning, Partnerships and Population Health Committee on 16 May 2024:

- Committee Annual Report
- Strategic Change Report
- NWSSP Performance Report -Year End
- Whole Systems Approach of prevention of obesity
- Weight Management Pathway (to include Health Wales Assurance Report)
- Healthy Child Wales Programme Evaluation Health Visiting Programme
- Deep Dive – Diabetes Part 2
- Annual Report of Director of Public Health
- Primary Care Cluster Plans
- Additional Learning Needs (ALN) Update.

The Internal Audit Report – Winter Respiratory Vaccination Programme was **RECEIVED** for Information.

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

The Board is asked to **NOTE** that the following matters were discussed In-Committee on 16 May 2024:

- Minutes of the In-Committee held on 20 February 2024.

A summary of the key issues discussed at the meeting on 16 May 2024 are provided below.

ACTION LOG
The Committee **RECEIVED** the Action Log updates and noted the closed items.

COMMITTEE ANNUAL REPORT

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The Committee **RECEIVED** the report which summarised the 2023/24 key areas of business and activity. The Terms of Reference requirements had not been met for the year 2023/24 due to the Committee only meeting three times instead of four. The language utilised within the Terms of Reference was under review to ensure consistency and transparency. The report was presented to the Board on 22 May 2024.

The Committee **CONSIDERED** the Planning, Partnerships and Population Health Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken; and welcomed the Annual Report as a review of the totality of committee work undertaken.

STRATEGIC CHANGE REPORT

The paper provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with a potential impact for Powys residents, patients, and services. Key highlights were:

- Joint engagement workshops across 13 Powys localities to capture views on the Health Board's Accelerated Sustainable Model "Better Together" and Powys County Council's Sustainable Powys programme. A report to summarise the key themes was being prepared.
- The Emergency Medical Retrieval and Transfer Service (EMRTS) Phase three engagement exercise closed on 29 February 2024. Updated recommendations were considered by all seven Health Boards and was approved.

The Committee **RECEIVED** the report and **ASSURANCE** was provided in terms of the delivery of engagement/consultation programmes for which the Health Board is directly responsible and the contribution to partnership programmes.

NWSSP PERFORMANCE REPORT – YEAR END

An overview was provided in summary of the performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 March 2024.

The Committee **RECEIVED** the report and **NOTED** the summary of the performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 31 March 2024.

WHOLE SYSTEMS APPROACH TO PREVENTION OF OBESITY

The Committee **RECEIVED** the report which provided an overview on the Whole System Approach to the Healthy Weight programme in Powys and highlighted the progress made on delivery during 2023/24. Since the previous briefing to the Committee on 11 May 2023, the delivery of the programme progressed well.

Delivery in 2023/24 had included:

- Further stakeholder engagement including stakeholder events in November and December 2023
- Identification of four themes of focus within the identified priority sub-system of children (aged 0-5), families and access to healthy food"

Patterson, Liz 26/07/2024 09:45:28

- Establishment of a Strategic Steering Group to develop and oversee the delivery of a Strategic Delivery Plan
- Completion of Strategic Delivery Plan and commencement of delivery
- Establishment of Task and Finish Groups for specific areas of work within the four themes and;
- Formal adoption of this work by the Public Service Board as one of its three priorities for the period 2023/24 to 2027/28.

The Committee **NOTED** the contents of the report and took **ASSURANCE** on the progress made on implementing a whole system approach to the prevention of overweight and obesity in Powys.

WEIGHT MANAGEMENT PATHWAY (to include Healthy Wales Assurance Report)

The Committee **RECEIVED** the report which provided assurance of the development of weight management services across Powys. The service had been allocated a small budget for a level 3 service and contained multi-disciplinary working Powys wide to ensure a deliverable service.

Further work is required by the services, particularly level 3, in order to establish and implement processes to monitor key service delivery data including activity and outcome data. Powys sought to deliver an increase in local promotion of the national online level one offer as part of moving the services to a business-as-usual model.

The Committee **RECEIVED** and **NOTED** the report and was **ASSURED** that work continued to develop Weight Management Pathways in Powys as per the Integrated Plan.

HEALTHY CHILD WALES PROGRAMME EVALUATION HEALTH VISITING PROGRAMME

The Committee received the paper which demonstrates what children, and their families could expect from their Health Boards from maternity service handover to the first years of schooling (0-7 years). It was highlighted that the service aimed to build on the existing Healthy Child Programme and set out to expand the current model to 16 years of age as opposed to 7 years.

The Committee **RECEIVED** the report and were **ASSURED** in relation to:

- progress of the Healthy Child Wales Programme
- the governance and reporting arrangements in place locally and nationally for the programme.

DEEP DIVE - DIABETES PART 2

The Chair of the Committee highlighted the update of progress in developing the Deep Dive into Diabetes as a statement report which was taken as read. The Committee **AGREED** that the content provided had produced modelling for three scenarios of projections of prevalence of diabetes for the Powys population over the next 15 years.

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The Committee:

- **RECEIVED** the preliminary report on diabetes and were assured that work has progressed in line with the deep dive plan;
- **NOTED** the key findings of the scenarios within the report and;
- **NOTED** the plan to receive an update at the August Committee meeting.

ANNUAL REPORT OF DIRECTOR OF PUBLIC HEALTH

The paper set out the key health challenges facing the Powys population alongside opportunities to improve population health. The report set out calls for action for individuals and organisations and Committee members commended the Public Health Team on the presentation of the report which clearly articulated the Health Board's current position and welcomed the 'call to action' statement which encouraged ownership and action.

The Committee **RECEIVED** the Annual Report of Director of Public Health and **NOTED** the key findings for implementation.

PRIMARY CARE CLUSTER PLANS

The Committee received the report which provided members with an update on progress against Cluster Plan Delivery during 2023/24 and an overview of the Primary Care Cluster Plans for 2024/25.

A total of £870k recurrent funding was available to clusters. 2023/24 Cluster plans correlated to the recurrent individual cluster allocation and were inclusive of reflecting on ministerial priorities and supporting capacity and sustainability across primary and community care. Successful projects were being scaled up where applicable and mainstreamed or are planned to be mainstreamed into core funding across the Health Board footprint.

Plans for 2024/25 continued to build on the priorities and projects from 2023/24 and as Clusters continued to become more established there was a strengthening alignment with Start Well, Live Well and Age well priorities.
The three key priority areas of Frailty, Urgent and Emergency Care, and Mental Health continued as Pan Powys priorities for 2024/25. It was also noted that several new Cluster frailty pilot projects were in development across the Clusters along with other projects including supporting the delivery of local pathways.

Further work continued to look at what further projects could be mainstreamed, and the outcomes and benefits of each project were being reviewed to form future cluster planning. Components of Primary Care plans were included within a series of Board Development and Board Briefing sessions to review the baseline and current roles across the Clusters.

The Committee **RECEIVED**:

- the updates on 2023/24 plans taking **ASSURANCE** against the progress made on delivery and;
- an overview of Cluster plans for 2024/2025.

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ADDITIONAL LEARNING NEEDS (ALN) UPDATE

The report was received, and attention was drawn to unfunded ALN service and had limited resource for delivery. Activity was progressing between the Health Board and Powys County Council to establish a joint strategic approach to meeting the requirements of the ALN Act moving forward.

Challenges remained across Health and ALN delivery due to differing times. Discussions were ongoing with the lead president education tribunal to understand the roles and responsibilities for the needs of the service. Discussions with the Local Authority had taken place and engagement with Welsh Government and the Tribunal president continued to ensure clarity of expectations. The Board would be sighted on any changes to legislation accordingly.

The Committee:

- **RECEIVED** the Additional Learning Needs (ALN) report and supported the recent activity from the Health Board to fulfil the requirements of the ALN Act;
- **NOTED** the increased demand across ALN and;
- Were **ASSURED** of the progress made to date and the plans moving forward to meet the requirements of the ALN Act.

INTERNAL AUDIT REPORT – WINTER RESPIRATORY VACCINATION PROGRAMME

The Winter Respiratory Vaccination Report was shared for information only.

COMMITTEE RISK REGISTER

The Committee **RECEIVED** the Committee Risk Register for information.

The Committee **CONSIDERED** the February 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee.

COMMITTEE ANNUAL WORK PROGRAMME

The Committee received the Annual Work Programme for information.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD

It was noted that given the escalation to the Board of the Additional Learning Needs (ALN) in November 2023 due to noncompliance, work had been undertaken to ensure compliance with the legislation and therefore can be de-escalated accordingly.

DATE OF NEXT COMMITTEE MEETING

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 13 August 2024.

DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING

The following items were discussed in private session on 16 May 2024:

MINUTES OF THE IN-COMMITTEE MEETING HELD ON 20 FEBRUARY 2024

The Committee **APPROVED** the In-Committee minutes of the meeting held on 20 February 2024, as being a true and accurate record.

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Patterson,Liz
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Reporting Committee:	**Charitable Funds Committee**
Committee Chair	Carl Cooper
Date of meeting:	10 June 2024
Paper prepared by:	Charity Administrative Support Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The confirmed minutes of the previous meetings of the Charitable Funds Committee can be found on the PTHB website via the following link: Charitable Funds Committee - Powys Teaching Health Board (nhs.wales).

The Charitable Funds Committee met on 10 June 2024, the following matters were discussed:

- General bids for approval
- Expenditure approved under delegated authority
- PAVO & Powys Health Charity – Small Health Grants Scheme 2024
- Interim arrangements for Charity Manager Post
- Charity activity report
- Charitable funds financial summary report

The following matter were received for information:

- Investment manager update report

10 June 2024

General Bids for Approval

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

- **Development of P Block welfare facilities (£72,000)**
  It was noted that this application was brought to committee for initial thoughts and discussion. This application is a request to convert a section of P Block at Bronllys Hospital into a welfare facility which can be utilised by local community groups. This

Patterson, Ursula (NHS Wales) 26/07/2024 13:48:38

space would function as a small kitchen facility with a restroom and a separate room to store PPE or outer wear.
The Committee DISCUSSED and NOTED the development of P Block welfare facilities and ADVISED if the application is to be brought back to committee assurance is required around the wider strategy for community engagement across Powys but at Bronllys in particular.

- **Dementia Friendly Environments (£14,500)** The request is to consider support for improving the patient experience, and the implementation of the Dementia Friendly Hospital Charter for Wales, by updating PTHB's wards in outpatients and day room environments with a dementia friendly paint scheme and signage.
The Committee DISCUSSED and APPROVED dementia friendly environments.

- **Pottery Sessions at Felindre Ward (£7,000)** This request is for the Charitable Funds Committee support the continuation of twice weekly, therapeutic pottery sessions taking place on Felindre Ward (Bronllys Hospital) in addition to a small materials budget for the year.
The Committee DISCUSSED and APPROVED pottery sessions at Felindre Ward.

- **Corneal Scanning Equipment (£6,021)** This request is for the Committee to consider supporting the purchase of an Anterior Segment Attachment kit AA-1 for the OCT scanner at Llandrindod Wells Hospital, which would enable the capture of specific corneal scans. This will allow the diagnosis and treat in a timelier fashion, bringing care closer to home.
The Committee DISCUSSED and APPROVED the Corneal Scanning Equipment.

- **Express Yourself (£1,600)** This request is for the Committee to consider supporting the Express Yourself project, which will offer opportunities for people with communication difficulties due to a neurological condition the chance to engage in theatre or movement workshops to develop confidence, expression and communicative abilities in social situations. The Committee DISCUSSED and APPROVED the express yourself application.

- **Fork to Table (£1,000)** This request is for the Committee to consider supporting this proposal from Ponthafren, a Mental

Patterson, Ursula
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Health Charity working with people aged 16+, who receive approximately 1,000 referrals per year. Their Newtown centre has a garden with space for vegetable growing and other wellbeing activities.
The Committee DISCUSSED and APPROVED the fork to table application.

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

The Assistant Director of Finance presented a summary of the projects approved under delegated authority during the period of February 2024 to March 2024.

A number of requests from various local funds with a combined value of £18,581.

The Committee DISCUSSED and RATIFIED the expenditure.

PAVO & Powys Health Charity – Small Health Grants Scheme 2024

The Charity Manager presented the papers to Committee, a summary of the Small Health Grants submissions recommended for funding following the grants panel's review.
A total of £69,115 is recommended to be allocated to 13 projects over the next three years.

The Committee DISCUSSED and APPROVED the Small Health Grants Scheme 2024.

Interim arrangements for Charity Manager post

The Director of Corporate Governance gave an oral update on the new arrangements for the Powys Health Charity Team for the next six months. This included:

- COVID-19 Inquiry Programme Manager will provide support and oversight for the Charity alongside his current role.
- An expanded role for the Charity Administrative Support Officer
- Additional administrative support to be provided from within the corporate governance directorate.

The Committee DISCUSSED and NOTED the Interim Arrangements for Charity Manager Post.

Patterson, Ursula (PHW)
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Charity activity (communications and engagement report)

The Charity Manager presented that charity activity report for the period between March to May 2024.

Key items highlighted included:

- Ongoing projects and partnerships
- Communications, campaigns and fundraising
- Engagement report

The Committee DISCUSSED and NOTED the Charity activity report.

Charitable funds financial summary report

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

- GENERAL FUNDS = From an amount of £2,629,327 held within General Purposes or designated funds at the 1st April 2023, income of £268,835 has been received and £175,022 of expenditure has been paid. This equates to 7% of funds held at 1st April 2023 have actually been spent.

- LEGACY FUNDS = From an amount of £1,628,923 of funds held within legacies at the 1st April 2023, £18,223 income has been received and £24,435 of expenditure has been paid. This equates to 1.5% of funds held at 1st April 2023 have actually been spent.

- BANK BALANCE - The Balance held within the bank account at 31st March 2023 is just over £0.796M. Discussions with our investment advisors as to whether a short-term investment option was available has been undertaken but they advised that they could not guarantee any short term investments would repay the amount invested over the shorter term. A term of investment for 3 years would be advised to ensure the investment would retain its level. They advised us to retain this within our bank over the short term due to current interest rates. We do have some larger items of expenditure expected in the coming months which should reduce the balance interest rates.

The Committee DISCUSSED and NOTED the report.

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Information and Assurance items:
The Charitable Funds Committee received information on: • Investment Manager's Report
NEXT MEETING
23 September 2024

Patterson, Victoria
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Reporting Committee:	**Workforce and Culture Committee**
Committee Chair	Ian Phillips
Date of last meeting:	4 June 2024
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at meetings of the Workforce and Culture Committee which took place on 4 June 2024:

- Workforce Performance Report including Medical Job Planning Annual Review
- Executive Director of People and Culture Report including ACCEES presentation
- Workforce Futures: Theme 1 – Staff Health and Wellbeing
- Staff Retention and Implementation Plan
- Welsh Language Annual Report
- Equalities Annual Report
- NHS Wales Staff Survey
- Committee Annual Report
- Annual Work Programme

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

A summary of key issues discussed on the 4 June 2024 is provided below:

Workforce Performance Report

The Committee received the report, which aligned the data sets to the three overarching strategy objectives within the Integrated Plan, putting greater emphasis on workforce planning capacity. Attention was drawn to the following areas:

- prediction of age profile in five years' time
- downward trend in registered nurses' vacancies
- workforce modelling projections to better understand future needs
- stood up a variable pay reduction group

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- sustained reduction in staff turnover
- PADR compliance rates were improving
- above the national target for mandatory and statutory training compliance
- building a portfolio of data from the team climate surveys, and
- continuing downward trajectory in sickness absence levels.

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

Medical Job Planning Annual Report

The Committee received the report, noting job planning was the scheduling of activities for the senior medical staff, alongside objectives and expectations. Attention was drawn to:

- updated guidance which is going through Joint Local Negotiating Committee (JLNC)
- all job plans were currently completed except for two specialities – Paediatricians and Geriatricians which are nearing finalisation, and
- for any disputes in the process, the Medical Director was the final point of arbitration.

The Committee RECEIVED the report and took ASSURANCE that annual medical job planning is in place across the Health Board.

The Executive Director of People and Culture Report

The Committee received the report, attention was drawn to:

- recent activities which were reported to the Local Partnership Forum (LPF),
- funding awarded from the Value and Sustainability Board for an additional 18 internationally educated nurses placements,
- continued roll out of the 'Speaking Up Safety' work including launch of 'Your Voice' portal,
- changes to online translation had achieved savings, and
- a changed portfolio to People and Culture included temporary oversight of Improvement and Transformation.

Representatives from the Academy Careers Education Enterprise Scheme (ACEES) joined the meeting and shared some of the recent work undertaken and outlined the key highlights of the ACEES Evaluation Report 2023/24.

The Committee

- RECEIVED the Executive Director of People and Culture (DP&C) Report and Appendix A – the DP&C report to the LPF as an update on priorities within the Workforce section of the Integrated Plan for 2023/24 that are not part of the committee's agenda

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- took ASSURANCE against delivery of those priorities and;
- RECEIVED further updates since the DP&C report and took ASSURANCE against those.

Workforce Futures: Theme 1 – Staff Health and Wellbeing

The Committee received an overview of the work undertaken in quarter four of the last financial year, drawing attention to:

- staff wellbeing roadshows had been well attended
- staff road runs had reached over 200 staff
- 'You said, we will do' the 15-minute wellbeing break publicity had been refreshed
- Occupational Health system improvements included:
  - ongoing work with the dashboards
  - new module to be added to allow Managers to upload referrals electronically
  - improvement in waiting times for appointments
  - new Occupational Health Physician appointed
- VIVUP Employee Assistance programme is being well received with two new modules to be added – Menopause and Accessing GPs, and
- Wellbeing at Work Group had identified focus areas that would align to the Wellbeing and Engagement work recently launched by Health Education and Improvement Wales (HEIW).

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

Staff Retention Implementation Plan Presentation

The Committee received the presentation on staff turnover and retention; possible reasons for attrition and how the organisation will be addressing the reasons. Attention was drawn to the key actions required:

- analyse feedback following engagement with staff
- continue analysis of the staff survey results
- alignment with HEIW Nurse Retention Plan
- development of Retention Steering Group
- develop a local retention plan, and
- involvement with All Wales Retention Community of Practice.

The Committee RECEIVED the presentation and took ASSURANCE that a review of workforce retention has been undertaken and further plans are in place to positively focus on retention in the future.

Welsh Language Report

The Committee received the statutory report which was produced on a yearly basis under Welsh Language Standards; The reported provided

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an update on the steps taken to meet the requirements of the Standards and included the 'More than just words' framework. The Welsh Language Standards audit had moved from limited to reasonable assurance.

The Committee CONSIDERED the report, took ASSURANCE on the progress made and RECOMMENDED the plan goes forward to the Board for consideration on the 24 July 2024.

Equalities Annual Report

The Committee received the report, which was published on a four-year cycle. A consultation across the teams was carried out, the responses were incorporated in the report. The report highlighted the:

- work of the Therapies and Healthcare Science Directorate,
- introduction of a general awareness training session,
- introduction of Equality for Managers into the Managers training programme, and
- achievement of the Pride in Veterans Standard from the Ministry of Defence.

The Committee CONSIDERED the report, took ASSURANCE on the progress made against plan and RECOMMENDED the report goes forward to the Board for consideration on the 24 July 2024.

NHS Wales Staff Survey

The Committee noted the detailed findings from the NHS Wales staff survey (November 2023) which had recently been received. The PTHB response rate was the highest of all Health Boards, capturing a significant amount of data.

The Committee NOTED the contents of the presentation.

Committee Annual Report

The Committee received the report, which outlined:

- the Committee's roles and responsibilities
- attendance of both Independent and Executive members
- the remit of the Committee
- the scope of the work covered throughout the year
- assurance to the Board, and
- Committee effectiveness.

The Committee:

- CONSIDERED and took ASSURANCE the Workforce and Culture Committee Annual Report for 2023/24 and;
- RECOMMENDED the report for submission to the Board on the 24 July 2024 meeting.

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Annual Work Programme Committee Work Programme
The Committee received the annual work programme which had been developed to cover the areas contained within the terms of reference.

The work programme was flexible and would continue to be reviewed throughout the year in response to changing priorities and circumstances.

The Committee

- CONSIDERED the Workforce and Culture Committee Annual Report for 2023/24 summarising the key areas of business activity undertaken
- took ASSURANCE that the Workforce and Culture Committee is fit for purpose and operating effectively in fulfilling its terms of reference and;
- RECOMMENDED the report for submission to the Board on the 24 July 2024 meeting.

Corporate Risk Register
The Committee noted due to work undertaken in recent months, including the Annual Delivery Plan and the Integrated Plan which were previously approved by Board, all corporate risks were being reviewed; therefore, no risk register was presented at this meeting.

There was one risk that falls under the remit of this Committee, which is linked to workforce recruitment and retention which would continue to be the case moving forwards.

A revised risk register would be presented for approval to the Board in July, which will flow in the committee cycle of assurance reports.

Audit Wales Report – Audit Wales Workforce Planning
The Review of Workforce Planning Arrangements – Powys Teaching Health Board was RECEIVED for information.

NEXT MEETING:

The next meeting of Workforce and Culture Committee will be held on 10 September 2024

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Board Meeting	**Date of Meeting: 24 July 2024**
Subject :	Annual Review of PTHB Major Incident and Emergency Response Plan and PTHB Corporate Business Continuity Plan
Approved and Presented by:	Director of Public Health
Prepared by:	Civil Contingencies Manager
Other Committees and meetings considered at:	Executive Committee (26 June) – recommends both reports to the Board.

PURPOSE:

The purpose of this paper is to seek APPROVAL from the Board on the revised PTHB Major Incident and Emergency Response Plan and the PTHB Corporate Business Continuity Plan.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Major Incident and Emergency Response Plan, and
- **APPROVE** the PTHB Corporate Business Continuity Plan.

Approval	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	✓

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	5. Develop Workforce Futures	✓
	6. Promote Innovative Environments	×
	7. Put Digital First	×
	8. Transforming in Partnership	×
Health and Care Standards:	1. Staying Healthy	×
	2. Safe Care	×
	3. Effective Care	×
	4. Dignified Care	×
	5. Timely Care	×
	6. Individual Care	×
	7. Staff and Resources	×
	8. Governance, Leadership & Accountability	✓

EXECUTIVE SUMMARY:

The Civil Contingencies Act (2004) outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness, resilience and response at a local level. PTHB is described as a Category One Responder under the Act. As a Category One Responder, the Health Board is required to undertake risk assessments, produce emergency plans, and have in place business continuity management arrangements.

The attached PTHB *Major Incident and Emergency Response Plan* and *Corporate Business Continuity Plan* have been reviewed and updated to incorporate changes at local, regional and national levels, as part of the Health Board's annual review process.

An overview of the main changes applied to the two plans are outlined in the detailed background and assessment section below.

DETAILED BACKGROUND AND ASSESSMENT:

The Civil Contingencies Act (CCA) 2004, outlines a single framework for civil protection in the UK. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness, resilience, and response at a local level. Powys Teaching Health Board is described as a Category One Responder under the Act. As a Category One Responder, the Health Board is subject to the following civil protection duties, including:

- Assess the risk of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place business management arrangements;

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- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information and cooperate with other local responders to enhance coordination and efficiency.

Additionally, within the Welsh Government's *Emergency Planning Core Guidance 2015,* the Health Board is required to have up to date plans to deal with major incidents and emergency situations that are compliant and tested in accordance with national guidance.

A full review of both plans has taken place as part of the annual review process, which have been shared with key Health Board officers for review and update.

Major Incident and Emergency Response Plan

The PTHB Major Incident and Emergency Response Plan was tested as part of 'Exercise Pen Y Darren', which was an NHS Wales mass casualty exercise that took place in October 2023. Where appropriate, the lessons identified in the internal post-exercise report have been incorporated into the revised plan.

In addition, there have also been other minor updates that have been incorporated into the plan, including:

- General updates provided from specific areas *i.e. to Action Cards, the different types of incident Logs, security related incidents, removal of request for Action Card holders to collect mortuary capacity data following the move to the Director-to-Director model across all Community Hospital sites.*

The recommendations included within the NHS Wales 'lessons identified management system' have been referred to whilst undertaking this review.

The updated Major Incident and Emergency Response Plan is available at **Appendix 1** of this paper.

The responsibility for maintaining operational major incident response procedures sits within the Community Services Group. A review of these procedures has been taking place at Community Hospital site level. It has recently been agreed that further work to increase awareness and train staff working within the individual community hospital sites will be discussed and agreed locally through the Local Site Coordinators meetings, with the support of the Civil Contingencies Manager. This will include encouraging staff to complete the NHS Wales 'Introduction to Emergencies' E-learning module and to re-establish the regular walkthrough exercises which were well supported prior to the Covid-19 pandemic. The Health Board has not undertaken a 'live' test of its operational major incident response arrangements in over 3 years and therefore, arrangements to test these arrangements will be incorporated into the programme of work for 2024/2025, to ensure compliance with the CCA.

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Corporate Business Continuity Plan

There have been minimal updates made to the PTHB Corporate Business Continuity Plan (available at **Appendix 2**) since the last review took place in 2023. The main changes that have been incorporated into the review of this plan, include:

- Updated prioritised service list as part of the annual review process (PTHB Business Continuity Policy) as shown at **Annex B**. The plan also continues to acknowledge the NHS Wales Local Choices Framework, which was last updated by Welsh Government in December 2022, as an additional decision-making tool during times of disruption or service pressure.
- General updates throughout the plan, including updates to strategies for response section.

The PTHB Corporate Business Continuity Plan and the PTHB Major Incident and Emergency Response Plan continue to be fully aligned, to ensure that the two documents are integrated and align appropriately in response scenarios.

Whilst the Health Board have responded to a number of disruptive events during the last twelve-month period at service/directorate level *i.e. ongoing BMA Industrial Action, internal flooding related incidents as a result of the heavy rainfall,* the Health Board has not been required to formally activate the arrangements outlined in this plan during the last twelve month period.

This plan is due to be tested on an annual basis, and therefore arrangements to test the plan will be incorporated into the Civil Contingencies Programme of Work for 2024/2025.

NEXT STEPS:

Subject to Board approval of the attached plans, the next steps will include:

- To communicate changes incorporated into the revised plans, to all staff working within the Health Board using the Civil Contingencies Planning service area of the PTHB staff intranet site and using more targeted communications to specific staff groups i.e. Silver/Gold On-Call officers;
- Distribute hard copies of the revised plans, as appropriate.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age	√				No adverse or differential impacts have been identified.
Disability	√				
Gender reassignment	√				
Pregnancy and maternity	√				
Race	√				
Religion/ Belief	√				
Sex	√				
Sexual Orientation	√				
Marriage and civil partnership	√				
Welsh Language	√				
Risk Assessment:					
	Level of risk identified				**Statement**
	None	**Low**	**Moderate**	**High**	
Clinical	√				No additional risks have been identified.
Financial	√				
Corporate	√				
Operational	√				
Reputational	√				

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POWYS TEACHING HEALTH BOARD

(Civil Contingencies)

MAJOR INCIDENT AND EMERGENCY RESPONSE PLAN

NB – some content has been redacted to protect sensitive information.

This Plan remains current until July 2025

Last Approved by Board: xxxxxxxx

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RECORD OF AMENDMENTS

This plan will be reviewed annually.

Any amendments required should be referred to the Civil Contingencies Manager, Powys Teaching Health Board.

Date	Amendment Reference	Page/s Amended	Comment
March 11	Version 1.0	n/a	Revised Plan as part of annual review
Aug 12	Version 2.0	n/a	A number of minor changes have been made as part of the annual review. The plan now contains the room layout of the HECC.
March 14	Version 3.0	Complete document	A full review of the plan has taken place as part of the annual reviewing process. The response element remains unchanged. Contact list has been updated to reflect organisational changes. The series of specific response plans previously contained as appendices within the plan are referenced and can now be located on intranet site and hard copies in Major Incident Cupboard.
September 2015	Version 4.0	Complete document	The review reflects recent organisational changes and latest guidance in response to CBRN incidents. Supplementary information has been included in the command and control, debrief and Information Sharing
June 2016	Version 4.1	37 & 38	Updates to telephone numbers listed on communications cascade in Exec on Call Action Card
November 2016	Version 4.2	37 & 38	Updates to telephone numbers listed on communications cascade in Exec on Call Action Card
December 2016	Version 5.0	Complete document	Annual review of Plan. The review reflects organisational changes, reference to PTHB representation at multi-agency Tactical Coordination Group, latest PHW Decontamination guidance for Health Boards and a change of heading in Section 9 from 'Large

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			Scale Incidents' to 'Mass Casualty Incidents' – this section also reflects latest WG Mass Casualty Guidance.
June 2017	Version 5.1	38 – 41	Updates to contact numbers.
November 2017	Version 6.0	Complete document	Updates to reflect • latest All Wales 'Mass Casualty Incident Arrangements for NHS Wales' (May 2017, version 1.3) • lessons learnt from 'Exercise Powys Coldstart' • enhancement to the section on command and control and joint working arrangements, including the Joint Emergency Services Interoperability Programme (JESIP) • enhancement and additions to Action Cards
May 2018	Version 6.1	Page 6/7	Inclusion of flow chart to provide quick overview of activation arrangements.
Dec 2018	Version 7.0	Complete document	Updates to reflect • minor changes throughout, reflecting organisational, regional, national updates. • Inclusion of 'Senior Nurse, Patient Flow' Action Card • Reference to update in All Wales Mass Casualty Arrangements (August 2018) & new structure diagram.
Dec 2019	Version 8.0	Complete document	Updates to reflect: • Changes following organisational realignment. • Changes to internal On-Call terminology i.e. now referred to as Gold and Silver On-Call. • Reference to update of All Wales Mass Casualty Arrangements (July 2019) & new structure diagram.
Nov 21	Version 9.0	Complete document – learning	Main updates to the plan are:

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		lessons from current COVID-19 response	• changes to the Plan include plan title to ensure clarity of purpose, • the relocation of the HECC to the (content removed); • updates.to the classifications of incidents; • a new system for determining the level of response required to incidents; • strengthened links and alignments to PTHB Corporate Business Continuity Plan and other plans and procedures.
April 23	Version 10.0	Updates throughout document	• updated to reflect changes in WAST major incident alert notification; • updated to reflect changes to the Mass Casualty Arrangements for Wales, including removal of reference to the Mass Casualty Dashboard; • incorporates operational response of PTHB Community Hospitals and removal of supporting hospital title which the arrangements now encompass for all community hospital sites.
Sept 23	Version 10.1	Page 71	Inclusion of Guidance for Gold On-Call Officers receiving text alert from DPLRF to convene a multi-agency Coordination Group.
June 24	Version 11	Updates throughout document	Minor updates included throughout the document as part of Annual review

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Determining the Level of Response and Actions

Gold On-Call receives alert advising that an incident has occurred or has the potential to occur.

Gold On-Call assesses the information available to determine the level of response.

The incident can be managed under 'business as usual' arrangements or it is considered that there is no impact for PTHB	The incident does not meet the definition of a business continuity, major or critical incident however requires **enhanced** coordination	The impact of incident is on **Business Continuity**	**Major Incident or Critical Incident**
No action required. Gold On-Call to be advised if situation changes that requires further escalation	Gold On-Call to start incident log and convene PTHB Internal Silver level Group. Membership to be determined by the nature of the incident. Follow Joint decision Model (page 24) to coordinate response.	Gold On-Call to start incident log and refer to PTHB Corporate Business Continuity Plan to determine level of response required	Gold On-Call to start incident log and follow Gold On-Call Action Card (page 55). Overview of process is shown in diagram overleaf.

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Definitions of incident classifications are outlined at page 16

Overview of PTHB Major Incident Activation Arrangements

Brecon Switchboard receives Major Incident alert using METHANE (see note 1 overleaf) and notifies the Gold On-Call (GoC) also providing GoC with name of the Silver On-Call for that period

GoC liaises with the CEO/Deputy CEO to determine level of PTHB response required:

MULTI-AGENCY COORDINATION
Confirm PTHB representatives required to attend/standby for multi-agency coordination groups (if/as required) & notify individuals

INTERNAL COORDINATION
Confirm if PTHB internal major incident arrangements are required (N.B. in the event of a Critical or Mass Casualty Incident – also see note 6)

PTHB nominated Strategic Coordination Group (SCG) Rep

Attends the Strategic Coordination Centre (SCC) xxxxxx or via Ms Teams (as detailed in alert notification)

Agrees lines of communication with PTHB TCG rep and PTHB Gold On-Call/Chair of the ERT

PTHB nominated Tactical Coordination Group (TCG) Rep

Attends the TCG group - location to be confirmed at time of incident where appropriate or via Ms Teams (as detailed in alert notification)

PTHB SCG & TCG Reps to request the following support staff, as required:

√ Loggist support *
√ Gold or Tactical Support (if required)
***** contact details for trained loggist available in PTHB Emergency Contacts Directory if required**

Q: Is PTHB Emergency Response Team (ERT) Required?

If Yes,

√ activate the HECC (xxxxxxx- see note 2) or meet virtually via Ms TEAMS (see note 3)

√ determine who is required to be part of the PTHB internal ERT and commence communication cascade (see note 4), as required.

If No, determine if any other action is required and review decision if situation changes.

Q: Are there any casualties involved?

If yes, consider need to activate operational Major Incident response procedures at PTHB community hospital sites.

To activate the operational response contact the Silver On-Call (see note 5), provide them with METHANE and agree actions required, ensuring that lines of future communications are agreed.

Silver On-Call to alert PTHB MIUs and inpatient wards (as required) using the METHANE & request the activation of the operational Major Incident procedures arrangements as determined by the nature, scale and location of the incident.

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Note 1	**METHANE situation Report** **Major Incident Declared?** **Exact location** **Type of incident** **Hazards - present or expected** **Access – routes that are safe to use** **Number, type severity of casualties** **Emergency services present and those required**	
Note 2	The Health Emergency Coordination Centre (HECC) is located in the *(content removed)*. During in hour periods the Corporate Service Team will assist in the setting up of the HECC (where available) and providing admin support for the duration of the incident (N.B. trained loggists details available in Emergency Contacts Directory). Keys to access (*content removed*) (in and out of hours) and to access the Major Incident Cupboard are held in (content removed). Keys to the Major Incident Cupboard are also available in the key cupboard located in (content removed). A document with details on how to set the HECC up is in the Major Incident Cupboard	
Note 3	*(content removed*) meeting room Tel No is:(*content removed)*	Designated Major Incident Telephone (when set up) Tel: (*content removed*)
Note 4	Brecon Switchboard hold a copy of the PTHB Emergency Contacts Directory and will assist in contacting key individuals to participate in the Emergency Response Team as instructed by the Gold On-Call if not already responding to the major incident at an operational level. The Gold On-Call will need to advise Brecon Switchboard staff who is required to be contacted together with any additional further instruction to pass onto these key individuals i.e. if they need to attend the HECC or join a Microsoft Teams/teleconference call, providing times etc. or be placed on standby. Brecon Switchboard staff will issue the METHANE to all individuals contacted, ensuring that there is consistent communication being issued in this initial phase of the incident response. When the Emergency Response Team (ERT) is in place, the ERT will be responsible for calling in other support staff and communicating with external partners.	
Note 5	It is agreed that in the event of a Major Incident, the Gold On-Call will contact the Silver On-Call to implement the activation of the operational major incident response procedures (i.e. PTHB MIU sites/inpatient wards for accelerated patient flow); this arrangement covers both in and out of hour periods. If the Silver On-Call cannot be contacted during 'in hours periods', then a Community Service Manager or relevant senior manager should be contacted to undertake this role.	
Note 6	In the event that a **Mass Casualty Incident** has been declared using by issuing the alert "Major Incident – Mass Casualty Incident", the Gold On-Call must follow all other actions listed, in addition they MUST ensure that the CEO and Medical Director are advised of the alert at the earliest opportunity as they will both be required to attend relevant NHS Wales's Ms Teams calls. **Critical Incident:** The arrangements outlined for a major incident should be followed in a declared 'Critical Incident' scenario. If a 'Critical Incident' is declared by PTHB, then the PTHB ERT will need to assess the requirement for external support in response to the incident.	

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1.0 INTRODUCTION

The Civil Contingencies Act (CCA) 2004 and accompanying non-legislative measures, delivers a statutory framework of roles and responsibilities for organisations involved in civil protection at the local level.

The Act is separated into two parts:

Part 1: Local arrangements for civil protection
Part 2: Emergency powers (allows for the making of temporary special legislation to help deal with the most serious of emergencies).

Powys Teaching Health Board (PTHB) is defined as a Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity arrangements;
- put in place arrangements to make information available to the public and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information and co-operate with other local responders to enhance coordination and efficiency.

Furthermore, the Welsh Government issued *NHS Wales Emergency Planning Core Guidance (2015),* sets out the requirements on NHS organisations in Wales in developing their ability to response to a major incident or emergency and to manage recovery whether the effects are local, regional or national.

In order to meet these requirements, PTHB is required to have a major incident plan that is current and regularly reviewed and updated. This Civil Contingencies ***Major Incident and Emergency Response Plan*** has been produced to ensure that PTHB is able to respond to the demands of a major incident or emergency and to minimise the risks to patients, staff and anyone else likely to be affected by it. PTHB aims to achieve this by providing an overarching coordinated response that links with the operational management structures that are in place to support the needs of the health community within Powys.

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2.0 PURPOSE OF THE PLAN

2.1 AIM

The aim of this plan is to provide a framework for Powys Teaching Health Board (PTHB) to respond to major incidents and emergencies that require a coordinated response.

It is essential that all PTHB staff should familiarise themselves with those parts of the plan in which they may become involved.

ACTION CARDS FOR KEY ROLES ARE AVAILABLE AT PAGE 55 OF THIS PLAN

2.2 OBJECTIVES

- to maintain compliance with the CCA (2004) and all relevant guidance or statutory expectations;
- to provide a sound and resilient organisational structure capable of escalating up to the needs of a major incident or emergency with staff who are aware of their role and that of the organisation during a major incident or emergency;
- to provide a scalable internal command and control structure;
- to provide an infrastructure which supports the coordinated management of PTHBs ability to respond to a major incident or emergency, through resilient, effective and appropriate information technology resource allocation and suitable Health Emergency Coordination Centres (HECC);
- to ensure that all staff with a designated role with this plan receive appropriate training.

2.3 SCOPE

The plan details specific arrangements to support the Health Board's coordination and management for all levels of response, in the event of a major incident or emergency. This is a generic plan that supports the response to any type of incident rather than a specific risk or hazard. As a provider of Primary, Community and Mental Health services, the plan aims to provide a flexible, integrated, and scalable approach, that can be tailored to respond to a particular situation.

Plans and procedures that have been developed for specific risks and hazards i.e. pandemic, are detailed at page 46.

Operational procedures are in place across all Powys Community Hospital sites (currently under development), to underpin the arrangements outlined in this plan. These operational procedures detail the site-specific arrangements to respond to a major incident or emergency.

2.4 GOVERNANCE

The Chief Executive holds overall responsibility for Civil Contingencies.

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The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies within PTHB.

This plan is reviewed by the Welsh Government and the NHS Executive Wales Emergency Planning Unit on a regular basis. It is only a guide and those NHS personnel on duty at the time of an incident should use their discretion regarding any need for which provision has not been made within the plan.

The Civil Contingencies Manager is responsible for ensuring this plan is reviewed on an annual basis or after a significant incident has occurred, to ensure PTHB to meet its statutory duties under the CCA (2004).

PTHB commissions acute services from a number of external providers, both in England and Wales. PTHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the CCA; this will be achieved through the Health Board's Integrated Performance Framework and through other means such as regular Contract Quality Performance Review meetings, annual reporting mechanisms and participating in joint exercises.

The plan is underpinned by a range of specific response policies, plans and procedures, which can be invoked in isolation or as part of a wider Health Board response, as determined by the nature and scale of the incident. These include:

- PTHB's Emergency Contacts Directory;
- PTHB's Corporate Business Continuity Plan;
- Mass Casualty Arrangements for NHS Wales, Version 4 October 2022;
- PTHB operational procedures for responding to major incidents and emergencies;
- PTHB's Health and Safety Policy and Procedures;
- PTHB's Security Protective Measure Policy and Procedures;
- PTHB Birth Centre Abduction Guideline V.7;
- Once for Wales Reporting System.

In addition,

- specific Welsh Government guidance is also available on a range of issues to support response to emergencies, as referenced within the content of this plan.
- specific Public Health Wales Guidance is also available on a range of issues to support the response to emergencies, as referenced within the content of this plan.
- Dyfed Powys Local Resilience Forum's Emergency Command Protocol and Joint Manual Incident Procedures and other risk-specific multi-agency response plans.

The Civil Contingencies Manager should be made aware of any revisions that have been identified within the plan. Both internal and external stakeholders will be consulted on where significant changes have been made to the plan, prior to seeking formal approval of the revised plan from the Executive Committee and the PTHB Board, if determined necessary.

Distribution of the Plan

Access to the plan will be available to all staff via the Civil Contingencies and Emergency Planning service area page on PTHB staff intranet site.

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A hard copy of the plan will be held:

- In the members of the Gold On-Call folder;
- in the Major Incident Cupboard, the (*content removed).*

Gold and Silver On-Call officers will also be able to access the plan through relevant Ms Teams channels.

Any revisions made to the plan will be documented and cascaded effectively. It is the responsibility of the nominated holder of the plan to ensure that revisions are incorporated, any departmental plans altered, and staff advised accordingly.

2.5 TRAINING & EXERCISING

In accordance with the CCA (2004), the Health Board is required to include provision for the training of staff and carrying out of exercises to ensure that plans are effective and staff informed and practiced.

The Major Incident and Emergency Response Plan will be tested through internal and multi-agency exercises, as follows:

- a 'live' exercise every three years;
- a 'table-top' exercise every year;
- a 'communications' test every six months.

The PTHB Training and Exercise Plan provides an overview of Training and Exercise requirements based on an assessment of need and can be located on the Civil Contingencies and Emergency Planning service area of the PTHB staff intranet site.

The Health Board uses learning from incidents and exercises captured internally and on the NHS Wales Lessons Identified management system, to identify improvements in the Health Board's civil contingencies planning and response arrangements.

2.6 HAZARD AND RISKS ASSESSMENTS

PTHB has a process in place to regularly assess the risks to the population it serves. This process considers the risks identified in the National Risk Register (2023) and Dyfed Powys Community Risk Register and records them on the appropriate risk register as outlined in the PTHB Risk Management Framework.

Strategies for responding to identified risks within PTHB are detailed within the PTHB Corporate Business Continuity Plan. Many risks are dealt with through business continuity planning, whilst some risks will require specific plans i.e., for pandemics or severe weather events.

Arrangements for the management of specific risks are detailed at page 46.

2.7 KEY ROLES AND RESPONSIBILITIES

Roles of Powys Teaching Health Board

In an incident, PTHB will provide overarching health command and control, coordination and support to primary, community and secondary healthcare responses within the boundary of Powys.

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This plan is most likely to be invoked in an emergency that requires a response that compromises the normal working of the service and sets out coordination arrangements that will be implemented by PTHB.

The role of PTHB during an emergency will be to deliver a coordinated, effective and proportionate response.

PTHB will:

- have in place a 24-hour call-out system for emergencies together with facilities/communication systems and protocols to ensure that an effective response can be launched;
- instigate a local and/or regional level of response and coordinate and mobilise primary community and mental health services resources;
- implement appropriate command and control arrangements and support representation at multi-agency meetings including the Dyfed Powys Local Resilience Forum Strategic Coordination Group (SCG), Tactical Coordination Group (TCG), Recovery Coordination Group and NHS Wales mass casualty structures in the event of a declared mass casualty incident;
- provide direction and coordination for the health communications strategy linked to that at the Strategic Coordination Group;
- liaise and provide support to other agencies including neighbouring Health Boards/Trusts, Public Health Wales, the police, local authorities and Welsh Government as deemed necessary by the circumstances of the emergency;
- put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- coordinate the heath recovery phase of the incident with partner organisations and restore 'normality' or return to new normal;
- support the overall humanitarian assistance requirements of the incident and directly lead the specific health involvement;
- support the public health response at a local level;
- assess the ongoing situation and identify emerging issues and implement necessary actions to mitigate further escalation, or expediate return to normality;
- provide resources to support the local effort using mutual aid at local or regional levels;
- coordinate screening, epidemiology and long-term assurances and management of the effects of the emergency;

In responding to any incident type PTHB will aim to:

- protect life;
- protect the health and safety of personnel;
- prevent the escalation of the situation;
- warn and inform the public;
- restore normality as soon as possible;
- debrief staff, identify and take action to implement lessons identified.

Primary, Community and Mental Health Care Services in the event of a Major Incident or Emergency.

As a provider of Primary, Community and Mental Health Care services, Powys community hospitals are not equipped to deal with major trauma casualties, these acute hospitals are referred to as 'Receiving Hospitals' in a major incident. For PTHB, Powys Community Hospitals provide a supporting role to:

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- provide treatment of casualties who are presenting with minor injuries that are in line with PTHB's MIU policy. Pre-identified casualty numbers have been agreed for each of the Powys Minor Injury Units to support the dispersal of casualties during the first 2 hours of a major or mass casualty incident; this forms part of the NHS Wales Mass Casualty Dispersal Plan. The pre-identified numbers for PTHB MIU's are outlined at **Appendix 1** of this plan**;**
- facilitate accelerated patient flow to create inpatient capacity to support the acute hospitals responding to the major incident;
- In addition, where the incident is in close proximity to the hospital site, WAST may call upon the hospital to act as a 'Casualty Clearing Point', if appropriate to do so.

In addition, the list below provides an overview of potential resources that PTHB primary, community and mental health care services may be required to mobilise in response to a major incident or emergency:

- support people evacuated to humanitarian centres and rest centres in respect to health checks and pharmaceutical requirements;
- establish close liaison with Powys County Council Adult Social Care services, other Local Authority departments, PAVO and other agencies to meet the needs of people affected;
- provide arrangements for social and psychological support;
- recognise signs and symptoms of patients referring to PTHB Community Hospitals or GP surgeries who have been exposed to chemical/biological or other agents;
- deal with a large influx of patients needing healthcare advice or re-assurance following exposure to hazardous materials;
- provide support to mass vaccination and treatment programmes i.e. administering of vaccines or emergency antidotes/health countermeasures.

General Medical Practitioner Services

General Medical Practitioner Services will be the natural focus of health care in the community in the aftermath of an emergency. They will be expected to maintain accurate records of patient /doctor contacts relating to the emergency. In addition to the above, General Medical Practitioner Services may be called upon to:

- deal with minor consequences, such as eye irritations, in their surgery / health centre, if requested to do so;
- be alert to the signs of post-traumatic stress in casualties and their families ensuring access to counselling / mental health services;
- assist Public Health Wales in the identification of patients who have or may have been exposed in a chemical / biological incident and facilitate appropriate sampling;
- provide medical support to Powys Community Hospital;
- provide additional medical support to acute hospitals in an escalating emergency necessitating the drafting of extra medical help. PTHB will arrange for general practitioner support after liaison with the Medical Director of the Receiving Hospital.

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Out of Hours Services
The out of hours primary care service {SHROPDOC} may be called upon to support an emergency out of hours in the same way that General Medical Practitioner Services may be called upon to respond to an emergency that has taken place during in hours periods.

The out of hours primary care service may be required to mobilise general practitioners to support the emergency and maintain accurate records of patient / doctor contacts and calls.

Roles and Responsibilities of Other Category One Responder Agencies
A summary of the roles and responsibilities of other Category 1 Responder agencies are outlined in Dyfed Powys Local Resilience Forum's (DP LRFs) Joint Major Incident Procedure Manual summary document, which is made available for Gold and Silver On-Call officers. Other Category One Responders include: Welsh Ambulance Service NHS Trust (WAST), Public Health Wales, Local Authorities, Police, Fire and Rescue Service, Maritime Coastguard Agency, Natural Resources Wales.

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3.0 DEFINITION OF A MAJOR INCIDENT AND EMERGENCIES

This section describes the various definitions and types of emergencies and major incidents.

3.1 DEFINTIONS OF AN EMERGENCY

Section 1 of the Civil Contingencies Act 2004 defines an 'emergency' as:

'An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or terrorism which threatens serious damage to the security in the UK.'

Examples
This terminology could be applied broadly to major incidents, critical and business continuity events. In the context of the Civil Contingency Act definition, the current COVID-19 pandemic may best fit with this definition and be described as a 'major emergency'.

The Joint Emergency Services Interoperability Programme (JESIP) defines an 'emergency as:

"An event or situation with a range of serious consequences which requires special arrangements to be implemented by one or more emergency responder agency".

3.2 NHS CLASSIFICATION OF INCIDENTS

For the NHS, incidents can be classed as either:

- Major Incident
- Critical Incident
- Business Continuity Incident

Major Incident

For the NHS, a major incident can be described as any occurrence that presents serious threat to the health of the community or causes such numbers or types of casualties, as to require special arrangements to be implemented. Major incidents usually involve casualties and are declared by the emergency services and involving casualties. NHS organisations should, therefore, be confident of the severity of any incident that may warrant a major incident declaration, particularly where this may be due to internal capacity pressures, if a critical incident has not been raised previously through the appropriate local escalation procedure.

Examples: Any event involving casualties where the emergency services and NHS resources need to be activated and deployed and major incident plans triggered.

Major Incidents involving mass casualties

Can be defined as' a disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures as set out in the *Wales NHS Mass Casualty Arrangements* in order to maintain an effective, suitable and sustainable response'.

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Critical Incident
A critical incident is any localised incident where the level of disruption results in the organisation temporarily or permanently losing its ability to deliver critical services, patients may have been harmed or the environment is not safe requiring special measures and support from other agencies, to restore normal operating functions.

Examples: Serious supply disruption impacting on NHS delivery of key functions. Major IT failure for whatever reason requiring a contingency response.

Business Continuity Incident
A business continuity incident is an event or occurrence that disrupts, or might disrupt, an organisation's normal service delivery, below acceptable predefined levels, where special arrangements are required to be implemented until services can return to an acceptable level.

Examples: This could be a surge in demand requiring resources to be temporarily redeployed or supply of products disruption or IT failure).

In the event of a business continuity incident, the PTHB Corporate Business Continuity Plan should be invoked. Whilst business continuity and emergency planning are separate processes, a major incident or emergency may occur at the same time as a business continuity issue or be triggered by it. It is likely that the arrangements set out in the Corporate Business Continuity Plan will also be stood-up in response to a major incident or emergency if there is impact on the Health Boards ability to maintain the delivery of key functions. It is therefore critical that the arrangements outlined in the two plans are integrated and aligned to each other.

3.3 TYPES OF EMERGENCIES
A major incident may arise in a variety of ways. The following list provides commonly used classification of types of emergencies. This list is not exhaustive and other classifications may be used as appropriate. The nature, scale and impact of the incident will determine the appropriate level of response required to be activated in response to the emergency.

TYPE	DEFINITION
Internal incident	Fire, breakdown of utilities, significant equipment failure, hospital acquired infections, violent crime.
Big Bang	A sudden event, for example a serious transport accident, explosion, or series of smaller incidents
Rising Tide	A developing infectious disease epidemic, or a capacity/staffing crisis or industrial action
Cloud on the horizon	A serious threat such as a significant chemical or nuclear release developing elsewhere and needing preparatory action
Headline news	Public or media alarm about an impending situation, reputation management issues

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Deliberate release of chemical, biological, radiological, nuclear and explosives (CBRN) materials.	CBRN terrorism is the actual or threatened dispersal of CBRN material (either on their own or in combination with each other or with explosives) with deliberate criminal, malicious or murderous intent.
Hazardous materials (HAZMAT)	Accidental incident involving hazardous materials
Cyber-attacks	Attacks on systems to cause disruption and reputational and financial damage. Attacks may be on infrastructure or data confidentiality
Severe Weather	Any extreme weather event impacting upon the health, wellbeing and safety of the population e.g. Heatwave, flooding, snow
Mass Casualty	Typically events with casualties in the 100s or in cases where there are multiple incident sites where the normal incident response must be augmented with extraordinary measures.

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4.0 COMMAND AND CONTROL STRUCTURES

During a major incident or emergency, PTHB will participate in a hierarchical framework known as “Command and Control”. This framework works on the basis of three levels of command:

Internal Command and Control	Multi-agency Command and Control	Roles
Gold	Strategic	*Sets the strategic aim, co-ordinates responders, prioritises resources*
Silver	Tactical	*Interprets strategic direction, develops tactical plan, co-ordinates activities and assets*
Bronze	Operational	*Executes tactical plan, commands single service response, co-ordinates actions*

4.1 PTHB INTERNAL COMMAND AND CONTROL STRUTURE

The level of coordination required for PTHB in response to an incident will be determined by the Gold On-Call in liaison Chief Executive Officer or Deputy, depending on the nature and scale of the incident.

PTHB Gold Command

The PTHB Gold On-Call Officer provides 24/7 strategic leadership for PTHB.

The Chief Executive Officer (CEO) or Deputy CEO will determine if there is a need to establish a separate internal Gold Command Group; this decision will be based on the nature and scale of the incident that has occurred.

The main role of Gold is to provide:

- strategic management and coordination of PTHB resources during an incident or emergency by ensuring secondary, community and primary care service delivery for both the incident and for the normal service delivery;
- sets objectives;
- establishes and communicates policy and determines priorities for the Silver command to implement;
- allocate resources to ensure appropriate tactical and operational response;
- provides regular updates the Chief Executive (if Gold Command Group not established);
- establishes strategies for the return to normality;
- communicates with Welsh Government, the public and other key stakeholders.
- represents PTHB at Dyfed Powys Local Resilience Forum (DP LRF) multi-agency Strategic Coordination Group (SCG), if established in response to the incident or emergency.

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Membership of the PTHB Gold Group will consist of members from the Executive Management Team, to be determined by the nature and scale of the incident.

PTHB Silver Command (PTHB Emergency Response Team)
The Silver Group will be chaired by the Gold On-Call or other nominated Executive Director. This role may be delegated to an appropriate Senior Manager, depending on the level of response required.

Where a **formal major incident alert** has been received, the PTHB Silver Group will be referred to as the 'PTHB Emergency Response Team (ERT)'. The PTHB ERT will have direct lines of reporting to the PTHB Gold representative attending the Dyfed Powys SCG and PTHB tactical representative at the DP LRF multi-agency Tactical Coordination Group (TCG) and additional NHS Wales Mass Casualties structures, in the event of a mass casualty incident.

The main role of Silver/PTHB Emergency Response Team is to provide:

- tactical management and coordination of PTHB resources during the incident or emergency with strategic oversight;
- implements strategic policy and priorities;
- prioritises the allocation of resources;
- liaises with Powys County Council, and other key partners (i.e., PAVO) at a local level and through the Dyfed Powys LRF multi-agency coordination group structures to ensure effective coordination of the tactical response;
- provides direction to Bronze commander(s) according to the nature of the incident e.g. the Powys-wide coordination and flow of accelerated inpatient transfers/ discharges to support the acute hospitals during a major incident/mass casualty incident or evacuation of a PTHB Community Hospital;
- represents PTHB at DP LRF TCG, if established in response to the incident or emergency;
- to handle media issues/enquiries;
- to facilitate the collation of all relevant data and specialist advice.

The membership of the PTHB Silver/PTHB ERT will be made up from members of the PTHB Senior Management team which will be determined by the nature of the incident or emergency. Sufficient administration officers and trained Loggists should be called upon to support the operations of the ERT.

Depending on the nature, scale, and location of the incident the PTHB Silver/PTHB Emergency Response Team will be convened either:

- virtually i.e., Microsoft Teams
- located at the Health Emergency Coordination Centre (HECC), (*content removed*).

The Health Emergency Coordination Centre (HECC)
As a Category One Responder, PTHB is required to have access to an Incident/Emergency Coordination Centre. The PTHB HECC is located in the (*content removed*).

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The purpose of the HECC in a major incident is to facilitate Powys-wide coordination, mutual aid and support between all health-related services and other organisations involved. The key functions of the HECC include:

- to provide a focal point for coordination of PTHB resources;
- to act as a tactical communications control centre;

Health Emergency Coordination Centre (HECC)
The responsibility for activating the HECC sits with the Gold On-Call. Members of PTHB's Corporate Service Team will assist in setting up the HECC and will provide ongoing administrative support to the HECC (if established) during times where they are available, alternatively the responsibility will fall to the first person arriving on site to attend the HECC.

Key PTHB emergency response plans and other useful resources are held securely in a major incident cupboard located in the HECC for reference in the event of any activation, including a step-by-step guide, outlining the arrangements for setting up and the suggested layout of the HECC.

Access to the Health Emergency Coordination Centre
(content removed) can be accessed during normal office operating hours. Details on how to access (*content removed*) and the major incident cupboard during both in and out of hours periods are included in Action Card 7.

PTHB Bronze
The operational level of command (bronze) refers to those who will manage the main working elements of a response to an incident, carrying out specific operational tasks within a service area, geographical area or functional area depending on the time, nature or scale of the incident scenario i.e. key individuals providing coordination of the response across a range of departments at PTHB Community Hospital sites.

Due to the size and structure of the organisation, it may not always be necessary to establish all levels of command in response to an incident or emergency. The level of response required will be determined by the nature, scale and an assessment of impact on the Health Board and its population.

4.2 MULTI-AGENCY COORDINATION
The process for activation of the multi-agency structures is detailed in the Dyfed Powys Local Resilience Forum's Emergency Command Protocol. Hard copies of the activation process will be made available to the Gold On-Call officers for reference.

Strategic Coordination Group (Multi-agency Gold)
The purpose of the strategic level group is to consider the emergency in its wider context; determine longer-term and wider impacts and risks with strategic implications; define and communicate the overarching strategy and objectives for the emergency response; establish the framework, policy and parameters for lower level tiers; and monitor the context, risks, impacts and progress towards defined objectives.

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Depending on the nature of the incident or emergency, this multi-agency strategic level group will either meet virtually using Microsoft Teams or in person at the Strategic

Coordination Centre (SCC), (*content removed*). The group will usually be led by the Police Gold Commander, but depending on the type of incident, the chair may move to another agency.

The Chief Executive, Gold On-Call Officer or a member of the Executive Management Team (as determined by the Gold On-Call in liaison with the Chief Executive or Deputy) of PTHB will attend the SCG at the request of Dyfed Powys Police with trained Loggist support and other support staff, as determined by the nature and scale of the incident.

Tactical Coordination Group (Multi-agency Silver)
The purpose of the tactical level group is to formulate tactics that are to be adopted by their organisation to ensure that the strategy agreed at strategic level is turned into actions taken at the operational level and to ensure that all response activities are coordinated, coherent and integrated in order to achieve maximum effectiveness and efficiency. The tactical level will determine priorities for allocating available resources; plan and coordinate how and when tasks will be undertaken; obtain additional resources if required; assess significant risks and use this to inform tasking of operational commanders; and ensure the health and safety of the public and personnel.

This multi-agency Senior Manager level group will normally be located in the (*content removed*), but other venues may also be utilised if more appropriate, this includes the use of Microsoft Teams.

Health representation at the TCG will depend upon the event or type of emergency however as a guiding principle, in an emergency where both the SCG and TCG have been stood-up, PTHB will nominate appropriate representation to attend the TCG. At the request of Dyfed Powys Police, the Gold On-Call will task an appropriate Senior Manager to attend the TCG with trained Loggist support. During OOH periods may be a requirement of the Silver On-Call officer to attend in the initial response to an incident.

Operational Coordination Group (Multi-agency Bronze)
Operational is the level at which the management of “hands on” work is undertaken. Operational commanders are responsible for implementing the tactical commander’s plan within their geographical area or functional area of responsibility.

It is unlikely that PTHB representation will be required at multi-agency Operational level Group.

Dyfed Powys Local Resilience Forum Joint Major Incident Procedure Manual
To compliment, and inform the above structures, Dyfed Powys Local Resilience Forum have produced a manual which details the framework used to respond to, and manage, on a multi-agency basis, a major incident which occurs within or affects the Dyfed Powys area. The manual describes the responses and responsibilities of key responders during a major incident and outlines how responding organisations will work in collaboration as part of a coherent multi-agency effort to coordinate the response, implement the measures necessary to control and contain an incident and protect people, emergency responders and the environment from the effects of such an event.

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Dyfed Powys LRF may also convene a lower tier or 'pre-event' Microsoft Teams meeting in response to an emerging situation, incident or emergency that does not meet the threshold for convening a coordination group.

All Dyfed Powys LRF plans are located on Resilience Direct (a secure on-line portal) and in the Major Incident Cupboard in the HECC. Links to the Resilience Direct site are available on the Civil Continencies and Emergency Planning service area of the PTHB staff intranet site.

PTHB Request to Initiate a Multi-agency Coordination Group
All Dyfed Powys LRF partners have the ability to request to convene a multi-agency coordination group. This is described in the Dyfed Powys LRF Emergency Activation Protocol. Key contacts for PTHB Gold On-call to discuss the activation of multi-agency coordination groups are listed within PTHB's Emergency Contacts Directory.

4.3 INTEROPERABILITY – JESIP (Joint Emergency Service Programme)
In order to improve a multi-agency response JESIP establishes five principles which Category 1 responders need to be aware of, including:

1. **Co-locate** - of commanders as soon as practicable at a single, safe and easily identified location near the scene.
2. **Communicate** - clearly using plain English.
3. **Coordinate** - by agreeing the lead service, identify priorities, resources and capabilities for an effective response, including the timings of further meetings.
4. **Jointly understanding risk**- by sharing information about the likelihood and potential impacts of threats and hazards to agree potential control measures.
5. Establish **shared situational awareness** - using METHANE (shown at page 27) and the Joint Decision Model (shown below 3.3.3).

Arrangements for Joint Working
Decision making in incident management follows a general pattern of:

a. working out what's going on (situation);
b. establishing what you need to achieve (direction);
c. deciding what to do about it (action), all informed by a statement and understanding of overarching values and purpose.

Joint Decision Model (JDM)
The JDM (as shown on page 24) identifies best practice to support all decision makers. The JDM can be applied to decision making at any emergency incident and is suitable for use by Commanders throughout the chain of command.

JESIP App
The official JESIP App supporting the use of the JESIP Joint Doctrine: the interoperability framework. The App is a useful tool for all levels of staff working in emergency response including within the emergency services and the Category 1 & 2 responders. The main feature of the App is that it easily follows the five principles of joint working using the JDM.

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More information about JESIP can be found at: https://www.jesip.org.uk/

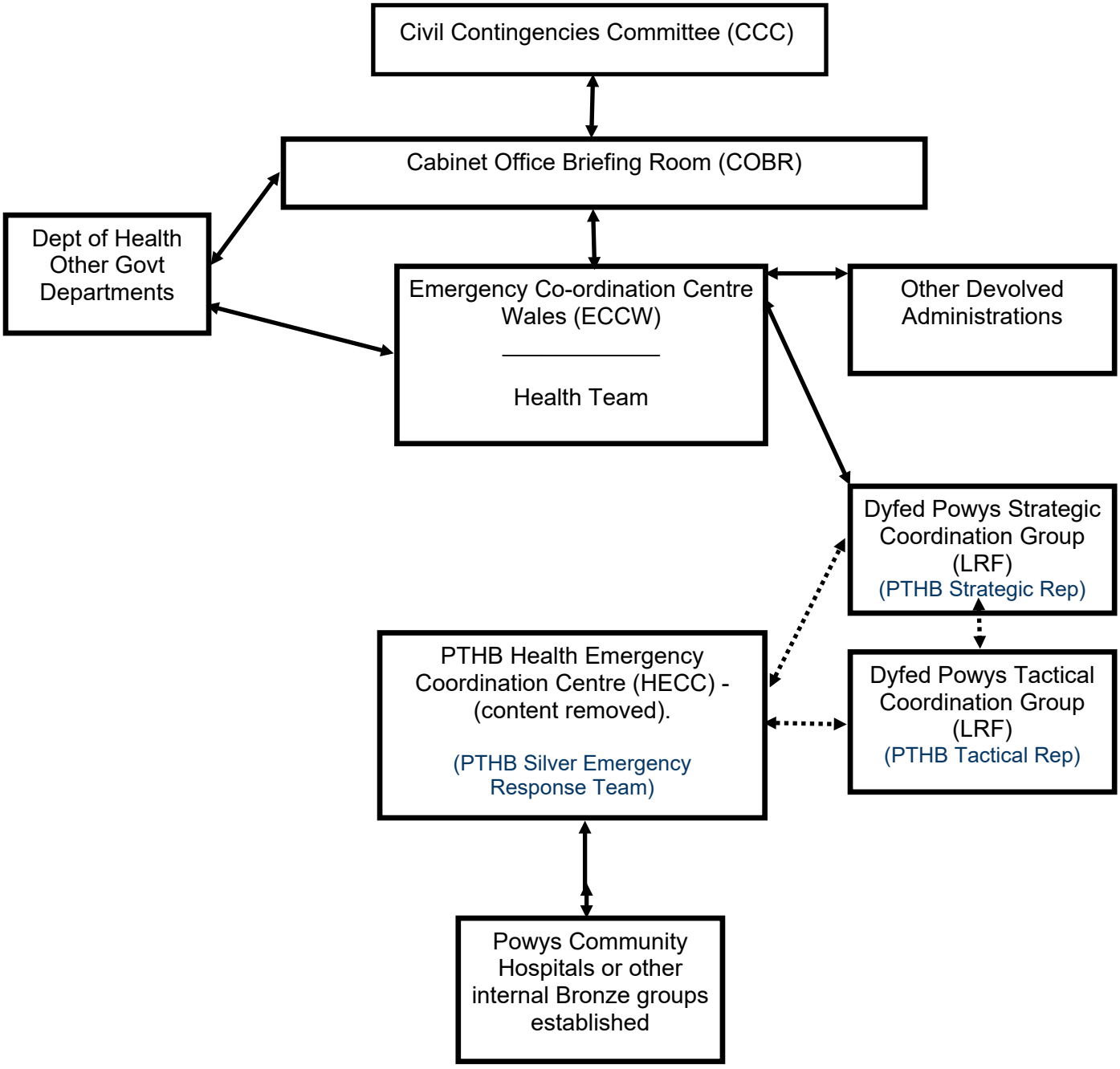


An overview of the key components of the JDM is shown in the table below:

Gather information & intelligence	Assess risks & develop a working strategy	Consider powers, policies & procedures	Identify options and contingencies	Take action & review what happened
Defining the situation	**Assessing the situation**	**What is applicable to the situation**	**Consider the options with least risk of harm**	**Make & implement action, then review**
● What is happening? ● What do you know so far? ● What further information/ intelligence do you want/need?	● Do you need to take action immediately? ● Do you need to seek more information? ● What could go wrong or go well? ● How probable is the risk or harm? ● How serious would it be? ● Is that level of risk acceptable? ● Is this a situation for the Health Board alone to deal with? ● Are you the appropriate person to deal with this? ● What are you trying to achieve? ● Develop a working strategy to guide subsequent stages.	● What legislation applies? ● Does the Health Board have the power to initiate action? ● Is there any guidance covering the situation? ● Do any NHS, LRF or WG plans or guidance apply?	● What options are open to you? ● Will the response be proportionate, legitimate and necessary? ● What will you do if things do not happen as anticipated?	● Implement option selected. ● Does anyone else need to know what you have decided? ● Record what you did and why. ● Monitor ● What happened as a result of your decision? ● Was it what you wanted or expected to happen? ● Review your decisions using the JDM. ● What lessons can you take from how things turned out? ● What might you do differently next time?

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PTHB Integration with multi-agency partners in a Major Incident or Emergency.



Note:

- ▬▬▬ Ensure that there are clear lines of communication between PTHB representatives at the Strategic and Tactical level Coordinating Groups and internal HECC as considered appropriate
- The NHS Wales Mass Casualty structure will also be established in the event that NHS Wales is responding to a declared mass casualty incident; a diagram showing the NHS Wales Mass Casualty response structure and how it links into the above structure diagram, can be found at page 48.

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5.0 INCIDENT NOTIFICATION PROCESS

Brecon switchboard provides a single point of contact for all emergencies.

PTHB may be alerted to developing incidents or emergencies through a variety of routes. All incidents and emergencies should be escalated to the Gold On-Call, in line with 'business as usual' escalation arrangements.

5.1 FORMAL NOTIFICATION OF A MAJOR INCIDENT DECLARATION

A formal notification of a major incident alert involving casualties will usually arise through the Welsh Ambulance Service NHS Trust (WAST) control room, by providing Brecon Switchboard staff with a METHANE situation awareness report, as detailed below. This does not preclude that an incident might arise due to incidents which do not affect WAST and therefore notification may arise from other sources or through an internal request to the Gold On-Call, to declare a major incident. It is important that the METHANE situation report is used for all onward communication to partners in the event that PTHB declares a major incident.

Where a formal notification of a major incident alert has been received, Brecon Switchboard will immediately notify the Gold On-Call with details of the METHANE report. Gold On-Call officers should be aware that in the event that WAST declare a Major Incident in Wales, the alert will be cascaded to all NHS Wales organisations via the designated single point of contact; noting that this alert will be irrelevant of the incident's geographical location. It will be the responsibility of the Gold On-Call to determine the impact of the incident on PTHB population or services, based on the information provided through the METHANE and any follow up conversations with WAST officers, where considered necessary.

METHANE Situational Awareness Report

A METHANE is a structured situation report (as shown in the table below) that all emergency services control rooms use to ensure that responding organisations receive a shared situational awareness of the incident.

Major incident declared	Has another agency e.g. WAST, Emergency Services or Local Authority declared a Major Incident?
Exact location	Where is the incident occurring exactly?
Type of incident	What is happening?
Hazards present or suspected	Damaged building, rising flood water, infectious disease?
Access - routes that are safe to use	Information known on available access routes
Number, type, severity of casualties	Or patients or staff affected?
Emergency services present and those required	Any other assistance required?

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Further updates to the METHANE may be provided throughout the response phase as more detail on the incident emerges. Any updates to the METHANE from WAST, will usually be provided to Brecon Switchboard.

5.2 MAJOR INCIDENT STATUS

In the event of a major incident the following alerts may be used:

Major Incident "Standby" -
This is when the incident does not require an immediate response but where there is considered to be the potential for the incident to escalate. A decision will be made to send out a 'standby alert' to the Health Board while the incident is being monitored and if necessary a major incident can be declared.

Major Incident "Declared" –
An immediate response is required for the Health Board to activate the Major Incident and Emergency Response Plan and mobilise additional resources to respond to the major incident.

Major Incident "Declared – Mass Casualty Incident"
when the threshold of the mass casualty definition has been met (where the number/type of casualties overwhelms the conventional major incident response) and the action of the Mass Casualty Incident Arrangements for NHS Wales is required.

Major Incident "Cancelled" –
this message signifies the "stand down" of the Major Incident. This message should then be cascaded down to all staff involved in the incident.

Major Incident "Stand Down" –
This message signifies the "Stand Down" of the Major Incident. This message should be cascaded down to all staff involved in the incident.

5.3 DYFED POWYS LOCAL RESILIENCE FORUM ALERT NOTIFICATIONS

Dyfed Powys Local Resilience Forum have adopted a text alert notification system (Gov.UK Notify) to alert the Health Board and other multi-agency partners that they are establishing a multi-agency Coordination Group in response to an incident or where there is potential for disruption i.e., to review any adverse impacts to partner organisations in the lead up to potential severe weather events (pre-event activation).

A Guidance Note for Gold On-Call Officers on the actions to take following the receipt of a text alert notifying the Health Board that a multi-agency Coordination Group is being stood-up is available at **Page 71** for reference.

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6.0 ACTIVATION AND RESPONSE

6.1 INCIDENT STAGES

The table below outlines the three key stages for response:

Stage 1 – Initial Response	• establishing the scope of the incident; • gathering the relevant information and disseminating it to those people who need to be involved; • deciding aims and objectives; • establishing command and control.
Stage 2 – Containment	• preventing exacerbation; • caring for those affected; • staff briefing; • public information; • liaison with partners; • considering recovery.
Stage 3 – Resolution and Recovery	• restoration/returning the situation to normal or 'new normal'; • maintaining communications with patients, staff and stakeholders; • providing support to staff and patients; • debriefing staff; • ensuring lessons learnt are adopted into practice.

6.2 ACTIVATION OF THE PLAN

The decision to activate the arrangements outlined within this plan will be made by the Gold On-Call.

Where the Gold On-Call has been advised that an incident or emergency has occurred, the Gold On-Call officer will need to consider the information provided to assess the impact of the major incident or emergency on PTHB and determine the level of response required.

Assessment

Questions to consider:	
What is the size and impact of the incident?	Area likely to be affected, restricted or widespread, level of immediacy of potential danger, timing – has the incident occurred or is it likely to happen?
What is the status of the incident?	Under control, contained but possibility of escalation, out of control and threatening?
What is the likely impact?	On geography, people involved, on property, the environment, transport, communications.

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	On external interests, media, relatives, adjacent areas and partner organisations.
What specific assistance is being requested?	How urgent is the assistance required?

The decision on the level of response required to be activated by PTHB in the event of a major incident or emergency will be confirmed by the PTHB Gold On-Call. In circumstances where a **formal major incident alert has been received**, the decision will be made in liaison with the Chief Executive Officer or their Deputy.

The Gold On-Call will then confirm the immediate course of action to be taken by PTHB.

In the event of a formal 'major incident' alert, the initial METHANE report provided will subsequently be used to form the basis of the initial briefing for the Health Board's internal and external communications cascade procedures, on the instruction of the Gold On-Call. Internal and external emergency contacts are detailed in the PTHB Emergency Contacts Directory.

Updated METHANEs will then be provided by WAST to the Health Board when new information becomes available from the scene of the incident.

6.3 PTHB INTERNAL LEVELS OF RESPONSE

The table below provides a guide for the command and control arrangement activity based on three different levels of incident.

Level	Command and Control
NORMAL - An incident that can be managed as within 'Business as Usual' structures.	No formal command and control structure required.
ENHANCED - An incident that requires a coordination of response, that does not met the definition of a major incident for PTHB.	PTHB internal Silver Group Representation at Dyfed Powys LRF Coordination Group may be required if established.
MAJOR - Critical Incident or Major Incident Major Emergency i.e. *national scale emergency*	PTHB Emergency Response Team (silver) Representation at Dyfed Powys LRF Tactical Coordination Group. PTHB nominated Gold commander for the incident to attend Dyfed Powys Strategic Coordination Group. CEO to determine requirement for PTHB Internal Gold Command Group Internal Gold, Silver, Bronze Groups to be established.

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6.4 ENHANCED LEVEL RESPONSE ACTIONS

The Enhanced response will be managed by an internal Silver Group. The Silver Group will be staffed flexibly with the requirements of the incident dictating its membership. The below list provides an outline of the actions of the Silver Group:

- follow the Joint Decision Model (page 24) to coordinate information, maintain shared situational awareness, record and share dynamic risk assessments and develop the tactical plan and procedures in response to the incident;
- ensure that PTHB is represented at multi-agency coordination groups and provide support as necessary;
- coordinate tasks;
- determine priorities in allocating resources;
- agree internal/external communications;
- provide accurate and timely information;
- regularly update the Chief Executive;
- keep a decision log.

6.5 MAJOR INCIDENT RESPONSE ACTIONS

In response to a major incident a PTHB (Silver) Emergency Response Team (ERT) will be convened. The ERT will be chaired by the Gold On-Call officer or other PTHB Executive officer, as considered appropriate to ensure strategic oversight. Membership of the PTHB ERT will be staffed flexibly with the requirements of the incident dictating its membership.

The Gold On-Call officer should ensure that WG are contacted at the earliest opportunity to advise that PTHB is responding to a major incident.

Using the Joint Decision Model (page 24) to coordinate information, maintain shared situational awareness, record and share dynamic risk assessments and develop the tactical plan and procedures in response to the incident, the ERT will follow the actions described in Action Card 3 (see below) to coordinate the tactical level internal response to the incident.

Detailed Action Cards for the following key roles in a major incident are available at page 55 of this plan.

Action Card 1 Gold On-Call	**Action Card 2** Silver On-Call	**Action Card 3** Chair of the Emergency Response Team	**Action Card 4** PTHB SCG Representative	**Action Card 5** PTHB TCG Representative
Action Card 6 Comms Lead	**Action Card 7** Accessing the HECC	**Action Card 8** Loggist	**Action Card 9** Patient Flow Coordinator	**Action Card 10** Operational Response

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6.6 MAJOR INCIDENT DECLARED – MASS CASUALTY INCIDENT ACTIONS

In the event that a mass casualty incident has been declared, NHS Wales will activate the *Mass Casualty Arrangements for NHS Wales*. The Gold On-Call will undertake of the all immediate actions as outlined in the Gold On-Call Action Card in response to a 'Major Incident Declared' alert and in addition, will immediately:

- notify the CEO of the declaration of the Mass Casualty Incident to ensure CEO/Executive level representation at NHS Wales Strategic Health Group Teams call;
- ensure PTHB representation at the NHS Wales Clinical Capacity Group Teams call (suggested Medical Director or Operations lead).

An Action Card for Health Boards is incorporated within the *Mass Casualty Arrangements* for NHS Wales document.

6.7 CRITICAL INCIDENT

If the incident is declared as a 'critical incident' follow the arrangements outlined for a major incident. The ERT will need to determine if support from other agencies is required in response to a declared 'critical incident'.

6.8 BUSINESS CONTINUITY INCIDENT

If the incident is a business continuity incident, then follow the arrangements set out in the Corporate Business Continuity Plan, which are closely aligned to this Major Incident and Emergency Response Plan.

In the event that there are business continuity impacts in a major incident, the Gold On-Call officer or Chair of the ERT will need to determine if there is a need to establish a Business Continuity Incident Management Group to respond to the business continuity aspects of the response. In this circumstance the Chair of the ERT will remain in overall charge of the internal response.

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7.0 ADDITIONAL CONSIDERATIONS FOR RESPONSE

The emergency services will continue to update the initial METHANE situation report throughout the major incident response.

7.1 SITREPS

Depending on the nature of the incident, the Health Board may be required to submit regular SitReps to DP LRF. SitReps will be coordinated through the PTHB Silver/PTHB ERT. The battle rhythm for SitReps will be determined by the SCG.

7.2 RECORD KEEPING

During a Major Incident, it is imperative that accurate records are kept of all key decisions and actions, including the date and time that they were made. It is also vital to accurately record the rationale behind the decisions and actions taken. Should there be any adverse effects created as a result of actions or decisions taken by PTHB in response to a Major Incident or emergency, each of those decisions needs to be reasoned, lawful and justifiable and this can only happen within the context of detailed and accurate record keeping.

As a minimum, the record should include:

- date;
- time;
- situation;
- hazards and risks;
- options available;
- options chosen;
- rationale for option chosen and those not taken.

Each responsible manager should also keep their own decisions, whether personally or supported by a trained Loggist if attending a multi-agency coordination group or undertaking the role of Chair of the PTHB ERT.

There are three types of record logs:

I. **Decision log** – Records Decisions, Actions and Rationale in accordance with guidelines, policy and legislation based on information and intelligence provided at that time. PTHB has a number of trained Loggists who may be called upon in response to a major incident or emergency. Relevant contact details are detailed within the PTHB Emergency Contacts Directory. Trained Loggists are not responsible for taking minutes of incident meetings, a separate minute taker should be used to undertake this role.

II. **Incident Log** – Entries on incident and series of events e.g. Contemporaneous notes of the incident with reference to all digital and paper information received. All these need to be retained with the completed logbook and marked as exhibits, initialled and numbered (for e.g.; Exhibit SW 1 and so on).

III. **Minutes of Meeting** – capture information, discussion and decision. May be produced with action logs attached, to show what outstanding tasks may be required.

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All trained Loggist will be provided with a copy of the PTHB Decision Logbook and an electronic log template on completion of their training. Copies of the Decision Logbook. Copies will also be held in the Major Incident Cupboard, located in the HECC.

7.3 TEMPLATES

A series of useful electronic templates for use in an incident *i.e. electronic record decision log,* risk register, action tracker, financial log are available on the Civil Contingencies and Emergency Planning service area of the PTHB staff intranet site.

7.4 LEGAL FRAMEWORK - PRESERVATION OF DOCUMENTS

Following a major incident or emergency PTHB may be invited or required to provide evidence to an appropriate enforcement agency (e.g. HSE), a judicial inquiry, a coroner's inquest, the Police or a civil court hearing compensation claims. In the course of any or each of these, we may well be obliged or advised to give access to documents produced prior to, during and as a result of the incident. Under no circumstances must any document which relates or may in any way relate (however slightly) to the incident, be destroyed, amended, held back or mislaid. PTHB Corporate Governance Lead will advise on the retention, storage and management of documents for this purpose.

Definition of "Documents"

For these purposes "documents" means not only pieces of paper but also photographs, audio and videotapes, and information held on computers. It also includes internal electronic mail. The vital message 'Preserve and Protect' – needs to be spread very quickly during a major incident and must reach those who might quite unknowingly hold significant documents.

7.5 LIAISING WITH THE MEDIA

Emergencies may generate huge media interest on a National, and even an International scale. Both professional media and members of the public have a great appetite for information and it is important to handle this appropriately. Media handling is an integral part of emergency planning arrangements because:

- Without appropriate procedures in place, large volumes of media enquiries have the potential to reduce the effectiveness of the responding agencies. By having an efficient media team, responding agencies can concentrate on their core business of responding to the incident;
- The media are the main, sometimes only, source of information for the public in an emergency. In the early stage, this will include the families of those involved. By issuing regular updates to the media, the number of direct enquiries can be reduced.

Social Media

The advent of social media (Facebook, Twitter etc.) means that we can put messages directly into the public domain without the time delay of going through professional media and without the editorial bias that they can put onto our messages. Managing social media requires a careful balance between not being involved enough and allowing it to take up too much time.

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Co-ordination of the Media Response
The Local Resilience Forum Media Cell will usually take the lead in joint-agency co-ordination of media information. Liaison must occur between the nominated Communications Lead and other agencies to agree media involvement and press statements. PTHB and Public Health Wales [if involved] will need to give proactive advice, for example in the case of chemical incident, or may be asked for comments by the media.

On occasions when emergencies are ongoing, without the Strategic Coordination [Gold] Group being established, the police will be responsible for co-ordinating joint press releases.

Consideration should be given to potential media presence at PTHB Community Hospital sites, as appropriate.

7.6 STAFF WELFARE

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- health and Safety;
- the availability of food and other refreshments;
- working hours;
- rest breaks;
- travel arrangements;
- consideration of personnel circumstances;
- emotional support during and after the incident;
- human factors as a result of an incident especially when dealing with protracted incidents.

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly during handovers.

7.7 HEALTH AND SAFETY

The Health & Safety at Work Act 1974 places a general duty on employers to ensure, as far as is reasonably practicable, that the health, safety and welfare of their employees is safeguarded. This duty also applies to persons contracted to them and to members of the public. This duty extends to emergency situations placing a responsibility on Health Boards to ensure the health and safety implications of all activities are considered.

A major incident may involve staff working in areas that they are unfamiliar with. During the response to an incident, members of staff will not be expected to compromise their personal health and safety and the PTHB Staff must follow the PTHB Health and Safety and Risk Management Policies and Procedures will continue to apply.

Personal Protective Equipment (PPE)
PTHB staff will not be required to work within the inner cordon at an emergency. Only personnel who are trained and appropriately equipped will be requested to scene of an incident in support of the Welsh Ambulance Service Trust as recommended in the all Wales MERIT (Medical Emergency Response Incident Team) Guidance.

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PTHB hospital sites with Minor Injury Units have access to standard precautionary PPE, including FFP3 respirators.

7.8 VULNERABLE PEOPLE

In partnership with the local authority, PTHB may be asked to identify members of the public who are vulnerable or who may become vulnerable due to the nature of the incident. Increased support in the community would be arranged through provider services. Examples of vulnerable people are:

- those already ill, either with acutely or chronic health conditions;
- people with dependencies;
- people with physical or mental health disabilities;
- parents with babies or young children, or pregnant women;
- people receiving extensive social or health home care such as renal dialysis;
- the young or elderly and confused;
- people whose social circumstances have altered in such a way as a result of the emergency that they can no longer care for their own needs.

Further Planning Advice can be found in the Cabinet Office Identifying people who are vulnerable in a crisis guidance for emergency planners and responders. A copy of the guidance is available in the Major Incident Cupboard.

7.9 PSYCHOLOGICAL SUPPORT

PTHB will explore options for the provision of social and psychological support in conjunction with Powys County Council in the event of a major incident. PTHB will work with the PTHB mental health services, general practitioners and social services to ensure that all individuals have access to appropriate short and long-term support.

Debriefing is a core component of a major incident response and provides a helpful and meaningful means of coping with feelings and concerns.

C.A.L.L. Helpline

Community Advise and Listening Line offers emotional support and information/literature on Mental Health and related matters to the people of Wales. **C.A.L.L Helpline** offers a confidential listening support service. Freephone: 0800 132 737 or Text 'call' to 60062. http://www.callhelpline.org.uk.

7.10 FINANCE

A designated financial emergency cost code will be provided by the Finance Department, for use in the event of a major incident or emergency.

7.11 MUTUAL AID

Mutual Aid is an agreement to lend assistance across neighbouring boundaries and partner organisations. This may occur due to a significant incident response that exceeds local resources. It can involve offering resources to help support partners e.g. man hours, materials etc. Prior to Mutual Aid being agreed, the Health Board will take reasonable appropriate steps to assess that all services and supplies are self-protected during a major incident.

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7.12 VERY IMPORTANT PEOPLE (VIP)

The Chair of PTHB should be notified immediately, if intelligence becomes available to notify PTHB of any VIP (or VIPs) who may be or has the potential to be present in Powys during the incident. Normal arrangements will be required (i.e., early liaison with the Police etc. for advice on security) as with any VIP and consideration should be given to minimise the impact on operational services and communications.

7.13 MILITARY AID TO THE CIVIL AUTHORITIES (MACA)

All requests for MACA support will be considered by the multi-agency Strategic Coordination Group.

Requesting MACA should always be the last resort, having first explored mutual aid between civil agencies and other private sector options. Military Assistance may incur costs on the organisation or government department making the request.

7.14 INFORMATION SHARING

Under the Civil Contingencies Act, Category 1 and 2 responders have a duty to share information with other Category 1 and 2 responders.

In emergencies and major incidents information relating to patients, employees and Health Board assets may be shared with another agency. It is important that this is handled in accordance with appropriate guidelines.

Information sharing guidance to consider:

- it is the job of the Data Protection Act 1998 to balance individuals' rights to privacy with legitimate and proportionate use of personal information by organisations;
- during an emergency it is more likely than not that it will be in the interest of the individual data subjects for personal data to be shared;
- when considering the issues and to help get the right decision in an emergency it is acceptable for responders to have in mind some fairly broad-brush and straightforward questions;
    - is it unfair to the individual to disclose their information?
    - what expectations would they have in the emergency at hand?
    - am I acting for their benefit and it is in the public interest to share the information?
- these suggested perspectives are not a substitute for decision about fair and lawful processing, whether a Data Protection Act 1998 condition is met or whether a duty of confidentially applies, but they are useful tools in getting the right view;
- the absence of a data sharing agreement should not prevent us from sharing data, particularly when responding to an actual emergency event;
- always document any decision to share or not to share information.

Key Principles

- data protection legislation does not prohibit the collection and sharing of personal data – it provides a framework where personal data can be used with confidence that individuals 'privacy rights are respected';
- emergency responders' starting point should be to consider the risk and the potential harm that may arise if they do not share information;

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- emergency responders should balance the potential damage to the individual (and where appropriate the public interest of keeping the information confidential) against the public interest in sharing the information;
- in emergencies, the public interest consideration will generally be more significant than during day-to-day business;
- always check whether the objective can still be achieved by passing less personal data;
- Category 1 and 2 responders should be robust in asserting their power to share personal data lawfully in emergency planning, response and recovery situations;
- the consent of the data subject is not always a necessary precondition to lawful data sharing;
- you should seek advice where you are in doubt – though prepare on the basis that you will need to make a decision without formal advice during an emergency.

UK Government Data Protection Sharing in an Emergency Guidance is available in the major incident cupboard.

7.15 HUMANATARIAN ASSISTANCE CENTRES/ REST CENTRES

Led by the Local Authorities, who have responsibility to ensure the economic, social and environmental well-being of the community they serve. In a major incident or emergency, the provision of a Humanitarian Assistance Centres/Rest Centre will be provided to enable those affected by the event have a central point of access to information, assistance, care and advice/temporary shelter following evacuation. PTHB may be asked to contribute to these arrangements by providing staff to signpost those affected by an emergency to relevant NHS services or to provide resources for the provision of health care to those evacuated; this may include health checks.

7.16 CROSS BOUNDARY/BORDER ARRANGEMENTS

Where an incident crosses Health Board boundary, the following measures need to be considered: -

- establish appropriate co-ordination arrangements between the Health Boards (or Trusts) concerned;
- agree a lead Health Board/Trust – this will normally be the one where the incident has occurred and should take account of Police arrangements for providing Strategic (Gold) control.

7.17 VOLUNTARY AID SOCIETIES

The title “Voluntary Aid Society” is taken in this context to mean PAVO, WRVS, Red Cross, CRUSE, League of Friends and St John’s Ambulance Brigade, all of whom have skills and resources, which may be relevant to the health care and welfare of casualties.

If the incident involves large numbers and/or is likely to be prolonged the Voluntary Aid Societies can provide much valuable support to the PTHB. Voluntary Agencies are coordinated via the Duty Emergency Planning Officer, Powys County Council in an emergency.

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7.18 RELIGIOUS AND CULTURAL SENSITIVITY

PTHB’s response in an incident must continue to respect the religious, ethnic and cultural background of patients who may present for treatment. Staff should continue to display

sensitivity in working with patients and their families in the event of an incident. The Needs of Faith Communities in Major Emergencies. Some Guidelines *Home Office and Cabinet Office 2005,* contains culturally specific advice on:

- diet and fasting;
- medical treatment;
- hospital and rest centre stays;
- dying and death customs.

7.19 RECOVERY PHASE

Post the initial phase longer-term action can be planned and absorbed into normal services. This will include:

- providing extra support to hospitals or diversion of work;
- assessing the continuing need for primary and community health services (such as psychosocial support and counselling);
- checking adequate arrangements have been made to protect the immediate and longer-term health of NHS staff that may have been personally affected through Occupational Health;
- consideration of the legal and financial risks arising from the incident;
- coordinating and maintaining long-term recovery of healthcare services;
- assessing the impact of the Major Incident on everyday healthcare, including waiting lists;
- providing psychiatric and psychological help to people in need;

The Cabinet Office Guidance on Recovery provides guidance to for staff of responder agencies, particularly senior officers or managers involved in emergency response and recovery preparations

Recovery Coordination Group

A multi-agency Recovery Coordination Group may be required in response to a major incident or emergency. This will initially be set up as a sub-committee of Dyfed Powys SCG (Strategic Coordination Group). Under normal circumstances this will be chaired by the Local Authority.

Debrief

In order to identify lessons learnt, a series of debriefs post incident are seen as good practice:

- a hot debrief – held immediately after the event;
- organisational debrief – as soon after the event as is practicable;
- multi-agency group debrief – should be represented by all involved in the response.

A debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made and procedures?

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The debrief process will be supported by a post incident report and action plan which will be signed off by the Executive Committee, in order to update PTHB plans and identify any future training and exercising requirements.

7.20 EQUALITY AND DIVERSITY

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential, while diversity recognises and values difference in its broadest sense. In developing emergency preparedness plans all Health organisations must be mindful of their duties under the Equalities Act 2010.

The equality duty requires public bodies to consider the needs of all individuals when developing policy, delivering services and in relation to employees. It encourages public bodies to understand how different people will be affected by their activities so that services are appropriate, accessible to all and meet different people's needs.

7.21 HUMAN RIGHTS

Health organisations must uphold the UK Human Rights Act (1998) in delivering services which requires that account is taken of a range of factors including the dignity of individuals receiving treatment; end of life considerations; prioritisation of treatments and transparency in relation to decision-making as well as an individual's preferences.

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8.0 SPECIFIC OPERATIONAL ARRANGEMENTS

This section covers areas of specific operational arrangements and risks.

8.1 INCIDENT SITE ACTIONS

Whilst it is very unlikely that PTHB will be required to attend the incident site itself, it is important that the Health Board has an overview of the actions that will be undertaken by partner organisations who have a role in responding directly at the scene of incidents.

Coordination of operations at the site of the incident will normally be in the hands of the Police. In the case of a major fire, this coordination will be in the hands of the Senior Fire Officer. If the incident is within the premises of a major industrial concern (e.g. the oil industry) coordination may be in the hands of a Senior Officer of that industry.

Medical Advisor

Overall responsibility for the management of medical resources at the scene of the major incident will be that of the first doctor or Ambulance Paramedic on site, until relieved by the Medical Advisor. The Emergency Medical and Retrieval Transfer Service (EMRTS) will fulfil the Medical Advisor role at the scene of a major incident.

Casualty Clearing Point/Station

In conjunction with the Ambulance Incident Officer, the Medical Incident Officer should establish a Casualty Clearing Point/Station to sort casualties and direct their evacuation.

The Medical Incident Officer is a senior clinician, who has the managerial responsibility for the deployment of medical and nursing staff at the scene of an incident and will liaise closely with the Ambulance Incident Officer to ensure effective management of resources.

Casualties are prioritised into the following three main categories based on urgency for treatment utilising the Ten Second Triage (TST) and the Major Incident Triage Tool (MITT), as shown in the table below:

Triage Priority	Order of Treatment	Description of Casualties Needs
P1	1st	**IMMEDIATE** – Likely to require immediate clinical interventions
P2	2nd	**URGENT** – Likely to require urgent clinical interventions
P3	3rd	**DELAYED** – Less serious cases where treatment can be delayed
P4		**EXPECTANT** – Casualties who would require so much input from the limited resources available, that their treatment would seriously compromise the treatment of large numbers of less seriously injured casualties. The implementation of this category must be authorised by the WAST Medical Director in liaison with the Chief Medical Officers' office at Welsh Government. Resource implications sit with strategic decision makers.
Dead		Casualties who have an absence of spontaneous breathing once the airway has been opened.

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Medical Emergency Response Incident Team (MERIT)
Where it considered appropriate that the treatment of casualties should be carried out at the incident site, WAST will request that a MERIT team is dispatched to the site. The MERIT team consists of registered general nurses from Emergency Departments who have received appropriate training to enable them to be called up to support a major incident pre-hospital response. WAST will request MERIT assistance as required via the designated acute hospitals Switchboards.

Casualty Dispersal Plan – First 2 hours Capacity Modelling
The NHS Wales Casualty Dispersal Plan has been developed by Health Boards and contains capacity modelling detailing capacity figures for Wales in the event of a mass casualty incident. This information is held as a 'live' annex to the NHS Wales Mass Casualty Arrangements for Wales and may be updated as influencing factors change.

An overview of the capacity modelling for PTHB, in the context of dispersal of 'P3' casualties to PTHB MIU site/s (casualties to be in line with the PTHB MIU Policy) can be found at **Appendix 1** of this plan.

8.2 PTHB Minor Injury Sites Response to a Major Incident Involving Casualties
The Silver On-Call or other senior manager will alert the PTHB Community Hospital sites where a Major Incident has occurred that requires the activation of local operational major incident procedures, this will be at the direction of the Gold On-Call officer. WAST or a member of the Major Trauma Network will also notify the MIU directly if 'P3' casualties are being dispersed from the scene of an incident using the Casualty Dispersity Plan (as referenced above).

Influx of "Self-referring" Casualties at a PTHB Community Hospital MIU in the Event of a Major Incident
In certain scenarios, it may be possible that a sudden influx of casualties may self-present at a Powys MIU site without receiving any medical intervention at the scene of the incident. In this scenario it is very likely that it is the Minor Injury Emergency Nurse Practitioner who will realise that a Major Incident could be developing. In this circumstance, the Emergency Nurse Practitioner should notify Ambulance Control and provide the control room with the information regarding the casualties using the METHANE mnemonic.

The Minor Injury Nurse should then immediately escalate the information to the Gold On-Call officer for their information and decision on any further action required.

8.3 NETWORKS (CRITICAL CARE AND TRAUMA, BURNS)
Major Trauma Networks are made up of hospitals, emergency services and rehabilitation services across a region, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care.

Clinical networks exist in many specialist areas of care and ensure that patients can access the optimum care for their condition, work is undertaken at a national and local level to ensure that the arrangements set out in the Health Board's major incident plan dovetails with the relevant network plans.

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8.4 ARRANGEMENTS FOR CHILDREN

Health Boards must consider the special needs of children and their families resulting from emergencies. Where children are involved in a major incident then immediate advice should be sought from a Consultant Paediatrician.

Acute Hospitals follow the principle that where adults and children from the same family are involved in a major incident and the facilities for adults and children are in separate hospitals:

- if both adults and children are seriously injured, they may need to be taken to separate facilities, but a balance needs to be struck between the benefits to children of being kept close to their parents, and their distress at seeing severely injured patients;
- if adults are seriously injured, but children are uninjured or have only minor injuries, then the family should be taken to the hospital receiving the adults where arrangements for the care of the children should be made;
- if the children are seriously injured, but the adults uninjured or have only minor injuries, then the family should be taken to the children's hospital where one exists, where the adults can be treated and help in the children's care;
- at the hospital, the assistance of Paediatricians should be sought to work in conjunction with the Emergency Department Consultant and, wherever possible, children will be cared for by paediatric-trained medical and nursing staff.

Children who self-present with minor injuries will be dealt with in accordance with the Powys Minor Injuries Policies and relevant Safeguarding policies and procedures.

8.5 POLICE DOCUMENTATION TEAMS

Depending on the scale and nature of the incident, a Police Documentation Team may be deployed to the hospital(s). The Gold On-Call/Chair of the Health Board's Emergency Response Team should be notified of their arrival at a PTHB Community Hospital site.

The role of the Police Documentation Team is to pass generic casualty information to the Police Casualty Bureau which may be established at Police Headquarters, Carmarthen during an incident involving casualties.

8.6 ACCELERATED PATIENT FLOW IN A MAJOR INCIDENT

In the event of an acute hospital needing to increase their bed capacity in response to a major incident, PTHB will need to manage patient flow in an accelerated time scale and the Health Board must ensure that it is done in the most efficient and safe way. In the event of a major incident, the acute hospital bed management teams will identify all those inpatients who:-

- with appropriate community care, will be able to be discharged to their usual place of residence;
- would be suitable for discharge into a residential placement;
- are suitable for transfer to a Powys Community Hospital.

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PTHB Community hospital inpatient wards will be required to compile a list of patients who could be discharged or transferred without comprising their safety on receipt of a major incident alert notification as part of their operational major incident procedures. This

information must be passed to the Health Boards ERT via agreed communications processes at the time of the incident.

If available, PTHB's Senior Manager for Unscheduled Care or their deputy will be requested to participate in the ERT to provide advice and expertise to the Health Board's Emergency Response Team in relation to bed capacity management. (Action Card 9).

It is important that any arrangements to discharge patients from Powys Community Hospitals are not put into place until such a time when the acute hospitals have confirmed the number of beds required as the ambulance service resources may be better utilised to transfer casualties if required.

To keep anxiety and disruption to the patients to a minimum, community hospital staff are asked not to inform the patients of their potential discharge/transfer, until it has been confirmed by the acute hospital that the discharge/transfer is required.

Though patients will be discharged/transferred prematurely to their estimated discharge date and in a much quicker time scale as normal this does not mean that every effort will be taken to follow the normal discharge policy, in that all of the multi-disciplinary team is involved.

In the event of a mass casualty incident, it will be important to stratify the number of PTHB community hospitals being utilised to support inpatient flow for acute hospitals. This will help to reduce additional pressure on patient transport requests, which has the potential to become overwhelmed in this scenario.

8.7 HOSPITAL COORDINATION

Depending on the nature and scale of the major incident or emergency, it may be considered necessary to establish an operational Coordination Team at the hospital site to respond to the major incident or other emergency situation. This will be led by the most senior member of staff on site and will link into the silver level of command for direction i.e. the ERT.

The operational Coordination Team at the hospital site will act as the focal point for the co-ordination of the operational response to the major incident or emergency across multiple departments based in the community hospital site, and for the consolidation and necessary dissemination of information.

In addition, in the event of a major incident or emergency, the operational Coordination Team at the hospital site will:

- coordinate the notification of relatives respective GP, and as may be appropriate, social services, in the event of the implementation of accelerated discharge or any relocation of in-patients.
- assume the leading role in requesting any additional resources required by the hospital in response to the emergency, as necessary including transport, calling on the advice of the Health Board's Emergency Response Team as and when required.

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8.8 DEALING WITH FATALITIES

This is the responsibility of Her Majesty's Coroner (via the Police). As a general rule, no such persons shall be moved without the advice of the Police.

Dyfed Powys Mass Fatalities Plan

The temporary mortuary arrangements within Dyfed Powys are facilitated by the *Dyfed Powys LRF Mass Fatalities Plan* and *Dyfed Powys LRF Excess Deaths Arrangements*. This plan details the multi-agency arrangements. Local Authorities have the statutory duty to provide temporary mortuary facilities on behalf of the Coroner. The four Local Authorities within Dyfed Powys maintain contracts with specialist providers of such services (e.g. Blake Emergency Services) and are the identified licence holders. The Coroner will request the commissioning of a Temporary Mortuary at one of the designated sites within the county.

Any such temporary mortuary facility will be jointly operated by the Police and Local Authority on behalf of the Coroner in premises arranged by the Lead Local Authority, in whose area the incident takes place.

Powys Community hospital sites no longer have body storage unit facilities, following the move to the 'Director to Director model in April 2024. Local protocols apply.

8.9 FORENSIC CONSIDERATIONS

Any major incident (which is not a natural occurrence) where fatalities occur, will be the subject to a criminal inquiry and every effort must be made to preserve forensic evidence for subsequent investigation.

All forensic material including clothing, personal effects and any other artefacts brought into a Powys NHS facility in relation to a patient/victim of a major incident must be retained in a clear plastic ag and labelled with details, if known, of the owner. Any materials not identifiable as being the property of an individual must also be clear bagged and labelled with the date, time and location at which found. Dyfed Powys Forensic Officers will collect material from hospitals.

Under the authority of the Coroner, Dyfed Powys Police will undertake work relating to the identification of bodies and management of their belongings etc. known as **Disaster Victim Identification (DVI).**

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9.0 SPECIFIC THREATS

9.1 MASS CASULATIES INCIDENTS

Definition of a mass casualty incident

NHS Wales Emergency Planning Guidance, Mass Casualty Incidents: A Framework for Planning, November 2015 defines a Mass Casualty Incident as:

"A disastrous single or simultaneous event(s) or other circumstances where the normal major incident response of several NHS organisations must be augmented by extraordinary measures in order to maintain an effective, suitable and sustainable response"

A mass casualty incident will consequently be defined by the circumstances and apparent numbers of the episode and not by the initial assessment of numbers of casualties. Numeric assessments are not possible in such incidents often for hours or days. It will generally be recognised by its scale and the fact that normal major incidents responses will be insufficient.

Mass Casualty Incident Arrangements for NHS Wales

The *Mass Casualty Incident Arrangements for NHS Wales*, issued by Welsh Government (Version 4, October 2022 Working Draft), sets out the over-arching arrangements for NHS Wales to respond collectively to a mass casualty incident in Wales at strategic, tactical and operational levels.

Whilst the key elements of PTHB's strategic and tactical level response to a mass casualty incident have been incorporated within the response section of this Civil Contingencies Plan; the Mass Casualty Incident Arrangements for NHS Wales's document should be referred to in the event of a mass casualty incident. A copy of the Arrangements document is available in the Major Incident Cupboard and has also been issued to:

- Gold On-Call officers;
- Silver On-Call officers.

General Information

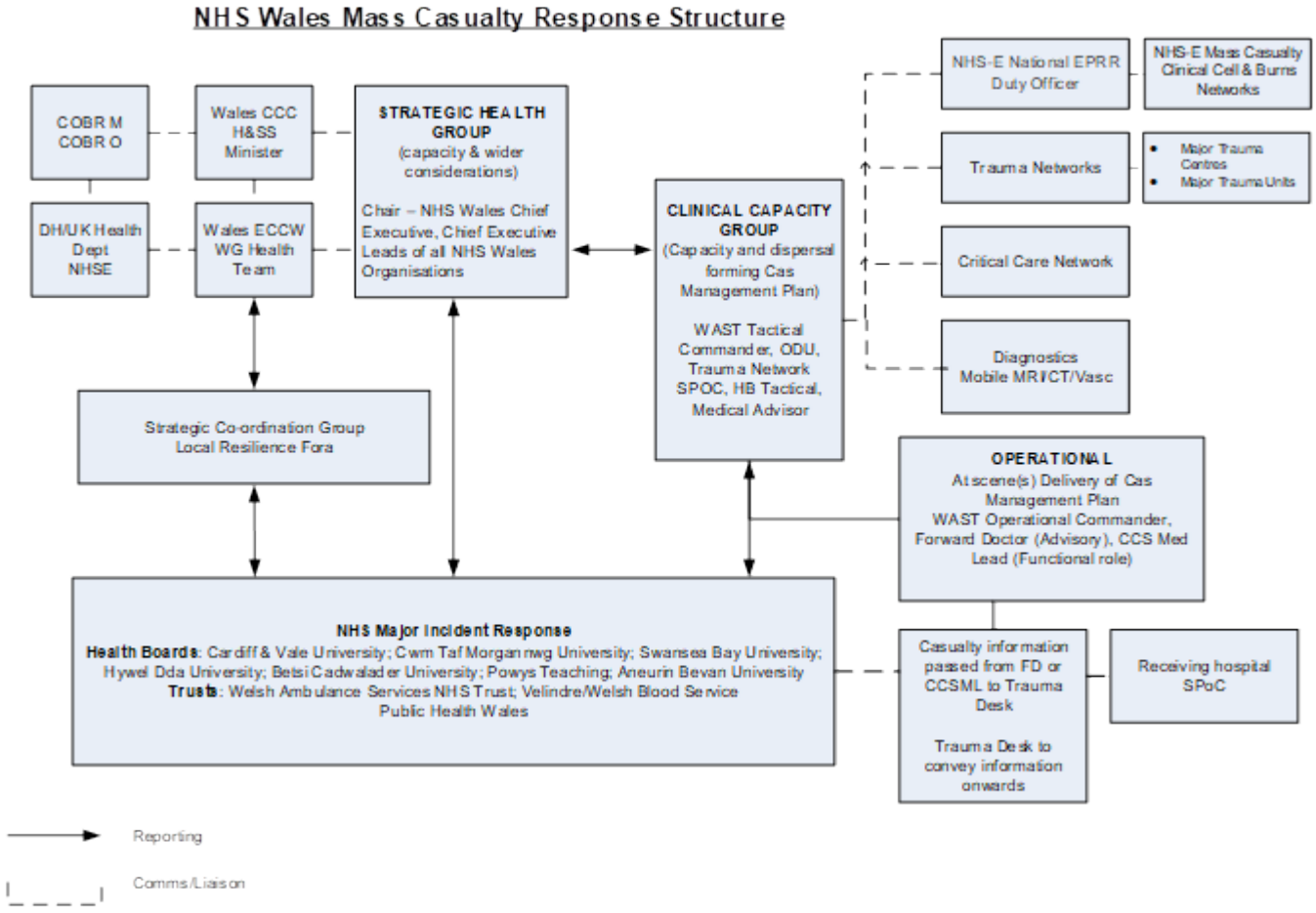
Responding effectively to a mass casualty incident requires an integrated approach to service delivery by Health Boards working in partnership with other Health Boards, Trusts and partner Category 1 and 2 responders. In planning their response to these types of incidents, all health organisations will need to ensure business continuity and escalation processes, and the on-going provision of services for patients who require urgent medical attention but who are not associated with the incident/s.

Command, control and co-ordination arrangements of NHS Wales for dealing with a mass casualty incident, building on existing major incident plans, are set out in 'Mass Casualty Incident Arrangements for NHS Wales'.

The Arrangements provide a response framework for NHS Wales organisations to escalate and combine their capabilities, while allowing each of their respective major incident plans to address internal capacity, staffing and resource issues and/or within local multi-agency arrangements.

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NHS Wales Mass Casualty Response Structure



Role of Health Boards in a Mass Casualty Incident

In addition to standing up command and control structures and activating their internal major incident response, all Health Boards will:

- activate arrangements to care for an increased number of potentially seriously ill or injured patients simultaneously;
- ensure representation at over-arching mass casualty incident co-ordination structures (as shown above), including Clinical Capacity Group and Strategic Health Group, informing WAST of appropriate membership to receive meeting invites;
- consider the care of existing casualties whilst meeting the clinical needs of those affected by the MCI as opportunities to transfer on-going day to day emergency patients will be limited;
- identify the location and availability of all trained MERIT Passport Nurses
- work with partners to ensure casualties are treated at the most appropriate location.
- ensure implementation of the All Wales Critical Care Escalation Guidance & Plans.
- prepare to release staff to make up Burn Incident Response Team(s) for deployment if incident is outside of Wales (SBUHB only)

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- Health Boards/Hospitals receiving burn casualties from scene should be prepared to support BIRTs deployed to their hospital to assess patients prior to transfer to a burn service.

As a provider of primary care and community health services, PTHB may also be required to:

- manage and facilitate accelerated patient discharges from Hospitals;
- establish close liaison with Social Services, other Local Authority departments and other agencies to meet the needs of people affected;
- explore options for the provision of social and psychological support;
- ensure that the health needs of people at survivor rest centres and rest centres have effective access to health care and support;
- recognise signs and symptoms of casualties referring to surgeries who have been exposed to chemical/biological agents and be aware of appropriate treatment pathways;
- deal with a large influx of patients who need healthcare advice and re-assurance;
- provide support to ongoing mass vaccination and treatment programmes.

The following challenges may be experienced by the Health Board in the event of a mass casualty incident: Health Boards may also need to consider the following challenges:

- maintaining services for routine emergency admissions;
- maintaining on-going service continuity in a protracted incident;
- demand for increased capacity in community settings;
- caring for accelerated discharges within the community;
- impact on tertiary or regional services (where provided);
- potential loss of services/infrastructure;
- potential shortage of essential supplies;
- CBRN response;
- security of Health Board staff & premises;
- consequence management;
- business continuity;
- maintenance of public confidence in the organisation;
- recovery.

9.2 ENVIRONMENTAL INCIDENTS

Managing Public Health Risks from Environmental Incidents; Guidance for Wales 2014 should be used when the following definition of an environmental incident (with public health impacts) is met:

“Any event (usually acute) in which there is, or could be, public exposure(s) to chemical or other hazardous substances which cause, or have the potential to cause, adverse health impacts”.

Environmental incidents may be the result of accidental or deliberate actions. The guidance describes arrangements by the core organisations (Local Authority, Public Health Wales, Public Health England, Health Board’s, Natural Resources Wales) for the managing the public health aspects of environmental incidents in Wales, from those incidents requiring

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coordinated action through an Incident Management Team to those that escalate or are immediately significant requiring a Civil Contingency level coordinated response.

Note: Plans implemented under the Civil Contingencies Act will always take precedence over this guidance.

9.3 HAZARDOUS MATERIALS (HAZMAT) AND CHEMICAL, BIOLOGICIAL, RADIOLOGICAL NUCLEAR AND CHEMICAL INCIDENTS

Hazardous Material (HAZMAT): an accidental release of a substance, agent or material which results in illness or injury to the public or the denial of an area or the interruption of the food chain.

Control of Major Accident Hazard [COMAH]
Powys has one Lower Tier COMAH establishment

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Chemical Biological Radiological Nuclear and explosive (CBRNe): a deliberate murderous and malicious act, the intention of which is to kill, sicken or prevent society from continuing with their normal daily business.

In a deliberate terrorist release, the police will establish a Strategic Coordination Group. The Dyfed Powys Local Resilience Forum *CBRN Plan* is in place for this type of incident.

In June 2016, Public Health Wales published *Decontamination Update: Guidance for Health Boards.* The key principles set out in this document are:

- first aid approach to decontamination;
- dry decontamination is the default response to chemical exposure for non-caustic chemicals;
- wet decontamination may still be required for caustic chemicals.

In the event of a major incident involving chemicals consideration should be given to activate hospital lockdown procedures, to prevent contaminated personnel entering the hospital building and potentially spreading the contamination.

The PTHB ERT must ensure that advice is obtained and implemented in relation to any contamination of the hospital environment by means of biological/chemical/radiation agents.

24 Hour Response
In the event of a Chemical incident advice must be sort from the on-call Public Health Consultant.

Note: Contact numbers are listed in PTHB Emergency Contacts Directory.

Dealing with Radiological Incidents
In the event of a major incident involving radiation, consideration should be given to activate the Hospital Lockdown procedures, to prevent contaminated personnel entering the Hospital building and potentially spreading the contamination.

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The National Health Service does not normally provide the lead in responding to a release of radioactive materials unless occurring on NHS premises. The most likely scenarios involving radioactive materials are:

- Accidents during the transport of radioactive materials;
- Incidents involving lost or stolen radioactive material:
- The effects of a nuclear incident.

Radiation Protection Adviser
Current advisors are able to monitor casualties and advise on decontamination requirements. The current advisors are based at Singleton Hospital, during out of hours contact can be made by requesting the Medical Physics on call.

Response Standby
The extent of the response will depend upon the type of incidents and its impact. The response to three types of Incident are summarised below:

Where an Incident may involve the release of radiation the National Arrangements for Incidents involving Radioactivity (NAIR scheme) should be instigated by the Dyfed Powys Police (with assurance of the Fire Service who possess a mobile de-contamination unit).

Type 1 – Non-Injured Persons
These incidents are usually reported to the Radiation Protection Adviser at Singleton Hospital. If there is a need for the administration of drugs for treatment of internal contamination, the Ambulance Service should ensure that casualties are conveyed to the Emergency Department, Morriston Hospital, Swansea.

Type 2 – Injured Persons [e.g. Road Traffic Accident]
For these types of Incidents, there are two national schemes in place to provide support to the police who will lead any response these are:

- **RADSAFE –** This scheme provides expert assistance to the emergency services following an Incident involving the transport of radioactive material.

- **The National Arrangements for Incidents involving Radioactivity (NAIR)** - This scheme is administered by the National Radiation Protection Board and activated by the Police. In such situations, Physicists would be alerted to attend the scene to provide advice on protection measures and to respond to the Emergency Department receiving contaminated or irradiated casualties, this would usually be Morriston Hospital, Swansea.

Type 3 – Multiple Person Involved (e.g. Power Station Incident)
An incident of this magnitude will require a multi-agency response, the involvement of the National Radiation Board, and the Welsh Government. The Welsh Government will establish an Incident Response Team to coordinate the health response and provide support to the Police arrangements.

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Reception and Treatment of Casualties
As soon as severely irradiated casualties have been decontaminated and stabilised, they should, in liaison with the Medical Team and the Radiation Advisor, be transferred to an appropriate facility which is suitably equipped to deal with them.

Radiation Monitoring for Members of the Public
The Radiation Protection Advisor may need to establish a temporary Radiation Monitoring Unit (RMU) to carry out health monitoring.

Public Health Information
Public Health Wales will provide appropriate advice to the Strategic Co-ordination Group who are responsible for coordinating mobile media information.

A Radiation Incident, however small, can cause widespread public anxiety and will require a robust public information and media response by the agencies involved. In such a situation, the Radiation (Emergency Preparedness and Public Information) Regulations 2001 (REPPIR) will apply.

The Management of Biological Incidents
Public Health Departments are responsible for preparing and maintaining their plans for the management of incidents of communicable disease including clusters or outbreaks. This excludes incidents of food and water borne infections for which plans are maintained by the Local Authority environmental health departments.

Public Health legislation for the control of communicable disease is vested in Local Authorities;

- Public health (Control of Diseases) Act 1984;
- Public Health (Infectious Diseases) Regulations 1986.

Public Health Wales has a lead role in managing an outbreak of infectious diseases. The *All Wales Communicable Disease Plan* is available on the intranet and a copy is available in the Major Incident Cupboard.

Within PTHB, the Quality and Safety Unit are responsible for Infection Control Policies.

If requested by the Strategic Co-ordination Group (Gold), Public Health Wales will establish and Chair a Scientific and Technical Advisory Cell (STAC). Public Health Wales is responsible for appointing members of the STAC. This would not necessarily be a local group but is more likely to be a virtual group or based in Cardiff.

In major biological incidents in which large numbers of people need treatment the Health Board may be under pressure to maintain services. In such situation arrangements will need to be put into place to ensure adequate resources are in place. This may include invoking emergency planning procedures such as issuing health countermeasures as described in (8.6) Deliberate Chemical, Biological, Radiological and Nuclear (CBRN) Incidents and under (8.2) Chemical Incidents under sub-heading ‘for caustic chemicals’.

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Where investigations lead to suspect that clusters of a communicable disease may be due to bioterrorism, the Police should be informed, and arrangements for handling deliberate release should be put into place.

NHS Medical Countermeasures for use in a CBRN Incident
As part of the health service preparedness to respond to major emergencies the Welsh Government, in conjunction with DOH and other UK Health Departments, have established a UK stockpile of equipment, antibiotics, antidotes, vaccines and other health countermeasures for use in the event of a deliberate attack resulting in release of chemical, biological, radioactive or nuclear materials.

This stockpile should only be used in circumstances when the scale or nature of an incident demands counter measures that are beyond what is available routinely or what is held as part of the planned response to locally identified risks.

Welsh Government have issued guidance on the national stockpile to all Health Boards; a copy of this guidance is located in the Major Incident Cupboard (*content removed)*. Depending on the incident, the decision to deploy equipment or items will normally be made by the:

- Hospital Emergency Department Consultant or by the Ambulance Service;
- Public Health Wales in consultation with Health Boards (including Heads of Pharmacy and Public Health Directors) and Welsh Government.

9.4 SECURITY INCIDENTS
The *PTHB Security Protective Measures Policy* acknowledges the links between a security incident and the arrangements set out in this plan e.g., the command and control arrangements that may be required in response to incidents requiring full lockdown of a hospital site, including:

- suspected child abduction, as outlined in the *PTHB MAT 027 Birth Centre Abduction Guidelines v7*;
- violent behaviour in a hospital department;
- contamination following accidental or deliberate release of chemical, biological or radiological substances;
- Increase in UK Government Threat level to 'Critical – an attack is highly likely in the near future';
- local intelligence indicating a risk to a Department or wider Hospital following an external event or an aggressor venturing onto the site.

Lockdown can only be effective if is conducted quickly, either in response to a localised incident or intelligence received.

9.5 OP PLATO (Marauding Terrorist Firearms Attack)
Operation PLATO is the agreed national identifier for the multi-agency response to a no-notice marauding terrorist attack (MTA). The declaration of an Operation PLATO incident triggers a multi-agency response designed to rapidly inform, mobilise and operationally deploy the most appropriate resources in order to identify, locate, confront and neutralise the threat and save life. In order to support an effective response, it is important that the relevant partner agencies and specialist national assets are informed as a priority to ensure multi-agency coordination in response.

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9.6 CYBER ATTACKS
Much work is currently being undertaken at national and local level to respond to the increasing risk and levels of cyber-attack on public organisations.

In the event of a cyber-attack within the PTHB, the technical response will be led by PTHB ICT/Digital Leads whilst the service level response will be led from a business continuity perspective. However, if the impact is significant the activation of arrangements outlined with this plan may be required.

9.7 PANDEMICS
The *Powys Pandemic Framework* provides a framework for responding to an influenza pandemic and is aimed to be used in response to other high infectious diseases. The Framework was adapted for use as part of the initial response to Covid-19.

9.8 SEVERE WEATHER
The *PTHB Severe Weather Plan* provides a framework for responding to potential and actual severe weather events.

9.9 EVACUATION
Where a total evacuation of a hospital site is required, the activation of arrangements outlined in this plan will be required. PTHB may also require drawing upon the arrangements set out in the *Dyfed Powys LRF Evacuation and Shelter arrangements*.

9.10 MAJOR POWER OUTAGE
Further work to develop internal response arrangements to a major or national power outage scenario are currently being developed following a series of multi-agency exercises that the Health Board has participated in during 2023.

9.11 INFECTIOUS DISEASES
The arrangements outlined in the *PHW Communicable Disease Outbreak Plan for Wales* will be drawn upon in response to an outbreak of infectious disease.

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List of Abbreviations

CCA	Civil Contingencies Act 2004
LRF	Local Resilience Forum
SCC	Strategic Coordination Centre
SCG	Strategic Coordinating Group
TCG	Tactical Coordinating Group
HECC	Health Emergency Coordination Centre
ERT	Emergency Response Team
ECC(W)	Emergency Control Centre (Wales)
CBRN	Chemical, Biological, Radiological and Nuclear
STAC	Scientific Technical Advice Cell
WAST	Welsh Ambulance Service Trust
MERIT	Medical Emergency Response Incident Team
EMRTS	Emergency Medical Retrieval and Transfer Services
JESIP	Joint Emergency Services Interoperability Programme
METHANE	Situational Awareness Report (***M****ajor incident declared,* ***E****xact location,* ***T****ype of incident,* ***H****azards present or suspected,* ***A****ccess,* ***N****umber, type, severity of casualties,* ***E****mergency services present and those required)*
JDM	Joint Decision Model

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

POWYS TEACHING HEALTH BOARD

Civil Contingencies

CORPORATE BUSINESS CONTINUITY PLAN

NB – some content has been redacted to protect sensitive information.

Version 5

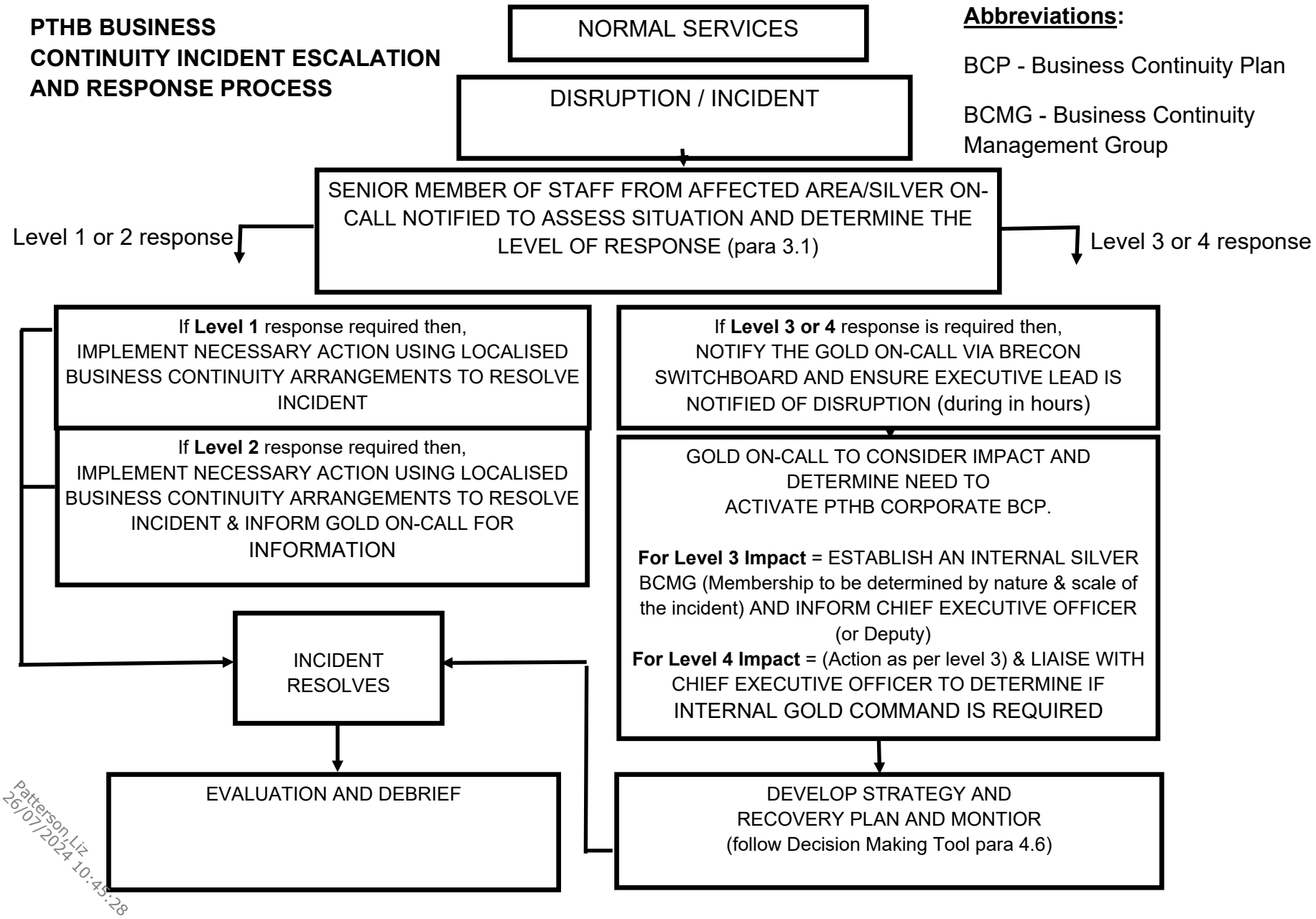
Plan Approved by the Executive Committee: 26 June 2024

Received by the Board: xx July 2024

Review Date: July 2025

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PTHB BUSINESS CONTINUITY INCIDENT ESCALATION AND RESPONSE PROCESS



Abbreviations:

BCP - Business Continuity Plan

BCMG - Business Continuity Management Group

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VERSION CONTROL

Date	Amendment Reference	Page/s Amended	Comment
06/03/19	Initial Publication of Plan	n/a	
Dec 19	Annual Review	All	Main updates reflect: • Changes to internal On-Call terminology i.e. Gold and Silver On-Call • Changes following organisational realignment • Updates to Annex B & C.
Nov 21	Annual Review – learning lessons from current response to COVID-19	All	Main updates reflect: • Alignment of plans with Major Incident and Emergency Response Plan • Update on previous Brexit 'no-deal' status; • Update to Annex B;
May 23	Annual Review	All	Main updates reflect: • Full review of Annex B: • Minor updates throughout to reflect organisational changes incorporated throughout the document.
June 24	Annual Review		Minor updates throughout the document • Update to record keeping section • Full review of Annex A & B

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SECTION 1 - INTRODUCTION

1.1 Introduction

The Civil Contingencies Act (CCA) 2004 and accompanying non-legislative measures, delivers a statutory framework of roles and responsibilities for organisations involved in civil protection at the local level.

The Act is separated into two parts:

Part 1: Local arrangements for civil protection
Part 2: Emergency powers (allows for the making of temporary special legislation to help deal with the most serious of emergencies).

Powys Teaching Health Board (PTHB) is defined as a Category 1 responder under the CCA and is subject to the full set of civil protection duties. These are to:

- assess the risk of emergencies occurring and use this to inform contingency planning;
- put in place emergency plans;
- put in place business continuity management arrangements;
- put in place arrangements to make information available to the public and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- share information and co-operate with other local responders to enhance coordination and efficiency.

In the context of the Health Boards duty to put in place business continuity management arrangements, the CCA requires Category 1 responders to '*maintain plans to ensure that they can continue to exercise their functions in the event of an emergency, so far as is reasonably practicable'*. Business continuity plans should incorporate the principles of Integrated Emergency Management (assessment, prevention, preparation, response, and recovery).

In order to meet these requirements, PTHB has produced a Civil Contingencies ***Corporate Business Continuity Plan*** which is regularly reviewed and updated. The plan has been developed to ensure that the Health Board is ready and able to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect, so that priority patient services can be maintained.

Whilst business continuity management and emergency planning may be described as separate processes within an organisation, a business continuity incident may occur at the same time as a major incident or emergency or be triggered by it. It is critical therefore that the PTHB Corporate Business Continuity Plan and PTHB Major Incident and Emergency Response Plans are integrated and complementary to each other.

1.2 Aim of the Plan

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This plan provides a framework that sets out the procedures and strategies that the Health Board will take to ensure that it is able to maintain its critical functions in the event of an incident that causes serious or widespread interruptions to business operations. This corporate level

Business Continuity Plan (BCP) should be implemented when an incident cannot be contained and managed at a local level.

The Corporate BCP is not intended to provide specific details of the response that the Health Board will take. This will be decided at the time of the disruption and will change depending on factors such as the type of disruption, when it occurs, which services it affects and the likely duration. The specific details on how a service is recovered e.g. what equipment and resources are needed is contained within service level BCPs.

1.3 Objectives

The objectives of this plan are to detail the arrangement to ensure that:

- disruption to PTHB's critical activities are minimised;
- the response to a business continuity disruption is effectively managed;
- the risks that may be faced by the Health Board are understood and measures are put in place to prevent or mitigate impact of these identified risks;
- the links to plans activated in response to any emergency are understood;
- lessons learnt during exercises or in response to disruptions are captured and inform the plan review process;
- PTHB complies with the statutory requirements of the Civil Contingencies Act 2004;

1.4 Guiding Principles

- business continuity disruptions are managed at the appropriate level;
- a business continuity response can be required to either prepare for an anticipated business continuity disruption, or to respond to such a disruption;
- business continuity management is a dynamic process;
- lessons identified from training events, exercises and incidents are factored into the plan review process.

1.5 Scope

The plan details specific arrangements for the strategic and tactical level coordination and management of a business continuity incident that requires corporate level coordination of resources, to provide a flexible, integrated and scalable approach, that can be tailored to respond to a particular situation.

This is a generic plan that supports the response to any type of incident rather than a specific risk or hazard. Section **2.3** of this document outlines the relationship between this Corporate BCP and other plans.

1.6 Governance

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The Chief Executive holds overall responsibility for Civil Contingencies.

The Director of Public Health has been designated as the Executive Lead with delegated responsibility for the overall coordination of Civil Contingencies within PTHB.

PTHB commissions acute services from a number of external providers, both in England and Wales. PTHB will seek assurance from its commissioned service providers in relation to the legislative duties placed on them under the CCA; this will be achieved through the Health Board's Integrated Performance Framework and through other means such as regular Contract Quality Performance Review meetings, annual reporting mechanisms and participating in joint exercises.

PTHB's Business Continuity Management Policy establishes the arrangements for ensuring that the principles of business continuity management are embedded throughout the organisation. This plan is based on standards defined by the good practice guidelines set out by the Business Continuity Institute, the Civil Contingencies Act (2004), and ISO22301 and forms part of a hierarchy of BCPs that are in place to ensure that PTHB can meet its core business continuity objectives, as detailed within the policy. The business continuity objectives include, to:

- protect life;
- reduce the impact or harm to patients as a result of the disruption of treatments, appointments and services provided by PTHB;
- maintain critical infrastructure and facilities;
- maintain normal business operations as far as reasonably possible;
- minimise any negative impact on the reputation of PTHB or its employees as a result of a business continuity incident;

1.7 Plan Ownership and Review

As a minimum. this BCP will be reviewed on an annual basis, and will be subject to audit and review in light of a range of factors including:

- revised and new guidance and good practice e.g. that which may arise from the review of the CCA;
- Welsh Government requirements;
- feedback from internal and external audits and review;
- learning from actual incidents experienced by PTHB and others;
- re-structures and service redesign affecting critical services.

The **Civil Contingencies Manager** is responsible for updating this Plan, for version control and for ensuring that any major revisions to its content are agreed by the Executive Committee.

Any requests for changes to the plan should be made via the Civil Contingencies Manager.

1.8 Training and Exercising

In accordance with PTHB's Business Continuity Management Policy, the Health Board will ensure that:

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- training is made available and completed to ensure that staff are familiarised with the Health Board's Corporate BCP and service level BCPs;
- an exercise will be carried out annually to test the response outlined in the BCP;

- this plan and any service specific plans will be reviewed and revised in light of any lessons learnt following an exercise or live incident.

The PTHB Civil Contingencies and Business Continuity Training Plan is available via the PTHB staff intranet site.

All records of staff training and exercising will be kept for audit purposes.

1.9 Publication and Distribution

This document is an internal document. Any changes to the published Corporate BCP will be cascaded through routine Powys-wide communication channels (i.e. Powys Announcement).

The Corporate BCP will be held on the Civil Contingencies & Emergency Planning service area of the PTHB intranet site.

Hard copies of the Corporate BCP will be made available to the Gold On-Call officers and in the 'major incident cupboard', located within the Health Board's Emergency Coordination Centre (the HECC), in the (*content removed*).

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SECTION 2 - GENERAL INFORMATION

2.1 High Level Risk Assessment

Risk assessments are regularly carried out as a part of the Health Board's daily business.

Corporate business continuity/emergency response plans are based on the national, regional and local risk registers e.g. the National Risk Register, Dyfed Powys Local Resilience Forum Community Risk Register and PTHB Risk Management Strategies and procedures.

The Dyfed Powys Community Risk Register provides information on potential emergencies that could have a major impact on communities The risks described are natural hazards (non-malicious risks). The highest risk identified on the Dyfed Powys Local Resilience Forum Community Risk Register are:

- Pandemic;
- Flooding (coastal, river and surface water);
- Severe Weather;
- Loss of Infrastructure (electricity, water, gas, oil, fuel, transport, telecommunications, food, health, and financial services).

Risks described as deliberate acts of third parties or terrorism are detailed in the UK Gov's National Risk Register and also include threats of malicious nature i.e. Cyber-attacks, CBRN attacks.

Service level BCPs plan for the impact to services on a range of threats that might lead to disruption of services including:

- Loss of staff.
- Loss or denial of access to workplace.
- Loss of ICT/key data.
- Loss of key supplies (i.e. utilities, consumables, equipment etc.).

In addition to the above, individual services are asked to consider external risks as identified by the National Risk Register and Dyfed Powys Community Risk Register e.g., pandemics, severe weather events, cyber-attacks, together with any identified risks that feature on their respective Directorate Risk Registers as part of the ongoing development and review of service level BCPs.

Links to the UK Governments Risk Register (2023) can be found:
National Risk Register (2023)

Links to Dyfed Powys LRF Community Risk Register can be found:
Dyfed Powys LRF Community Risk Register (dyfed-powys.police.uk)

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The table shown at **Annex A** provides an example of potential threats that may cause disruption to PTHB services and maps out any associated emergency response plans or local measures that are in place to mitigate against these risks.

2.2 Prioritisation of Services

PTHB provides a diverse range of primary and community care services to the population of Powys.

In line with PTHB Business Continuity Management Policy, all services within each of the individual Directorate areas have completed a high level business impact analysis. As a result, each service has defined its 'recovery time objectives' i.e. the timescale in which the service needs to be recovered and is operational (to pre-determined minimum level) again.

The timescales are as follows:

CRITICAL - a service needing to be recovered within 0 - 1 hours.
CORE - a service needing to be recovered within 1 to 24 hours.
REDUCED - a service needing to be restored within 5 working days.
SUSPENDED - a service that can be restored progressively after 5 working days.

The analysis, which provides a reference guide for PTHB decision makers to use in the event of 'no notice' type disruption to services, outlines the key timescales in which individual services need to be resumed to a minimum pre-determined level following disruption. The analysis can also be referred to for use when planning for potential disruption i.e. industrial action. Furthermore, decision makers should use the outcome of the high-level business impact analysis, shown at **Annex B**, to base their decisions on during periods where resources are scarce, ensuring that the availability of key resources are directed to most 'critical' areas of the organisation as part of the overall recovery strategy. This decision will be informed in relation to the nature, scale and duration of the incident.

Local Options Framework
In the context of the COVID-19 pandemic, and more recently to support decision making in the context of supporting system resilience during extreme pressures, Welsh Government published guidance relating to *Maintaining essential healthcare services during the COVID-19 pandemic – summary of services deemed essential*. The guidance provides a framework to ensure that there was a consistent approach in defining 'essential services', to support decision makers across NHS Wales. The updated '**Local Options Framework'** issued by Welsh Government on 16/12/22, has been developed to support decision makers when considering activities/services that can be reduced or suspended in response to system-wide pressures.

2.3 Associated Plans

PTHB Corporate BCPs should be read in conjunction with a variety of other plans, which will be determined by the nature and impact of the disruption. An overview of other associated plans is provided below:

Service Level Business Continuity Plan.
Service Level BCPs provide information on an individual service's immediate response and recovery actions; the service level BCP also includes key information regarding the minimum resource requirements of the service and key contacts etc.

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The service level BCPs may be activated on its own by the service lead or deputy, or as part of the activation of the health board's Corporate BCP. The Gold On-Call should be notified when a BCP has been activated.

PTHB Major Incident and Emergency Response Plan
The generic Major Incident and Emergency Response Plan provides a framework for the Health Board's management, response, co-ordination and controlling of its resources in a major incident or emergency.

It may be necessary to activate service level and recovery actions as a result of, or during a declared major incident response.

PTHB Integrated Quality and Performance Framework (IPF) and Escalation Processes
The provisions of the PTHB Integrated Quality and Performance Framework (IQPF) are used to ensure that issues of performance are managed and resolved at the appropriate level of accountability and authority. Identifying areas of poor performance which require escalation should be based on informed analysis of performance taking into consideration local context, national and local targets, trajectories, benchmarking and risk management.

The purpose of escalation is two-fold. It is to ensure oversight at the appropriate levels of authority in order to provide assurance to the Board that performance and delivery is being robustly managed and poor performance addressed. Secondly, escalation serves to highlight issues where solutions require intervention and or support from higher levels of authority within the organisation. Individual thresholds for escalation should be determined on a case-by-case basis for services or measures based on an assessment of risk including confidence in associated controls and assurance.

Identification of performance issues to be escalated will be based upon the nature and seriousness of the performance concern. De-escalation will occur through the delivery of management intervention, through the delivery of actions, consequences, tolerances, incentives.

PTHB Pandemic Framework
This document sets out a framework for PTHB to respond to a pandemic scenario. The Framework outlines the appropriate command and control structures that should be adopted in a Pandemic scenario, to ensure coordination of resources to maintain PTHB's critical activities. Some of the impacts on PTHB services in a pandemic scenario, will be to maintain business continuity.

PTHB Severe Weather Plan
This plan outlines the coordination arrangements and an aide memoire of immediate actions that PTHB will consider implementing in the event of a severe weather event.

ICT Disaster Recovery Plan
This ICT Disaster Recovery Plan details the processes carried out by ICT department when responding to and recovering critical IT and communications systems, in the event of an unplanned outage. It may be necessary to activate the Corporate BCP in response to an ICT outage that affects multiple services.

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Regional (Dyfed Powys Local Resilience Forum) and National Plans

There are some situations that, should they occur, will trigger a regional and/or national response in addition to the need to activate this BCP. One example is a fuel shortage, the impacts of which may cause serious and widespread disruption to the Health Board e.g. if staff are unable to travel to work. In such a situation, the Health Board would refer to the Corporate BCP plan to manage the internal impacts on service delivery, whilst also ensuring it meets its responsibilities under the relevant regional and national arrangements.

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SECTION 3 - BUSINESS CONTINUITY DISRUPTION LEVEL OF RESPONSE AND ESCALATION ARRANGEMENTS

3.1 Level of Response and Escalation

The scale and impact of a business continuity disruption determines how PTHB will coordinate and manage its response.

	Level of Business Continuity Disruption	Scale of Impact	Level of Response and Escalation
Manage through BUSINESS AS USUAL Operational Management Processes	**Level 1**	One or more of the following apply: • The incident is not serious or widespread and is unlikely to affect business operations to a significant degree. • No significant impact on patient or staff safety. • The incident can be dealt with by relevant managers/implementation of local BCPs.	**Incident managed within affected areas.** Where the initial impact assessment grades the situation as **level 1,** the affected areas should deal with this using localised business continuity plans/contingency arrangements.
	Level 2	One or more of the following apply: • Limited impact on patient and staff safety. • Incident expected to be fully resolved and closed in 24 hours. • Limited but some impact on critical area. • Incident is expected to be managed through localised contingency arrangements. • Limited financial/performance impact. • Limited Governance issues. • Possible public/media/political interest.	**Incident managed using local contingency arrangements.** Where the initial impact assessment grades the situation as **level 2**, the incident should be managed by senior members of staff for the affected area/s, using localised business continuity plans/contingency arrangements. Service leads will escalate where necessary and inform the Gold On-Call for information.

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ENHANCED COORDINATION	**Level 3**	One or more of the following apply: • Disruption to a number of critical services likely to last for more than 1 working day. • Some impact on patient and staff safety. • Access to one or more sites denied where critical services are carried out for more than 24 hours. • Suspension of a number of services are required. • Access to systems denied and incident. expected to last more than 1 working day and therefore impacting on operational service delivery. • A number of critical services seeking to activate service level contingency plans thus requiring overall management. • Some impacts on finances and performance and governance issues. • Possible public/media/political interest.	**Incident requiring tactical coordination of response by calling together an internal Silver Business Continuity Management Group.** Where the initial impact assessment grades the situation as **level 3**, the incident will need to be formally managed to ensure that resources and activities are effectively coordinated. The Gold On-Call should be notified to consider how best to manage the incident and to determine activation if this Corporate Business Continuity Plan in part or full is required. The Gold On-Call to notify the Chief Executive (or deputy) for information.

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MAJOR	**Level 4 BC/ Significant Incident**	One or more of the following apply: • Incident is expected to impact on critical services for more than 48 hours. • Wide spread disruption, loss of significant site/s. • Significant impact on patient and staff safety. • Wide-scale incident in a geographical area affecting multiple critical services. • Local contingency plans inadequate to deal with incident. • Response requires additional strategic coordination that may require assistance from other partners. • Likely public/media/political interest. • COVID-19 pandemic (future pandemics).	**Widespread disruption/Significant incident requiring overall strategic management.** Where the initial impact assessment grades the situation as **level 4**, the incident will need to be formally managed to ensure that resources and activities are effectively coordinated. The Gold On-Call will, in liaison with the Chief Executive (or Deputy) determine if the full command structure including Internal Gold, Silver, Bronze Command Groups will be convened.
	N.B. Where the disruption has the potential to spill into the evening / weekend the Silver On-Call/ and Gold On-Call where appropriate, should be notified and informed of the contingencies that have been put into place.		

The level of command detailed above has been aligned to the command and control arrangements outlined in the PTHB Major Incident and Emergency Response Plans. This will support the transition of business continuity responses that require escalation to a Major Incident.

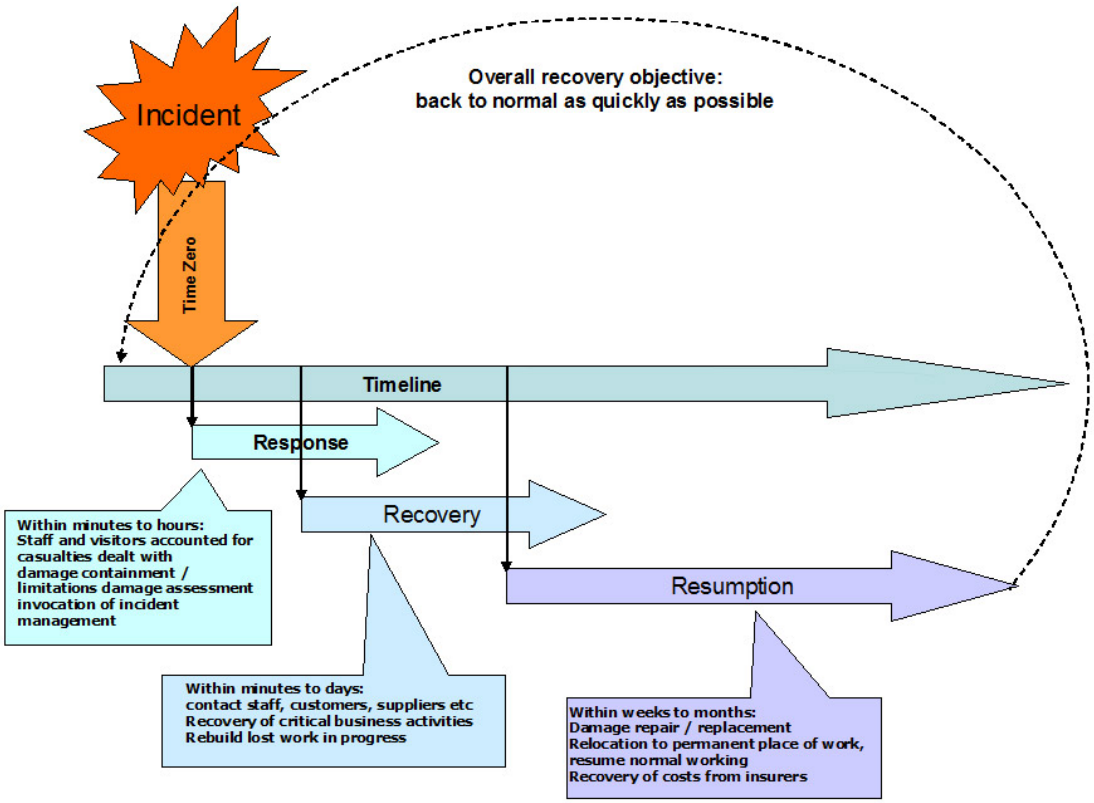
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SECTION 4 - MANAGING THE RESPONSE TO LEVEL 3 OR 4 DISRUPTION

4.1 Key Stages of Response

Response to all sizes of business continuity disruptions tend to follow these key stages:

I. **Incident Management Response** – notification and activating the response.
II. **Recovery** – coordinating and managing the response, including stand down the response.
III. **Resumption** – return to normal or 'new normal' strategy.



The following section outlines the key actions to be undertaken for disruption that has been initially assessed as a level 3 or 4 disruption.

The flow chart shown at **Page 2** of this plan outlines the sequence for escalation and response.

4.2 Activating the Response to a Level 3 or 4 Disruption – Something has happened that impacts on or has the potential to impact on critical business functions.

The **Gold On-Call** is responsible for implementing this BCP, however generally the chain of events will be:

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- A business continuity disruption can happen to any of the Health Board's services. Once identified as an actual or potential disruption, the member of staff will gather further information on the known nature and scale of the disruption and notify their line manager or Silver On-Call during out of hours' periods.

- If deemed appropriate, this alert will be escalated and brought to notice of the service lead/senior member of staff who will assess the impact of the disruption and notify the Gold On-Call. Or;
- The Health Board has been notified of an external incident that may threaten impact on its services.
- The Gold On-Call will assess the impact of the disruption to determine the response required.
- If a level 3 or 4 disruption (see Section 3) is confirmed, the activation of the Corporate BCP will be made by the Gold On-Call.

4.3 Incident Management Response and Coordination (Command and Control)

The response to serious and wide scale disruption cannot be planned for in exact detail. What is required will depend on the nature of the incident, when it occurs and its unique impacts. To ensure that an effective joined up response is in place to limit the impact on any business continuity disruption on PTHBs services, it is essential that the individual actions taken by each service area is coordinated.

Adopting an appropriate level of incident management will ensure that there is a fully coordinated response to any level of business continuity disruption. In broad terms, the larger the scale and impact of the disruption, the greater the level of coordination is required.

The Health Board's command and control arrangements are based upon the nationally recognised three-tiered command and control structure known as:

- Internal GOLD (Strategic)
- Internal SILVER (Tactical) Business Continuity Management Group (BCMG)
- Internal BRONZE (Operational)

The **Gold On-Call** is responsible for determining the level of response that is required to respond to the disruption/incident. This decision will be based on the information available at the time of disruption.

On notification of a level 3 or 4 disruption, it is most likely that the **Gold On-Call** at the time of the incident will be required to Chair a PTHB internal Silver Business Continuity Management Group (BCMG) in the first instance. This role may be passed to another Executive Director or Deputy where considered appropriate.

The Chair of the internal Silver BCMG will coordinate and manage the health board's response to the disruption and will request the support of other senior managers to assist in the response.

In the event of a level 4 disruption, the **Chief Executive Officer** is responsible for determining if an internal Gold command group is required to provide additional strategic level coordination of the response.

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4.4 Coordinating Business Continuity During a Major Incident

In the event that disruption to services occurs during / or as a result of the health board's response to a declared major incident, the Chair of the Health Board's major incident Emergency

Response Team will be concerned with managing PTHB's major incident response. In this scenario, consideration should be given for transferring the responsibility for managing the impacts of disruption on services to, as detailed within this plan, to another Director.

4.4.1 Internal Silver Business Continuity Management Group (BCMG)

On notification of a level 3 or level 4 disruption, the Gold On-Call will determine if a PTHB internal Silver BCMG is required to ensure tactical level coordination of the incident.

The composition of the internal Silver BCMG responsible for managing the health board's response will vary depending on the incident.

Depending on the nature, scale and likely duration of the incident, the internal Silver BCMG may comprise of:

- **Chair of the BCMG** — Gold On-Call (or other member of the Executive Committee or deputy)
- **Incident Management Team** — To be determined by the incident
- **Subject Matter Experts** — To be determined by the incident
- **Communications Lead** — To ensure effective communications are put in place
- **Loggist** — To record decisions and actions
- **Administrative Support** — To manage the admin and coordinate actions

Action cards for each role are set out at **Annex C.**

4.4.2 Roles and Responsibilities of the PTHB Internal Silver Business Continuity Management Group (BCMG)

The generic roles and responsibilities of the internal Silver BCMG include but are not limited to:

- provide tactical leadership of the incident with strategic oversight;
- manage the Health Board's tactical response to the incident, providing a single focus for decisions likely to affect the whole organisation;
- to coordinate the Health Board's operational response in liaison with Health Board service leads/managers;
- plan and coordinate the recovery phase of the incident;
- provide appropriate advice on tactical issues to Gold (if established) and Bronze controls.
- implement, coordinate and monitor service level BCPs;
- develop a communications plan for internal/external communications;
- provide representation at multi-agency business continuity meetings/groups were implemented.

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A suggested Agenda for the first internal Silver BCMG meeting is set out at **Annex D.**

4.4.3 Communications

The internal Silver BCMG will develop a Communications Plan to cover communication with:

- Staff;
- Media;
- Patients and the Public;
- Other Providers;
- Key Stakeholders;
- Partner organisations.

This work will be led by the Communications Lead.

The Communications Lead will also work closely with the internal Gold Command, if established.

4.4.4 Location and Frequency of Meetings

The location of PTHB's internal Silver BCMG will be determined by the nature, scale and duration of the incident.

In the first instance, it is likely that the meeting will take place via Microsoft Teams (or via teleconference). This will enable the Internal Silver BCMG to gather all known information in the context of the disruption, assess the nature and impact of the disruption, prior to agreeing any necessary actions.

Alternatively, the internal Silver BCMG may:

- co-locate at the PTHB Health Emergency Coordination Centre (HECC). The HECC is located in the (*content removed*). Keys to access (*content removed*) and the Major Incident Cupboard are accessible 24/7. The keys are located in the (*content removed*). The keys are clearly labelled 'Major Incident Key Cupboard'.
- co-locate close to the area disruption or incident.

The frequency of meetings will be determined by the scale and impact of the incident.

4.4.5 Internal Gold Command

On notification of a level 4 disruption, the Gold On-Call in liaison with the Chief Executive Officer or their deputy, will consider the incident details to determine whether it is necessary to convene an internal Gold command group.

The Gold command determines the coordinated strategy and policy for the overall management of the incident. This level of management also formulates media handling and public communications strategies, as required and necessary. The Gold command will then delegate the actions to the respective tactical control level for them to implement a tactical plan to deliver the strategic aim and objectives.

The Gold command group will comprise of:

- Members of the Executive Committee.
- Assistant Director of Communications.
- Loggist.

4.4.6 Roles and Responsibilities of PTHB Internal Gold Command

The generic roles and responsibilities of the internal Gold command include but are not limited to:

- ensure a safe, effective and coordinated response and recovery to the business continuity/significant incident. Gold command will undertake the health board's leadership role. They will provide strategic direction where required, supporting the internal Silver BCMG;
- coordinate decision making and effective use of resources during the incident; ensuring key supporting roles are covered;.
- liaise with other Health Boards and agencies as required;
- provide appropriate response to the media and other external agencies if required;
- protect the wellbeing of staff and patients within the health board;
- ensure a strategic oversight of the incident and the Health Board as a whole;
- decide when the incident arrangements should be stood down and recovery phase implemented.

A suggested Gold command group agenda is available at **Annex E.**

4.4.7 Internal Bronze Controls

These are the locations where resources are deployed to carry out the tasks required in response to the incident. The operational teams i.e. hospital service managers, will manage the physical response to achieve the tactical plan, as advised by the internal Silver BMCG. Depending on the nature and scale of the incident, there is likely to be a number of operational teams included as part of the response.

4.5 Contact Details

PTHB will contact members of the internal Silver and Gold command groups via email, if appropriate or via key contacts, as listed within the PTHB Emergency Contacts Directory.

4.6 Decision Making Tools

It is recommended that the principles of the JESIP (Joint Emergency Services Interoperability Programme), including the use of the 'Joint Decision Making Model' should be adopted for use by all PTHB internal command group leads throughout the duration of the incident.

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Further details on the Joint Decision Model and the JESIP principles are outlined at **Annex F**

4.7 Record Keeping

PTHB is responsible for maintaining its own records during an incident.

A comprehensive record should be kept of all events, decisions, actions, reasoning behind each key decision and actions taken. There are three types of record logs:

1. **Decision log** – Records Decisions, Actions and Rationale in accordance with guidelines, policy and legislation based on information and intelligence provided at that time. PTHB has a number of trained Loggists who may be called upon in response to a major incident or emergency. Relevant contact details are detailed within the PTHB Emergency Contacts Directory. Trained Loggists are not responsible for taking minutes of incident meetings, a separate minute taker should be used to undertake this role.
2. **Incident Log** – Entries on incident and series of events e.g. Contemporaneous notes of the incident with reference to all digital and paper information received. All these need to be retained with the completed logbook and marked as exhibits, initialled and numbered (for e.g.Exhibit SW 1 and so on).
   Minutes of Meeting – capture information, discussion and decision. May be produced with action logs attached, to show what outstanding tasks may be required.

All trained Loggist will be provided with a copy of the PTHB Decision Logbook and an electronic log template on completion of their training. Copies of the Decision Logbook. Copies will also be held in the Major Incident Cupboard, located in the HECC.

A list of PTHB trained Loggists is available in the PTHB Emergency Contacts Directory or via Brecon Switchboard.

All documentation will need to be saved and produced for the purpose of internal/multi-agency debrief, public inquiry, civil or criminal proceedings, or coroner's court. Any log produced is disclosable and as such becomes legal evidence.

4.8 Finance

The Finance Department will provide an emergency cost code, as required by the incident. The BCMG should maintain a log of all expenses authorised by the BCMG.

4.9 Templates

A series of useful templates for use in an incident *i.e. electronic record decision log,* risk register, *action tracker, financial log* are available via the Civil Contingencies & Emergency Planning service area on the PTHB intranet site, as required.

4.10 Mutual Aid

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The Health Board may receive a request for assistance or similarly request mutual aid from another organisation. The Health Board Executive Committee/ PTHB Gold command Group will need to consider whether the resources can be made available without impacting the organisation's service delivery obligations with respect to external mutual aid requests and

similarly another organisation will undertake the same process prior to agreement of any mutual aid requests from PTHB.

4.11 Health and Safety

All Health Board staff are required to follow PTHB's health and safety policies, procedures and protocols.

All levels of command and control should consider the health and safety policies, procedures and protocols in directing tasks to operational staff and should be made aware of any identified or potential risks.

Every member of staff has a statutory duty of care under the Health and Safety at Work Act 1974 to take reasonable care of their own health and safety and of others who may be affected by their acts or omissions.

4.12 Staff Welfare

Responding to incidents puts staff under more pressure than normal. It is therefore vital that staff welfare issues are given a high priority. In order to achieve this, those staff with management responsibility will ensure that the following issues are continually addressed:

- health and Safety;
- the availability of food and other refreshments;
- working hours;
- rest breaks;
- travel arrangements;
- consideration of personnel circumstances;
- emotional support during and after the incident;
- access to appropriate Personal Protective Equipment (PPE);
- human factors as a result of an incident especially when dealing with protracted incidents.

To assist staff in the response to an incident, regular briefings will be given by senior staff, particularly during handovers.

4.13 Equality and Diversity

Equality is about creating a fairer society where everyone has the opportunity to fulfil their potential, while diversity recognises and values difference in its broadest sense. In developing emergency preparedness plans all Health organisations must be mindful of their duties under the Equalities Act 2010.

The equality duty requires public bodies to consider the needs of all individuals when developing policy, delivering services and in relation to employees. It encourages public bodies to understand how different people will be affected by their activities so that services are appropriate, accessible to all and meet different people's needs.

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4.14 Human Rights

Health organisations must uphold the UK Human Rights Act (1998) in delivering services which requires that account is taken of a range of factors including the dignity of individuals receiving treatment; end of life considerations; prioritisation of treatments and transparency in relation to decision-making as well as an individual's preferences.

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SECTION 5 - MANAGING THE RECOVERY FOLLOWING DISRUPTION

5.1 Recovery – Return to Normal

Depending on the scale and impact of any level of business continuity disruption, there may not be an immediate 'return to normal' due to e.g. the need to treat the backlog of patients who were delayed by the incident, whilst at the same time responding to new referrals.

Planning for recovery can also be one of the areas included in the coordinating and managing response stage. However, it is at the recovery stage that the full recovery strategy is implemented.

5.2 Recovery Strategy

The internal Silver BCMG will develop a recovery strategy to ensure that 'return to normal' is appropriately managed, coordinated and resourced to continue to manage stakeholder expectations.

As part of this strategy, the cost of recovery should be recorded so that the full impact of the incident can be captured during the debrief and lessons learned.

A generic recovery strategy template is available at **Annex G**.

5.3 Stand Down

The Chair of the internal Silver BCMG will be responsible for standing-down this BCP at the stage it considers most appropriate. When satisfied that the serious and wide scale disruption has ended, the Chair will formally close down this BCP.

The 'stand-down' of this BCP may mean that there are no further actions required in relation to the disruption. Or, the internal Silver BCMG may decide that further actions are still necessary, but that these are able to be managed at a service group/service level or via a separate 'Recovery Group' that may be established to coordinate the management of longer term recovery actions.

5.4 Debrief and Lessons Learned

In all instances, where this plan has been activated (level 3 or 4), it is essential to capture lessons learned by a process of debriefing and plan review.

The Chair of the internal Silver BCMG will ensure that arrangements are in place to undertake debrief following the disruption. A debrief will seek to identify:

- what was supposed to happen?
- what actually happened?
- why were there differences?
- what did we learn?
- are there any improvements to be made and procedures?

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The debrief process will be supported by a post incident report and action plan which will be signed off by the Executive Committee, in order to update PTHB plans and identify any future training and exercising requirements.

The Debrief Report will be scrutinised by the Executive Committee, who will require assurance that any longer-term actions required by the Health Board to mitigate against future disruption can be taken.

Other records relating to the incident must be submitted to the Civil Contingencies Manager, who will hold these centrally in case they are required for any future use e.g. in a public inquiry or to respond to a complaint etc.

All incidents debrief reports will be made available on the intranet to promote sharing of good practice.

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SECTION 6 – KEY ROLES AND RESPONSIBILITIES

6.1 Roles and Responsibilities within the Business Continuity Plan

Individual/ Team	Day to Day Role	Level of Disruption	Responsibilities
Service Leads	Normal roles and responsibilities within Directorate	Individual service or one or more services affected	Coordinate response in line with Corporate BCP; escalate upwards within the Health Board; maintain communication
Gold On-Call	Providing strategic leadership during period of on call cover	Threatened or actual disruption	Determining the level of response required if disruption cannot be managed by individual service (level 1 or 2), alerting the CEO; Chairing the internal Silver BCMG; member of internal Gold command group. This role may be undertaken by relevant Executive Lead or Deputy Assistant Director if disruption is contained to one Directorate.
Internal Silver Business Continuity Management Group (BCMG)		Confirmation of a level 3 or 4 business continuity incident / significant BC incident	Overall tactical level coordination of the response. Manages the key stages of response (incident management response, recovery and resumption of 'business as usual').
Internal Gold Command Group		Confirmation of a level 4 business continuity/significant incident that requires strategic level coordination	Overall strategic level coordination of the response. Sets the strategic direction and objectives and considers for longer term recovery strategies
Communications Lead	Dealing with communications and engagement (internal and external)	If individual service is affected, internal communications are as in normal day to day business. If command and control structures in place Comms will form part of the internal coordination groups.	Providing direct support to managers and/or internal Silver BCMG and internal Gold command group, if established.

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Corporate Issues (i.e. workforce and OD, finance, legal and insurance matters	Via normal routes	Provide support to all levels, which will be determined by the nature and scale of the disruption.	Establish cost codes, provide relevant/specialist advice as determined by the nature of disruption.
Estates and Works and Properties	Via normal routes	Threatened or actual disruption, response and recovery.	Report when an estates issue threatens service provision; supports Internal Silver advising on impacts and corrective actions. Including the managing internal accommodation requests.
ICT	Via normal routes	Threatened or actual disruption response and recovery.	Critical role in ensuring that ICT services throughout are available to support the recovery of response.
Support Services	Via normal routes	Threatened or actual disruption response and recovery.	Supports all aspects of response and recovery of the disruption in all service function areas, including H&S advice, security advice, links to NWSSP Health Courier services and non-emergency transport.

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[ANNEX A-G FOR INTERNAL USE ONLY]

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 3.2

Board Meeting	**Date of Meeting: 24 July 2024**
Subject:	PTHB Civil Contingencies Annual Report 1st April 2023 – 31st March 2024
Approved and Presented by:	Director of Public Health
Prepared by:	Civil Contingencies Manager
Other Committees and meetings considered at:	Executive Committee (26 June 2024) – recommended the report to the Board.

PURPOSE:

The purpose of this Annual Report is to provide the Board with an account of the key resilience activities undertaken between 1st April 2023 to the 31st March 2024, and to set out the Health Board's civil contingencies planning priorities for 2024/2025.

The report is reserved for Board consideration and is a requirement that is is considered by the Board.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** the Civil Contingencies Annual Report for 2023/2024.

Approve/Take Assurance	Discuss	Note
Y	x	x

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

EXECUTIVE SUMMARY:

Powys Teaching Health Board (PTHB) is identified as a Category 1 responder under the Civil Contingencies Act (2004) ('the Act') and is therefore required to comply with all the legislative duties set out within the Act. There are 5 statutory duties upon Category 1 responders, these being to:

- Assess the risks of emergencies;
- Have in place emergency plans;
- Establish business continuity management arrangements;
- Have in place arrangements to warn, inform and advise members of the public;
- Share information, co-operate and liaise with other local responders.

This Annual Report provides an account of the range of preparedness activities that the Health Board has undertaken to meet the requirements of the Act, during the financial year commencing the 1st April 2023 – 31st March 2024.

In addition, the Annual Report provides an overview of the key priorities that have been identified to be taken forward in 2024/25.

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DETAILED BACKGROUND AND ASSESSMENT:

The Annual Report attached at **Appendix 1** outlines activity during the past financial year and identifies the key priority areas for 2024/25.

The Annual Report demonstrates that the Health Board has continued to engage in internal and multi-agency civil contingencies related activities, to ensure compliance with its duties, as set out within the Act.

The Health Board has not been required to stand-up any formal internal response structures in response to an incident or emergency impacting on the Health Board over the last twelve-month period.

A full overview of the resilience activities that have been undertaken in 2023/24 is detailed within the Annual Report, with a brief overview of key activity summarised below:

- Annual review and approval of the PTHB Major Incident and Emergency Response Plan and Corporate Business Continuity Plan;
- Annual Review and approval of the PTHB Severe Weather Plan.
- Review and approval of the PTHB Civil Contingencies Training and Exercise Plan;
- Interim review of the PTHB Pandemic Framework (waiting for updated national pandemic preparedness strategy and guidance to be published prior to commencing a full review);
- Participation in an NHS Wales mass casualty exercise referred to as 'Exercise Pen Y Darren', which included an internal test of the PTHB Major Incident and Emergency Response Plan;
- Delivery of internal training sessions for key staff groups and participation in internal and multi-agency tabletop exercises to test plans and procedures;
- Continued collaboration and participation in multi-agency planning, training, exercises and coordinating response groups that have taken place at a regional level with Dyfed Powys Local Resilience Forum and at a national level with Welsh Government and other NHS Wales EPRR Networks, to ensure that the Health Board continues to strengthen its ability to respond to a wide range of emergencies.

The Annual Report provides an outline of the key priorities for delivery in 2024/2025. This includes the delivery of a 'live' exercise to test the operational major incident response procedures, to ensure compliance with the Civil Contingencies Act (2024).

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NEXT STEPS:
Subject to Board endorsement, the next steps will include: • To publish the Annual Report on the PTHB staff Intranet; • To deliver the 2024/25 key priorities as detailed within the Annual Report.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement** There are not expected to be any adverse, differential impacts that may arise from a decision being on the content included within this annual report.
Age	X				
Disability	X				
Gender reassignment	X				
Pregnancy and maternity	X				
Race	X				
Religion/ Belief	X				
Sex	X				
Sexual Orientation	X				
Marriage and civil partnership	X				
Welsh Language	X				
Risk Assessment:					
	Level of risk identified				**Statement** No risks have been identified that may occur if a decision is taken on the contents of this report.
	None	**Low**	**Moderate**	**High**	
Clinical	X				
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

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POWYS TEACHING HEALTH BOARD
CIVIL CONTINGENCIES
ANNUAL REPORT
1st April 2023 - 31st March 2024

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BACKGROUND

The Civil Contingencies Act (2004) ('the Act') outlines a single framework for civil protection in the United Kingdom. Part 1 of the Act establishes a clear set of roles and responsibilities for those involved in emergency preparedness and response at the local level. Powys Teaching Health Board (PTHB) is described as a Category 1 responder under the Act and is subject to the following civil protection duties:

- Assess the risks of emergencies occurring and use this to inform contingency planning;
- Put in place emergency plans;
- Put in place business continuity management arrangements;
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency;
- Share information with other local responders to enhance co-ordination;
- Co-operate with other local responders to enhance co-ordination and efficiency.

The UK Government transferred the executive functions under Part 1 of the Act to Welsh Ministers on 24th May 2018.

Part 2 of the Act refers to Emergency Powers. It allows for the making of temporary special legislation (emergency regulations) to help deal with the most serious of emergencies.

INTRODUCTION

This Annual Report describes the Health Board's emergency preparedness, resilience and response activities undertaken to meet the requirements under the Civil Contingencies Act (2004), for the financial year commencing the 1st April 2023 to 31st March 2024.

The Health Board has a suite of plans and procedures in place to deal with major incidents, emergencies, and disruption to business continuity. These plans take into account the requirements of the Civil Contingencies Act (2004) and relevant Welsh Government guidance. All plans have been developed in consultation with key stakeholders to ensure cohesion with their plans.

The report covers the following activities that PTHB has undertaken during the period between 1st April 2023 to 31st March 2024, to strengthen the Health Board's emergency preparedness, resilience and response actions, in the event of a major incident or severe disruption:

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- Governance Arrangements;
- Risk Assessment and Management;
- Incident Response Plans;
- ICT Disaster Recovery and Cyber Planning;
- Training and Exercising;

- Response – incidents PTHB has responded to during April 2023 to March 2024;
- Lessons Identified;
- Partnership Working;
- Quality Assurance;
- Key civil contingency's priorities for April 2024 to March 2025.

GOVERNANCE ARRANGEMENTS

The overall responsibility for Civil Contingencies Planning rests with the Chief Executive.

The Chief Executive has delegated the responsibility and leadership for Civil Contingencies Planning to the Director of Public Health. This role is supported by a part-time Civil Contingencies Manager.

The Civil Contingencies Manager takes responsibility for ensuring that PTHB is compliant with the Act and all current Welsh Government led emergency planning guidance.

The Civil Contingencies Manager works in collaboration with internal service leads, Welsh Government, other NHS Wales organisations and external multi-agency partners, to help facilitate a comprehensive integrated emergency management approach (mitigation/prevention, preparedness, response, and recovery) across the organisation.

RISK ASSESSMENT AND MANAGEMENT

The UK Government's National Risk Register 2023 is a public facing document that sets out the UK government's assessment of the likelihood and potential impact of a range of different malicious and non-malicious national security risks (including natural hazards, industrial accidents, malicious attacks, and others) that may directly affect the UK and its interests over the next two years. In addition to providing information on how the UK Government and local responders manage these emergencies, the National Risk Register also signposts advice and guidance on what members of the public can do to prepare for these events.

The Civil Contingencies Act (2004) places a legal duty on responders to undertake risk assessments and publish risks in a Local Resilience Forum Community Risk Register. The risks placed on the National Risk Register are considered at a regional level by members of the Dyfed Powys Local Resilience Forum (LRF). Each identified risk is viewed in terms of the likelihood of occurrence versus the potential impact within the community. Each identified risk is then assigned to a relevant Dyfed Powys LRF sub-group, who will undertake further work, as required, towards ensuring processes are in place to address or mitigate the risk.

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The programme of work required to improve preparedness against risks as identified by Dyfed Powys LRF sub-groups, forms the basis of the LRF's Three-Year Business Plan. This ensures that the LRF concentrates efforts on the identified risks that have been assigned the highest risk impact score.

To provide assurance on the delivery of the LRF business planning process, the LRF has developed and maintains a performance management spreadsheet. The spreadsheet is used to track and report on the following areas:

- The progress and status of all Business Plan actions;
- The status of all recommendations identified following incidents and exercises;
- A record of all participants who have attended LRF events (i.e., training, conferences, exercises);
- The review dates for all LRF response plans;
- Any gaps in preparedness.

The LRF has published a list of risks that may cause an emergency in the Dyfed Powys region within the Dyfed Powys LRF Community Risk Register .

The purpose of the Community Risk Register is to help inform people about the risks that could occur where they live so that they are better prepared in their homes, communities and businesses. Inclusion of a risk in this Community Risk Register does not mean it will happen. It means it is recognised as a possibility and organisations have arrangements to reduce its impact.

The risks currently identified on the Dyfed Powys LRF Community Risk Register include:

- Pandemic;
- Flooding;
- Severe Weather;
- Loss of Infrastructure;
- Pollution;
- Animal Disease;
- Industrial Incidents;
- Transport Incidents.

The risks referenced in the list above does not include deliberate acts of third parties or terrorism, which were previously covered separately by the emergency services and government. However, future iterations of the LRF's Community Risk Register are likely to include both the malicious and non-malicious threats, as these are now published in the public domain via the National Risk Register.

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Internally, PTHB's corporate and directorate level risk registers detail the internal issues and threats that have been assessed by the organisation and provide an outline of the measures that are being put into place to address or mitigate the risk. In line with current policy, the Dyfed Powys LRF risk assessment processes and PTHB's internal risk registers are used to inform the development of emergency plans, continuity planning arrangements and other preparedness activities within PTHB.

PLANNING AND PREPAREDNESS ACTIVITIES

The following section provides a brief overview of the resilience activities that PTHB has undertaken during 2023/24.

Incident Response Plans

a) Major Incident and Emergency Response Plan

The **PTHB Major Incident and Emergency Response Plan** details the arrangements to guide the strategic, tactical and operational levels of response in the event of an emergency.

The Plan is underpinned by a series of operational major incident response procedures that have been developed and maintained by operational services to respond to a major incident involving casualties. The role of PTHB Community Hospitals in this scenario, is primarily to treat the walking wounded and assist the acute hospitals to perform secondary decantation of patients to create additional bed capacity.

The Plan has previously been consulted on, both internally and with key partners including, Powys County Council, Public Health Wales, Welsh Ambulance Service Trust and Welsh Government.

For this reporting period, the arrangements outlined in the Major Incident and Emergency Response Plan have been tested, as part of an NHS Wales mass casualty exercise referred to as 'Exercise Pen Y Darren'. An internal post-exercise report was produced to outline the lessons identified and recommendations for improvements that will be incorporated into future plans and procedures.

PTHB's Major Incident and Emergency Response Plan was last approved by the Board in July 2023 and is subject to annual review.

b) Business Continuity Plan

Business continuity management is a management process that helps to manage the risk to the smooth running of the organisation or delivery of a service, ensuring that the business can continue in the event of disruption, as far as is reasonably practical.

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A full revision of the **Health Board's Business Continuity Policy** was completed and approved by the Executive Committee in November 2022 and is subject to review on a three-year cycle.

The **PTHB Corporate Business Continuity Plan** was last approved by the Board in July 2023. The plan is subject to annual review.

The Corporate Business Continuity Plan has been developed to ensure that the Health Board is ready and able to anticipate, prepare for, prevent, respond to and recover from disruptions, whatever their source and whatever part of the business they affect, so that priority patient services can be maintained. The plan sets out the procedures and strategies to be taken to ensure that PTHB maintains its critical functions in the event of an incident that causes serious or widespread interruptions to business operations.

The arrangements outlined in the Corporate Business Continuity Plan have not been required to be formally stood-up to respond to disruptive events or incidents during 2023/2024.

Individual service Business Continuity Plans are also in place locally to manage disruption at individual service level.

An internal audit of the Health Board's corporate business continuity management processes took place in December 2023, where 'substantial assurance' was provided for this area of work. An internal audit of the Health Board's operational business continuity management processes is expected to take place in 2024/2025.

c) Severe Weather Plan

The **PTHB Severe Weather Plan** was reviewed as part of the annual review process and subsequently approved by the Executive Committee in January 2024. This plan forms part of the Health Board's business continuity response arrangements and integrated winter planning arrangements. The Plan covers a range of severe weather events i.e., heavy snowfall, gales, heatwave etc.

d) Pandemic

A pandemic remains the highest health risk identified on the UK Governments National Risk Register.

The **Health Board's Pandemic Framework** and underpinning plans and procedures were adapted for use throughout the Health Board's response to the Covid-19. An interim review of the Framework took place during 2023, which was subsequently presented to the Executive Committee in April 2024 for approval. A further review of the Framework will take place following the publication of revised national pandemic preparedness strategy and guidance.

Communicating Emergency Response Plans

The Civil Contingencies Planning service area of the PTHB staff intranet, provides a platform for communicating information on PTHB emergency response plans to all staff working across the Health Board, including the sharing of information on future training and exercise events.

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Information Communication and Technology (ICT) Disaster Recovery/Cyber Resilience Planning

The Digital Transformation and Informatics Service diligently aims to mitigate and where possible remove cyber security risks that pose a risk to the Health Boards information and infrastructure. Through engagement with Health Boards, national organisations and other public sector organisations, constant iterative improvements are made to the Health Boards cyber security posture.

Key activities undertaken throughout 2023/24 in relation to disaster recovery and cyber include (not inclusive):

- Independent audits conducted: Demonstrating that key best practices are in place and managed appropriately.
- Significant investment secured to mitigate risks that legacy infrastructure, client devices and software pose to the Health Board.
- Improvements to cyber security assessments carried out against new and existing services.
- A programme of end-user training and simulated breaches to educate and inform staff of common attack vectors will be sustained.

The risk of 'of a cyber-attack resulting in significant disruption to services and quality of patient care' is recorded on the PTHB Corporate Risk Register (CCRR 009) and actions to mitigate this risk are monitored at Board level.

The Digital Transformation and Informatics service will continue work to strengthen the Health Boards digital disaster recovery processes and support the creation and refinement of departmental business continuity plans in the event of an organisation-wide cyber incident being realised. Programmes of work in place to increase security and resilience of the Health Board's ICT services will be sustained to adapt to the constant evolution of threats in this space.

The responsibility for ICT disaster recovery (DR) planning and cyber resilience planning sits within the remit of the Executive Director of Finance and Digital's portfolio. This responsibility will be transferred to the Executive Director of Allied Health Professionals, Health Science & Digital in May 2024.

Strengthening Other Areas of Risk

In addition, to the plans and procedures that have been detailed above, additional work is also underway to strengthen planning for other identified areas of risks that may impact on Health Board services, as identified on the national risk register *i.e. planning for a national power outage scenario.*

Training

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The Health Board's Civil Contingencies Training and Exercise Plan was refreshed and approved by the Executive Committee in December 2023.

PTHB participated in the following civil contingencies related training events during 2023/24, as detailed in the table below:

Type of Training	Training overview	Date
Internal Training		
PTHB Gold On-Call Major Incident Training	Sessions held to provide an overview of PTHB major incident response to new members on the Gold On- Call rota.	Various individual sessions undertaken during 2023/24
PTHB Silver On-Call Managers Major Incident Training	Sessions held to provide an overview of PTHB major incident and emergency response arrangements to new members on the Silver On-call rota.	Various sessions undertaken during 2023/24
External Training		
Exercise Wales Gold	Multi-agency emergency response training for strategic level commanders who may be required to attend a Strategic Co-ordination Group.	07-06/06/23
PHW HARP Summer Forum – High Consequence Infections Diseases (HCID's)	Public Health 'Healthcare Associated Infection, Antimicrobial Resistance & Prescribing Programme' (HARP) led summer forum on HCID's	29/07/23
Exercise Wales Silver	Multi-agency emergency response training for tactical level commanders who may be required to attend a Tactical Coordination Group.	17/10/23
Overview of Emergency Alerts	Cabinet Office and Welsh Government led a familiarisation session on the Emergency Alerts system in Wales	26/10/23
NHS Wales Health Prepared Wales Conference	NHS Wales/Welsh Government annual 'Health Prepared Wales' conference	23/11/23
SP Energy Winter Update for LRF's	Scottish Power Energy update providing overview of winter preparations for winter 2023/24	30/11/23
Loggist Training	NHS Wales Loggist Training, delivered by PHW to PTHB staff	12/01/24

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The NHS Wales 'Introduction to Emergencies' E-learning training module is readily available for all staff to complete, through the staff Electronic Staff Record (ESR) learning platform. This interactive E-learning module is an introductory overview of the emergency response arrangements and actions in place across NHS organisations in Wales. The Civil Contingencies Manager continues to

explore opportunities to promote staff enrolment on this E-learning module across all areas of the Health Board.

Exercises

Exercises provide invaluable insight into the delivery of our plans and important learning regarding the areas of the plans that require further development.

Whenever possible, the Health Board aims to ensure that exercises are held in a multi-agency context. This helps to provide familiarisation with other partner organisations.

As a Category One Responder under the Act, the Health Board is required to hold the following exercises:

- Communications exercise – every six months;
- Table-top exercise – every 12 months;
- Live exercise – every three years.

The table below outlines the Health Board's participation in internal and external exercises held during 2023/2024 and demonstrates partial compliance with the Civil Contingencies Act at the time of writing this report.

Frequency of Exercise	Exercise/Test	Description/Outcome	Date
Communications Test – every 6 months	WAST Communications Test	Communications cascade test between Ambulance Control and NHS organisations in Wales.	17/10/23 - *(part of Exercise Pen Y Darren)* 06/12/23 29/02/23
	DP LRF Exercise Wales Connect	Exercise WALES CONNECT is a pan Wales activation exercise that tests the activation of four Strategic Co-ordinating Groups (SCG's) in all Welsh Local Resilience Forums (LRF's), as outlined in the Pan Wales Response Plan.	20/07/23 26/10/23
Tabletop exercise – every 12 months	NHS Wales Exercise Pen Y Darren	Exercise to test the Mass Casualty Arrangements for NHS Wales. Local 'live' play took place to test elements the Health	17/10/23

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		Board's Silver command and control structures, including the activation of the Health Board's emergency coordination centre.	
	Royal Welsh Showground Exercise	Multi-agency exercise	07/03/24
	PHW Outbreak Control Plan for Wales (Communicable Disease) Exercise	Multi-agency exercise involving partners with responsibilities under the Outbreak Control Plan for Wales to test the revised Communicable Disease Arrangements for Wales. This exercise was based on Health Board areas and Powys Health Board jointly participated with the Powys Local Authority in the exercise.	19/03/24
'Live' Exercise – every 3 years	Elements of 'live' play was undertaken as part of 'Exercise Pen Y Darren'	As referenced above	17/10/23

The Health Board used the NHS Wales Exercise Pen Y Darren to test specific 'live' aspects of the tactical level arrangements outlined in the PTHB Major Incident and Emergency Response Arrangements. Arrangements will be put into place to undertake a 'live' test of the Health Board's operational major incident response arrangements during 2024/2025, to ensure full compliance with the Act 2024.

RESPONSE – INCIDENTS PTHB RESPONDED TO DURING 2023/2024

The Health Board has activated the arrangements outlined in its emergency response plans, in response to a number of incidents that have occurred during this twelve-month reporting period. A brief overview of the incidents is outlined below:

- The Health Board has participated in a number of multi-agency groups that have been established in response to severe weather events during 2023/2024, including:
  - Storm Ciaran – multi-agency group meetings held on 31/10/23 & 01/11/23

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- Storm Isla – multi-agency group meetings held on 19/01/24 & 21/01/24

- A tactical level planning group was established in response to the British Medical Association's (BMA) mandate from members to take industrial action during 2023/2024. The BMA Welsh Junior Doctors took 72 hours of industrial action between 15th January to 18th January 2024, 21st February to 24th February 2024 and 25th March to 29th March 2024. In addition, the Health Board was required to plan and respond to any potential impacts on Powys patients accessing care from cross border NHS Trusts in England, throughout a number of planned dates for Industrial Action that were also taking place in England. Due to the limited impact of the BMA Junior Doctor Industrial Action on PTHB as an employer, the management of these events was through business-as-usual structures.

The report acknowledges that individual services and directorates regularly respond to disruption to their services (and wider) using business-as-usual managerial structures; this level of response is not captured within this report per se.

LESSONS IDENTIFIED

Following live events and exercises, debriefs are undertaken to capture learning points. All the Health Board's incident response plans that have been updated as part of the review process during 2023/24, incorporate lessons identified from internal responses/exercises and from recommendations listed within the NHS Wales Lessons Identified management system, as considered appropriate. The NHS Wales Lessons Identified management system provides a single resource in which all health-related lessons that have been identified following regional and national debriefs and Public Inquiries are captured.

PARTNERSHIP WORKING

To ensure that PTHB can demonstrate a proactive and co-ordinated approach to warning and informing, sharing best practice, and encouraging a joint approach to emergency preparedness, the Health Board works in collaboration with a range of partner agencies through formal standing meetings and ad hoc arrangements, including:

- Dyfed Powys Local Resilience Forum meetings and relevant subgroups;
- All Wales NHS Emergency Planning Advisory Group and relevant subgroups;
- Royal Welsh Show Emergency Planning Committee;
- Powys Safety Advisory Groups;
- Builth Wells Safety Event Group;
- Local and Regional CONTEST Board.

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An LRF structure diagram is shown in **Appendix 1** of this report for information.

JESIP

The JESIP *Joint Doctrine: the interoperability framework* is the policy which sets out a standard approach to multi-agency responder agencies, as they work together responding to emergencies.

Whilst the initial focus was on improving the response to major incidents, JESIP is considered to be scalable, so much so, the principles for joint working and joint decision making models can be applied to any type of multi-agency incident.

PTHB incorporates the JESIP principles into the Health Board's internal response plans, training and exercises.

QUALITY ASSURANCE

The Health Board participates in several quality assurance processes:

Annual Welsh Government Emergency Planning Report – this annual reporting tool seeks to identify Health Boards current levels of preparedness. The Welsh Government/NHS Executive Annual Report for 2023 has not been issued at the time of completing this report.

Welsh Government Emergency Planning Health Board Visits – undertaken by the Health Emergency Planning Adviser, Welsh Government at agreed intervals.

Internal Audit – All Civil Contingencies activities are subject to internal audit. An internal audit of the Health Board's Business Continuity Management arrangements for operational services is scheduled to take place in 2024/25.

The NHS Executive in Wales was established in April 2023, with the aim to provide a national support function based in the NHS in Wales. The key purpose of the Executive function is to drive improvements in quality and safety of care to achieve better and fairer healthcare outcomes for the people of Wales. As part of the NHS Executive in Wales, a new Emergency Preparedness, Resilience and Response function will commence on the 1st April 2024, with the aim to drive improvements in Emergency Preparedness, Resilience and Response activities across NHS Wales organisations going forward.

CIVIL CONTINGENCIES PRIORITIES 2024/2025

The focus of work for the next year (1st April 2024 to 31st March 2025) will be to:

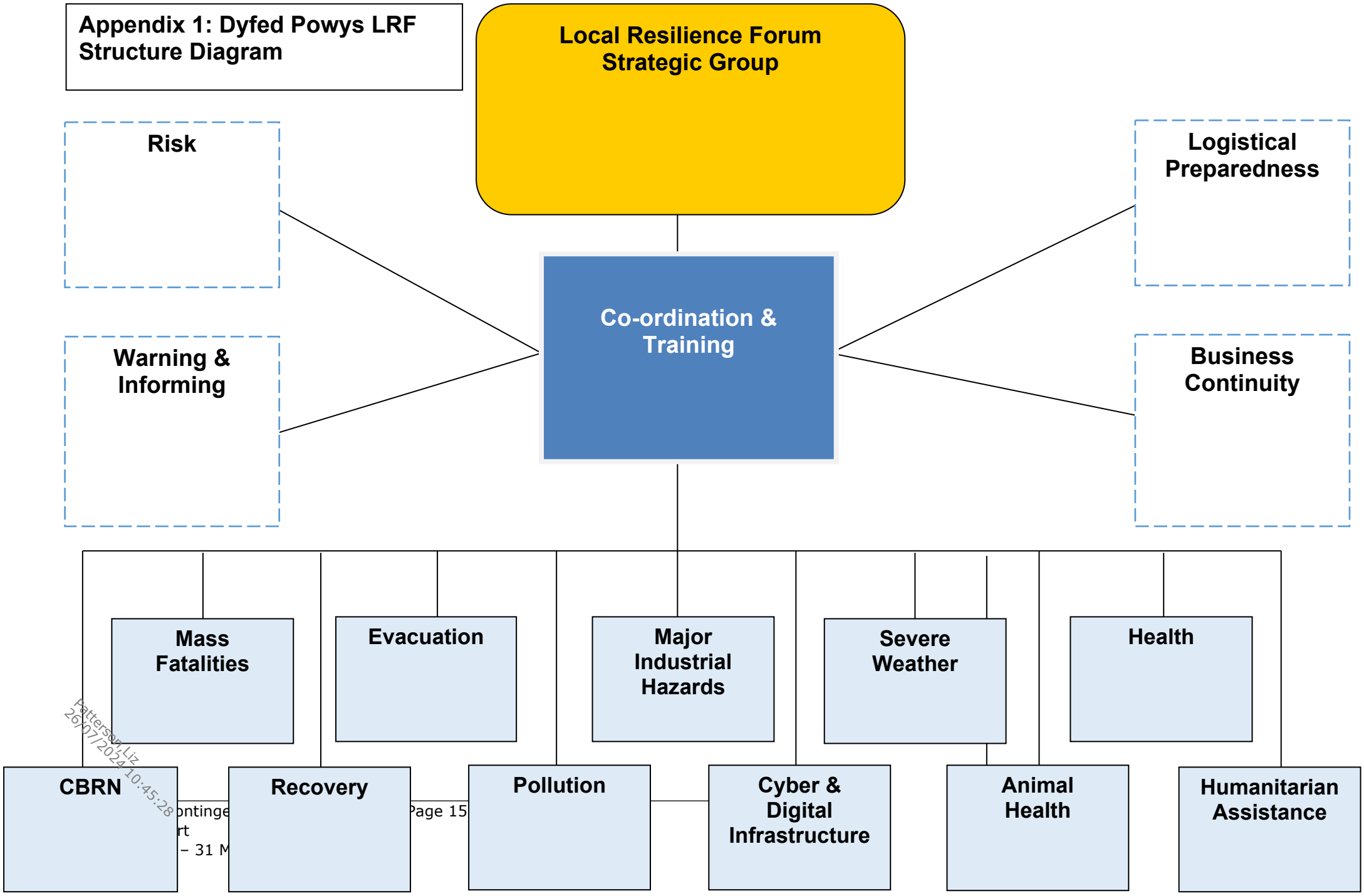
- Ensure that key plans and procedures continued to be reviewed/ developed to strengthen organisational resilience for all existing or newly identified areas of risk and any lessons identified are incorporated within the Health Boards future plans and procedures;
- Ensure delivery of the Health Board's Civil Contingencies training programme;

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- Ensure a schedule of exercises are planned and delivered to ensure compliance with the Civil Contingencies Act (2024);
- Strengthen preparedness against all areas of identified risk relevant to the Health Board, based on an assessment of risks.
- Continue to engage in local, regional and national planning, training and response activities, as considered appropriate.

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Appendix 1: Dyfed Powys LRF Structure Diagram



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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

BOARD	**24 July 2024**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Helen Bushell, Director of Corporate Governance
Other Committees and meetings considered at:	Chair's Action – approved by the Chair, CEO and Director of Corporate Governance Committee Membership – recommended by the Chair following discussion with Independent Members, CEO and Director of Corporate Governance

PURPOSE:

The paper provides a series of recommendations for the Boards consideration to ratify and approve linked to:

- Chair's Action
- Board Committee Membership 2024/25

RECOMMENDATION(S):

The Board is asked to:

- **RATIFY** the Chair's Actions taken on the 15 June 2024 to:
  - APPROVE the recommendation not to apply for Core Participant status for Module 8 (UK Covid-19 Public Inquiry) either directly or as part of an NHS group.
- **RATIFY** the Chair's recommendations for Board Committee Membership.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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CHAIR'S ACTION

In accordance with Section 2.1 of the Standing Orders there may occasionally be circumstances where decisions that would normally be made by the Board need to be taken between scheduled meetings, and it is no practicable to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Director of Corporate Governance / Board Secretary as appropriate, may deal with matters on behalf of the Board – after first consulting with at least two other Independent Members.

There has been one occasion since the last report where Chair's Action was taken on behalf of the Board,

Date	Decision	Approval
15 June 2024	• **APPROVED** the recommendation not to apply for Core Participant status for Module 8 either directly or as part of an NHS group.	The Actions were supported by the Chair, Chief Executive and two other Independent Members, supported by the Director of Corporate Governance / Board Secretary.

BOARD COMMITTEE MEMBERSHIP 2024/25

The Board is required to consider the membership of the Boards Committees as per its scheme of delegation.

The Chair, with the support of the Director of Corporate Governance has reviewed Committee membership and recommends the following for 2024/25:

Audit & Risk Assurance	Rhobert Lewis (Interim Chair) Steve Elliot (Chair from Oct 2024) Ronnie Alexander Chris Walsh
Charitable Funds	Carl Cooper (Chair) Rhobert Lewis (Vice Chair) Cathie Poynton Pete Hopgood (executive member) Claire Madsen (executive member)
Delivery & Performance	Ronnie Alexander (Chair) Kirsty Williams

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	Mick Giannasi (until Aug 2024) Rhobert Lewis Cathie Poynton Steve Elliot
Patient Experience, Quality & Safety Committee	Kirsty Williams (Chair) Jenn Owen-Adams (Vice Chair) Simon Wright Ian Phillips (until August 2024)
Planning, Partnerships and Population Health	Rhobert Lewis (Chair) Simon Wright (Vice Chair) Ronnie Alexander Kirsty Williams Jenn Owen-Adams Ian Phillips (until August 2024)
Remuneration and Terms of Service Committee	Carl Cooper (Chair) Kirsty Williams (Vice Chair) Rhobert Lewis (Chair of ARAC) Ian Phillips (Chair of W&C until Aug 2024) Jenn Owen-Adams (Chair of W&C from Aug 2024)
Workforce & Culture	Ian Phillips (Chair until Aug 2024) Jenn Owen-Adams (Chair – from Aug 2024) Cathie Poynton Chris Walsh

A further review of Committee membership will take place following Independent Member recruitment in the early Autumn.

NEXT STEPS:

The website and other administrative activities will be updated to reflect the membership of each Board Committee.

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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS PAPER

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

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

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POWYS TEACHING HEALTH BOARD
UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD
HELD ON WEDNESDAY 22 MAY 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Mick Giannasi (MG)	Independent Member
Jennifer Owen Adams (JOA)	Independent Member (Third Sector)
Ronnie Alexander (RT)	Independent Member (General)
Simon Wright (SW)	Independent Member
Chris Walsh (CW)	Independent Member (Local Authority)
Stephen Elliot (SE)	Independent Member
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
David Farnsworth (DF)	Interim Director of Operations/Community and Mental Health
Kate Wright (KW)	Executive Medical Director
Mererid Bowley (MB)	Executive Director of Public Health
Debra Wood Lawson (DWL)	Executive Director of People & Culture
Claire Roche (CR)	Executive Director of Nursing, Quality, Women and Family Health
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital

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In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Katie Blackburn (KB)	Regional Director Llais
Gill Griffiths (GG)	Palliative Care Clinical Nurse Specialist (Item 1.4) Audit Wales (Item 3.2)
Mike Jones (MJ)	Audit Wales
Liz Patterson (LP)	Interim Head of Corporate Governance
Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Joy Garfitt (JG)	Interim Director of Operations/Community and Mental Health
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council

PRELIMINARY MATTERS	
PTHB/24/011	**WELCOME AND APOLOGIES FOR ABSENCE** CC welcomed all participants to meeting of the Board and apologies for absence were noted and recorded as above. The Chair acknowledged the passing of Tony Thomas, a Board Member (Finance) with the Health Board who completed his term in May 2023. The thoughts and best wishes of the Board are with Tony's family. The Chair welcome SE to the Board, recently appointed as Independent Member for Finance. The Chair noted that Joy Garfitt, Interim Director of Operations, Community and Mental Health had now returned to work but was unable to attend today's Board meeting. CC congratulated PH on the permanent appointment to the Deputy Chief Executive Officer role.
PTHB/24/012	**DECLARATIONS OF INTEREST** No declarations of interest were made in addition to those already recorded on the register.
PTHB/24/013	**BOARD ACTION LOG** The Board noted that the one outstanding action on the Action Log has been completed.
PTHB/24/014	**EXPERIENCE STORY** • **Staff Experience Story** DWL introduced the item which provided an overview of a staff members experience with the Health Board. GG is employed as a Palliative Care Clinical Nurse Specialist and shared her career

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	journey and her recent experience of the Clinical Leadership Immersive Programme (CLIP). GG advised that the CLIP training had inspired and reframed her vision for the Palliative Care service. DWL noted that all participants of the CLIP training were uplifted and energised by the presentation that GG had provided and thanked GG for her passion and dedication in an important area of work where communities, patients, families, and staff will benefit from the expertise. CR noted the great example demonstrated by GG and thanked GG for all the work she does. The Board welcomed the presentation and echoed thanks to GG for sharing her story and enabling the Board to understand and visualise the impact of training programmes, such as the CLIP.
PTHB/24/015	**QUESTION TO THE BOARD FROM THE PUBLIC** One question from a member of the public had been received; a response will be provided at today's meeting but will also be responded to in writing. *How does PTHB plan to improve provision of services for patients living with Parkinson's Disease in North Powys; including initial assessment wait times and ongoing support from specialist Consultants and dedicated Parkinson's nurses.* DF advised that following an extended period of absence of a Practitioner in North Powys, a new appointment was made in August 2023, this has resulted in an improvement in activity. In addition to a consultant from Shrewsbury and Telford has been commissioned to increase number of consultant clinics. The Health Board are also working with Parkinson's UK to explore potential additional funding. All new referrals are offered an appointment within two weeks.
PTHB/24/016	**UPDATE REPORTS:** **REPORT FROM THE CHAIR** CC presented the report. *Regarding the 'Reducing Waste Workshop' that was attended, how will Board be involved in observing the efforts made across the organisation in reducing waste?* HT noted that a lot of learning from the workshop attended already formed part of the current plan to drive efficiency across services; the team were looking at suggestions of efficiencies from front line staff and a business process improvement review is currently underway. It was agreed that these improvements will be reported through to the Delivery and Performance Committee and will, in liaison with the Chair, schedule appropriate updates.

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ACTION: Associate Director of Capital and Estates

REPORT FROM THE VICE CHAIR
KWi presented the report.

REPORT FROM THE CHIEF EXECUTIVE
HT presented the report and drew attention to the following matters:

- The Joint Commissioning Committee met on 22 May 2024 where the timetable set out for the bespoke road-based model (as part of the EMRTS Review) was approved and outcome of that will go through for final approval in October. PTHB will ensure that the work is supported and contributed to.
- The Long Service Awards had taken place last week, a wonderful celebration for those colleagues who have worked in the NHS over 30 years.

In relation to the Spring Covid Vaccination Programme, has there been any evidence of vaccine fatigue?
MB advised that the Spring campaign launched in early April, with the programme adapted considering reports of vaccine fatigue. The Spring campaign had a smaller cohort when compared to the Autumn campaign and clinics have been taken out to different areas.

In relation to Wales Air Ambulance, there is concern around the ambitious timescale. Does the workstream include adequate representation around clinical need?
HT advised that there will be attendance from both Clinical and Commissioning services and further assurance will be sought at each Joint Commissioning Committee with regards to these points.

CC expressed his thanks to all those involved following the recent CIW inspection report on Cottage View. It was noted that there was learning for the PTHB from this review.

With regards to the Third Sector Review of Service Level Agreements (SLAs) how is the impact being determined and what criteria will be used?
SP noted that a review is currently being undertaken and a number of factors will be examined in that review (such as the standard of service, is it a service still required for residents and a full contract review). Should there be any changes going forward, it will be undertaken with full co-operation with Service Providers. The

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	Review is currently in Phase 2, and this will be reported back to the Executive Committee in due course. The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.
PTHB/24/017	**ASSURANCE REPORTS OF THE BOARD'S COMMITTEES** The following Chair's Assurance Reports were received: <u>Patient Experience Quality and Safety Committee</u> KWi presented the item which provided an overview of matters considered by the Committee on the 16 April 2024. Attention was drawn to the following matters: • Continuing to receive regular report on the Infection Prevention Control improvement plan, with good progress being made, • Seeing an increase in the use of Civica, which is enabling the use of patient feedback to shape services going forward, and • The Committee's continues to focus on Mental Health and receives a regular update to provide assurance to the Board. Developments will be monitored, and the Chair will report back to Board accordingly. *Mental Health Quality and Safety Review: Page 2 of the Chair's Report refers to an audit of clinical systems in the Mental Health. What systems are these, and is there any evidence of lessons learned that can be shared with other areas of the organisation,* CR advised that the audit focused on policies, clinical audit and audit learning and improvements; some gaps were identified which led to the decision of having the local escalation framework. A number of SMART objectives and improvements are in place and CR, as Chair of the weekly scrutiny meeting, reports progress to the Executive Committee on a fortnightly basis. HT noted that the service's response has been open and whilst it has been a difficult period, the support is in place to ensure the issues are resolved. <u>Executive Committee</u> HT presented the item which provided an overview of matters considered by the Executive Committee on the 6 March, 13 March, 21 March, 3 April, 10 April, and 17 April 2024. Attention was drawn to the following matter: • In March, the Committee agreed the submission to the Refit Cymru Salix bid to Welsh Government. This is a spend to save scheme, which will be a whole series of improvements and significant decarbonisation and energy savings. If

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successful with this funding, it will result in a 16% reduction in the carbon footprint.

In respect of the Did Not Attend (DNA) training, what is the scale of the issue in the context of compliance with Performance Appraisal and Development Reviews (PADR) which is the first line of assurance for the organisation in terms of governance?
HT noted that monitoring compliance with statutory and mandatory training is part of the PADR process. there is a need to be proactive in ensuring the best use of training is made.
DWL noted of the national piece of work on the mandatory and statutory training framework was taking place. In the meantime, local work has commenced on reporting back to Assistant, Deputy, and Executive Directors on the numbers of staff who did not attend training. This focused on those staff who are mandated to attend particular training due to their role. It should be noted that this is work in progress.

There is a reference within the report advising the Health Board are awaiting clarification from Welsh Government with regards to how long of a retention of patient records to be kept; has this now been received.
KW understood that this clarification has now been received but will check and update the Board.
ACTION: Medical Director

Audit, Risk and Assurance Committee
RL presented the item which provided an overview of matters considered by the Committee on 11 March and 14 May 2024. Attention was drawn to the following matters:

- At the 14 May meeting, the draft Health Board Annual Accountability accounts were reviewed,
- Over the last year, 20 internal audits had taken place; with just two receiving limited assurance results, and
- the External Audit Plan, where an all-Wales thematic review on emergency care was planned.

Delivery and Performance Committee
RA presented the item which provided an overview of matters considered by the Committee on the 7 May 2024. A full report will be presented to the July Board meeting. Attention was drawn to the following matters:

- Assurance was taken from the Finance Performance Report (Month 12),
- Assurance was taken that appropriate monitoring systems are in place for the Annual Delivery Plan,

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	• regarding the Organisation Escalation Status, it was noted that there was an intention to undertake a self-assessment against the NHS framework, and • there are no items to escalate to the Board. <u>Planning, Partnerships and Population Health Committee</u> IP presented the item which provided an overview of matters considered by the Committee on 16 May 2024. Attention was drawn to the following matters: • Assurance was taken that the Annual Report was progressing to plan, • The Comprehensive Strategic Change report which detailed the programme of work across Wales and neighbours in England, showed a level of detail which enabled the Committee to take assurance that systems in place; the organisation are proactive in monitoring activity and influencing programmes where necessary, • Assurance was taken on the progress made with the Weight Management and Whole Systems approach to Obesity, and • There were no items to escalate to the Board. The Board RECEIVED and NOTED all the Committee Reports recognising the key assurance role the Committees have in supporting the Board in its work.
CONSENT AGENDA BUSINESS	
PTHB/24/018	The Chair asked if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda. There were no requests to consider any items from the Consent Agenda.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/019 Patterson,Liz 26/07/2024 10:45:26	**ANNUAL DELIVERY PLAN 2024-25 INCLUDING BUDGET ALLOCATION AND FRAMEWORK** HT reported to the Board that the Annual Delivery Plan had been submitted to Welsh Government (WG) in March 2024. Correspondence has since been received which contained WG feedback on the Health Board's Annual Plan. WG welcomed the ambition set out in the plan with the shift to prevention but stated that the plan is not supportable or acceptable to WG. WG have requested that the plan is re-submitted by the 31 May 2024, including detail on how the Health Board makes improvements on ministerial measures and outcomes. Work will be undertaken closely with front-line staff, trade union partners, key

	stakeholders, and the public. HT acknowledged the need to work closely with Llais and other partners as the Board and Executive Directors proceed to look at a revised submission. HT advised that the Board should expect the plan to be amended to reflect the revised submission for Quarter 2 and that will require substantial discussion on prioritisation of key outcomes that need delivery in the current financial year. SP presented the Annual Delivery Plan to the Board. SP noted that each Executive Lead has contributed to the Plan and where there have been recent executive changes, these have been noted in the delivery plan. Each section outlines the intended outcome, deliverables, timescales, and a delivery confidence assessment. SP advised that where there are any changes to the plan, this will be tracked through a change variation to provide transparency and audit trail. *Several actions are described as having a 'low' confidence in terms of their deliverability, as a Board, what should be understood by that?* SP advised that this has been included within the report for the first time, those reported as low confidence will be key areas to focus on. HT noted that the number of actions recorded as low confidence is relatively small. It is not unusual to have several items with low confidence at the start of the year; which will increase in confidence once further work has been undertaken. HT noted that if during the year, progress is not being made, then the Committees and Board will be able to discuss progress. *In earlier submissions, the Health Board set out several areas where WG national action could help improve the financial position. Has there been any movement from WG with these aspects?* HT noted that when the Health Board was asked to revise plans in August 2023, several areas benefiting from national policy were clearly identified. It was noted that a Value and Sustainability Board had been set up, led by Judith Paget, Director General. HT attends that meeting and noted it is an important mechanism, driving forward national workstreams consistently across the whole of Wales. HT felt it will be important, when revising the submission of the plan, that those areas are revisited to see if there were additional areas that will benefit from a national view. *It is noted that co-ordination is happening at a national level. Is there consideration of the policy decisions at the national level? Noted the tough request of the Health Board and noted the*

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	difficulty in focusing on the longer term, when it feels like services are firefighting. HT advised that given the situation in the public sector nationally, WG are reviewing policy decisions, and any proposals will be shared with the Board as and when they are announced. *It is disappointing that the Plan has been returned to the Health Board as being 'unacceptable.' Will the Health Board be able to re-submit to WG in the timescales? What is the scale of change to the plan that will be necessary? I have concerns around performance and access to services from other providers.* HT advised that the plan will be re-submitted by the 31 May deadline; and anticipated further dialogue. Current expenditure plans are unaffordable, so it will be necessary to look at again at actions that will be required as both a provider and commissioner. HT noted that the short term will be different to the long term model which will require an appropriate engagement process with the county's residents. KW acknowledged the challenge but stressed the need to ensure that clinical safety is at the forefront of all discussions, but there will be opportunities to provide services in different ways. CC noted that the discussion held today focused on the difficulty of decisions that the Board will be required to make; that the Board have met on several occasions and will continue to meet. The re-submission will be fully formed and shaped from all discussions as a Unitary Board. The Board RECEIVED and APPROVED the annual plan recognising it is fully aligned to the original submission of the Integrated Plan in March 2024. The Board took ASSURANCE that the Plan forms the basis of the quarterly review, monitoring and reporting cycle of progress against plan and will be reported to the Board as it was in 2023/24.
PTHB/24/020	**CHARITABLE FUNDS ANNUAL ACCOUNTS AND REPORT 2022/23 (INCLUDING ISA260)** CC noted that the Health Board has an arms-length Charity, of which the Board is a Trustee. PH presented the Charitable Funds Annual Report and Accounts for the period to 31 March 2023 for consideration; including a full set of accounts, annual report, letter of recommendation and ISA260 audit of accounts. Board's attention was drawn to the following matters:

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	• The delay in the submission of report was due to an issue, now resolved, with Fund Managers that had caused a delay for a number of health charities, • Following consideration of the report the Audit Wales team issued an unqualified opinion on the Annual Accounts, and • The Charitable Funds Committee had scrutinised the accounts and recommended the annual accounts and report to the Board for approval. MJ presented the ISA260 report and noting Audit Wales completed the audit in time to meet with the Charity Commission's deadline; the external assurances report was not provided to the Health Board until March 2024 and Audit Wales considered the weaknesses identified, which had no impact on the report. *Assurance can be taken that the fund is well managed, but is the fund is working as hard as it can to deliver benefits for patients and staff? Is the cost of managing the Fund proportionate?* CC noted that since investing in the management of the charity it has gone from strength to strength with improvements to engagement with the organisation, raising awareness and marketing, whilst also ensuring that the charity operates within the strategic framework and in alignment to the organisation's strategic direction. The next step will be ensuring the work of the charity is governed by strategic direction, working with the League of Friends and other important stakeholders. PH noted that the spend has increased in previous years and a target had been set around level of income, noting the rules around charitable funds may be used for. There is more that can be done to utilise the money to benefit the population, in a planned approach. HB noted the strategic objectives of the charity had been agreed a year ago and these had recently been reviewed to ensure continued relevance. RL noted that the Committee's aim of expanding the business and get more income in the future, noting that the charity funds are not to be used to substitute a lack of core funding. The Board APPROVED the Charitable Funds Annual Report and Accounts for the period to 31 March 2023, which was recommended by the Charitable Funds Committee to Board for approval as Corporate Trustee.
PTHB/24/021	**DIRECTOR OF CORPORATE GOVERNANCE REPORT** HB presented this report to the Board which provided a series of recommendations for the Board's consideration to ratify and approve including:

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	- **Chair's Action:** noting that a number of governance actions for the Joint Commissioning Committee were not able to be considered at the last Board meeting so were taken as a Chair's action, - **Application of the Common Seal:** this was in relation to the leasing conditions of Presteigne Medical Centre, - **PTHB Standing Orders:** recommendations on changes considered by ARAC, to ensure they are fit for purpose, and - **PTHB Committee Terms of Reference:** following changes to the Executive team, the Scheme of Delegation has been updated; Terms of References for Committees have been reviewed by each Committee, with a series of updates in line with good governance. *Given the alternative arrangements in place which the Health Board have determined mean a Stakeholder Reference Group (SRG) is not required, should Standing Orders include a note to this effect?* HB confirmed that the position in relation to the SRG will be clarified in Standing Orders. *What is the current position in relation to the currently inactive Health Care Professionals Forum (HPF)?* HB confirmed that it is planned to reconstitute the HPF in the current financial year. The Board: • RATIFIED the Chair's Actions taken on the 28 March 2024. • RATIFIED the application of the Common Seal applied on one occasion since 1 April 2203 and received ASSURANCE that the action was taken in accordance with Section 9 of the Standing Orders. • APPROVED the changes to the PTHB Standing Orders including the revised Board Scheme of Delegation. • APPROVED the changes to the PTHB Committee Terms of Reference.
PTHB/24/022	**MINUTES OF PREVIOUS MEETINGS** The minutes of the meeting held on the 20 March 2024 were AGREED as an accurate record. The minutes of the meeting held on the 11 April 2024 were AGREED as an accurate record.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/023	**FINANCIAL PERFORMANCE**

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	PH presented the financial position report (Month 12 2023/24 and Month 1 2024/25) to the Board. Attention was drawn to the following matters: Month 12: - Subject to Audit, the target control position of £12m was delivered with a final position was an overspend of £11.938m. - Capital expenditure remained within capital resource limit. - - A significant increase in capital allocation was received at end of year and this was discharged within the capital resource limit. - For revenue, the key cost drivers include agency spend, spend in relation to Continuing Health Care (CHC), complex care, spend in relation to pharmacy. - Last financial year, £12m savings delivered (noting that only £5.7m are recurrent). Month 1: - The report is reporting against the deficit plan that had been submitted to WG, which has not been accepted. - At Month 1 the position is broadly in line against the projected £24m deficit, noting the impact of the increase in CHC cases in this financial year. RA as Chair of the Audit, Risk and Assurance Committee acknowledged the considerable efforts that staff have made to achieve the financial savings reported in the Month 12 report. *Noting the current plan has not been accepted by WG and a £2.4m in month variance has been reported, do Executives have a robust process for scrutinising variances and is there sufficient challenge for relevant budget holders to be held to account for overspending?* PH advised of the financial performance approach across each portfolio and in this financial year, there will be regular monthly meetings between the Chief Executive, PH and each Director to monitor financial performance. In terms of general financial control, there will be focus on internal audit to ensure that robust systems in place. *Where there has been a track record of strong financial performance, it might be helpful for the Board to be able to see*

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	what factors are outside of the Health Board's control to understand what areas of performance need to focus on. *Continuing Health Care (CHC) continues to put pressure on the Health Board's budget. Given the nature of the population this will increase. Are market factors of the driving some of this increase? Could you provide an update on work being done in relation to CHC costs?* PH noted that the key pressures being faced is a by-product of demand, ageing population, and operational challenges. Attention was also drawn to agency spend due to vacant positions. Whilst the level of activity is not growing significantly, the acuity of care required is costing more. There is an internal programme of work on CHCs to ensure packages are appropriate and providing the most effective care, linking with national programmes. PH reiterated that population demand, capacity and other factors are driving the financial challenge faced. DF noted the learning that can be gained from the Value and Sustainability programme and the need to work with the Local Authority on maximising relationships and aligning costs with the fair cost of work that the Local Authority is undertaking. There is significant concern around the ageing population and the need to reduce long term reliance on care. HT noted the demographics are particularly challenging, with around 5% of the Wales NHS budget is spent in this area. The all-Wales work that HT contributes to, shows there is potential cost reduction opportunities across Wales, with several themes coming through such as; patients current needs changing and same Health Board providers contracting for the same care but at different costs. HT advised that a consistent pricing group had been established to share that intelligence. *How will this work be monitored and when will the impact of this work be seen?* HT confirmed that assurance can be provided to Delivery and Performance Committee, noting that a national workstream has looked at high costs of Mental Health and Learning Disability placements and this has provided some learning. The Board DISCUSSED and NOTED the financial report for Month 12 and Month 1.
PTHB/24/024	**INTEGRATED PERFORMANCE REPORT – MONTH 12** SP presented the Integrated Performance Report providing the latest available performance position for PTHB against the NHS

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	Wales Performance Framework up until the end of March 2024 (Month 12). Attention was drawn to the following matters: - The position on planned care and diagnostics had significantly improved in March (against the forecast position in February), - Neurodevelopment performance stood at 42% against the target of 80%, which is an ongoing area of concern, - Adult Mental Health performance had improved in-month, following a low position in February, - Waiting for planned care is either increasing or stable. The number of extreme long waiting patients (over three years) is reducing across Wales and England, - Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level, - For emergency care Welsh Ambulance performance times remain poor with 45% of calls meeting the 8-minute target, - Focus now turns to improvement and delivery in 2024/25 and resubmission of the Plan by 31 May 2024, - Correspondence has been received from WG around planned care, mental health, and efficient pathways and - An Improvement Plan is being developed locally for ambulances for Powys. CC noted that the Cabinet Secretary for Health and Social Care had put in place a monthly Chair's Assurance Group, with a particular focus on Cancer Care and Planned Care. The Board DISCUSSED and NOTED the content of this report and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.
PTHB/24/025	**ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH** MB presented the Annual Report of the Director of Public Health 2024 to the Board and drew the Board's attention to: - The population of Powys is aging, with an increase in proportion of population over 65 years and a reduction in birth rate, with a corresponding decrease in working age, - Current pressure in NHS and Health and Social Care are set to increase, based on current population health projections, - As people are living longer, more of the population will be living with conditions that impact on quality of life, - Communities and individuals need to act together to promote healthy and active ageing and prevent ill health as people age, and - The support of colleagues and partners (Local Authority and voluntary Sector) for the contributions to the Annual Report.

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IP re-iterated the comments from the Planning, Partnerships and Population Health Committee that the report provided transparency around the challenges being faced and welcomed the 'calls for action' which clearly lays out the challenge and responsibilities.
How will the 'calls for action' will be converted to actual action?
MB confirmed that organisations will be invited to work together, with a framework jointly developed with partners on preventative actions.

There is some evidence that smoking rates are increasing, do you have any comment? around that?
MB noted that the experience in Powys, is that there has been a continuing decline in adult and child smoking rates. The ambition is to be a "smoke free Powys" by 2030. MB noted that there had been an escalation in vaping rates in young people; work with partners is taking place and the service is working with schools to raise awareness, noting it is an area of concern where continued action is needed.

From a Director of Public Health perspective, does it feel that progress is being made in investing in the upstream work and 'shift left' journey?
MB noted the challenges, and the need to be honest on current pressures whilst meeting healthcare demands. There are strong evidence-based programmes of what works and of the population health programmes currently delivered, ensuring these are maximised – making smaller changes that will affect larger population.

HT thanked MB and the team to produce the report and for the way the work on Whole Systems is progressing. HT noted the need to link into the governance architecture in existing partnerships. HT noted the substantial learning from Public Health that can be brought across other areas, particularly when making investment decisions.

KWi brought to the attention of the Board the encouraging progress made on the Child Measurement programme, which is showing a drop in child weight / obesity for the first time since before the Covid-19 pandemic.

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The Board RECEIVED the Annual Report, recognising the report as a requirement of the organisation to be considered by the Board.

PTHB/24/026	**BOARD ASSURANCE FRAMEWORK** HB presented the proposed PTHB Board Assurance Framework (BAF) for the Board's consideration for approval. It was noted that a BAF had not been in place for some times and the framework reflects the continued work on Board governance. The Framework sets out the purpose and approach and will feature as part of future Board meetings. The Framework focuses on three areas: - Assurance against strategic objectives, - Assurances against the governance framework (compliance and deliverability), - Ability for the Board to request thematic reviews. The Board RECEIVED and APPROVED the PTHB Board Assurance Framework (BAF).
PTHB/24/027	**REPORT OF THE REGIONAL DIRECTOR OF LLAIS** CC noted the important role of Llais in challenges faced by the Health Board and the increased significance of the working relationship going forward. KB noted the importance on the impact of changes on patients across Powys and Llais' role is to be assured that the Health Board have reviewed the mitigations and the impact, short and longer term, on the communities. KB confirmed that Llais and the Health Board are in regular contact and noted the importance of a consistent approach from Llais across the whole of Wales. KB presented the Regional Director's report to the Board and drew attention to the following matters: - An increase in number of complaints has been seen (not all relating to Powys, but to commissioned services). Llais now holds a waiting list for their advocacy service, - Llais Local sessions have been undertaken in Llanidloes and Brecon. Reports are available on the Llais website to view. Llais will re-visit the Llanidloes community in 6-months' time to see if any changes can be seen, and - Currently Llais is out for consultation on a Strategy for Llais (at a national level) and encouraged members to share thoughts and ideas. HT thanked KB for the update and noted the difficult times for the public sector and the importance of working together on proposals. HT noted the increased numbers of complaints and suggested it will be helpful to discuss this with CR and the Concerns Team, to

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	understand if there are any themes or issues with the complaints. KB noted that the increased number could be relating to the increased profile of Llais. The Board NOTED the update.
CONSENT AGENDA	
PTHB/24/028	The items listed under the Consent Agenda were APPROVED by the Board: - Assurance Report of the Board's Joint Committees - Assurance Report of the Board's Partnership Arrangements - Assurance Report of the Board's Local Partnership Forum - Committee Annual Reports - Committee Governance: o Work Programmes o Annual Assessment of Committee Effectiveness Board took assurance on the following item: - Annual Delivery Plan 2023/24 Quarter 4 Performance Report
OTHER MATTERS	
PTHB/24/029	**ANY OTHER URGENT BUSINESS** No other urgent business was raised.
PTHB/24/030	**DATE OF THE NEXT MEETING** 11 July 2024, via Microsoft Teams.
PTHB 24/031	**The following motion was passed:** ***Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.***
PTHB IC/24/032	**WELCOME AND APOLOGIES FOR ABSENCE** CC welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/24/033	**DECLARATION OF INTEREST** No interests were declared in addition to those already declared within the published register.
ITEMS OR APPROVAL, DECISION OR RATIFICATION	
PTHB IC/24/034	**MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS HELD ON 20 MARCH 2024 AND 11 APRIL 2024** The minutes of the In-Committee meetings held on the 20 March and 11 April 2024 and action log were agreed as a true record.
PTHB IC/24/035	**CONTINUING HEALTHCARE HISTORIC CASES UPDATE**

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	Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future. The Board received ASSURANCE that historic CHC cases with Powys County Council are now concluded, apart from one case which was updated on during the meeting.
PTHB IC/24/036	**NORTH POWYS WELLBEING PROGRAMME** Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged. The Board RECEIVED the report as a progress update including the current challenges.
PTHB IC/24/037	**GENERAL MEDICAL SERVICES OUT OF HOURS CONTRACT PROCUREMENT** Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged. The Board: • NOTED the options for the Contract Renewal or Extension for GMS OOH Services. • NOTED the expected changes to Public Procurement in Wales (including NHS). • APPROVED the Direct Award to extend the current contract for a period of 9 Months from 01/07/24 to 31/03/25, noting the risks as detailed.
ITEMS FOR INFORMATION	
PTHB IC/24/038	**JOINT COMMITTEE ASSURANCE REPORT – CONFIDENTIAL JCC BRIEFING 28 APRIL 2024** Received for information.
PTHB IC/24/039	**ANY OTHER URGENT BUSINESS** No other urgent business was raised.

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POWYS TEACHING HEALTH BOARD
UNCONFIRMED

MINUTES OF THE MEETING OF THE BOARD
HELD ON THURSDAY 11 JULY 2024
VIA TEAMS

Present

Carl Cooper (CC)	Independent Member (Chair)
Kirsty Williams (KWi)	Independent Member (Vice Chair)
Rhobert Lewis (RL)	Independent Member (General)
Ian Phillips (IP)	Independent Member (ICT)
Cathie Poynton (CP)	Independent Member (Trade Union)
Jennifer Owen Adams (JOA)	Independent Member
Mick Giannasi (MG)	Independent Member
Ronnie Alexander (RA)	Independent Member (Third Sector)
Simon Wright (SW)	Independent Member (General)
Stephen Elliot (SE)	Independent Member (Finance)
Hayley Thomas (HT)	Chief Executive Officer
Pete Hopgood (PH)	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Stephen Powell (SP)	Interim Executive Director of Planning, Performance and Commissioning
Mererid Bowley (MB)	Executive Director of Public Health
Debra Wood Lawson (DWL)	Executive Director of People & Culture
Claire Madsen (CM)	Executive Director of Allied Health Professions, Health Sciences and Digital
Richard Stratton (RS)	Assistant Medical Director
Marie Davies (MD)	Deputy Director of Nursing

In Attendance

Helen Bushell (HB)	Director of Corporate Governance
Adrian Osborne (AO)	Deputy Director Engagement & Communication
Simeon Foreman (SF)	Deputy Board Secretary
Erin Terfel (ET)	Audit Wales
Liz Patterson (LP)	Interim Head of Corporate Governance

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Hayley Hughes (HH)	Corporate Business Manager (Minutes)

Apologies for absence

Chris Walsh (CW)	Independent Member (Local Authority)
Claire Roche (CR)	Executive Director of Nursing, Quality, Women and Family Health
Kate Wright (KW)	Executive Medical Director
Joy Garfitt (JG)	Interim Director of Operations/Community and Mental Health
Nina Davies (ND)	Associate Member: Director of Social Services and Wellbeing, Powys County Council
Katie Blackburn (KB)	Llais

PRELIMINARY MATTERS	
PTHB/24/45	**WELCOME AND APOLOGIES FOR ABSENCE** CC welcomed all participants to the meeting of the Board and apologies for absence were noted and recorded as above.
PTHB/24/46	**DECLARATIONS OF INTEREST** On behalf of all Members of the Board, HB declared an interest on the Renumeration report including detail of salary, pensions, and expense. No further action required.
ITEMS FOR APPROVAL/RATIFICATION/DECISION	
PTHB/24/47	**AUDIT WALES' AUDIT OF ACCOUNTS REPORT, 2023/24** It was noted that the Audit of Accounts Report 2023/24 had been scrutinised at the Audit, Risk and Assurance Committee. PH introduced ET, Audit Wales, to present their report on their audit of the Health Board's account. ET summarised key aspects of Audit Wales's work for 2023/24 and brought the below items to the Board's attention: - Proposing to give an unqualified true and fair opinion but a qualified regularity opinion. - In line with last year, the regularity opinion is qualified as the Health Board did not meet its revenue resource limit over the 3 years to 2023-24. - No uncorrected mis-statements or significant issues (other than the regularity opinion qualification) to report. - Last year, there were some errors relating to payables and accruals which resulted in a

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	recommendation for improvement. ET confirmed that there were no errors in their testing of the balances or transactions relating to these areas for the year ending 31 March 2024. - ET thanked PH and team for their help throughout the audit. PH expressed his thanks, and on behalf of the Health Board, to ET and Audit Wales for the positive approach and the pragmatic and constructive relationship between the Health Board and Audit Wales.
PTHB/24/48	**RECOMMENDATION FROM THE AUDIT, RISK AND ASSURANCE COMMITTEE IN RESPECT OF THE ANNUAL REPORT AND ACCOUNTS 2023/24** RL presented the report to provide the Board with a recommendation from the Audit, Risk and Assurance Committee, which met on the 9 July 2024, regarding the approval of the Annual Report and Accounts for 2023/24. The Committee RECOMMENDED to the Board that it: • APPROVES the Annual Report and Accounts 023/24 (including the Performance Report, the Annual Accountability Report and the Financial Statements). • APPROVES the Letter of Representation, and • AUTHORISES the Chair, Chief Executive and Director of Finance, Capital and Support Services to sign them when required.
PTHB/24/49	**ANNUAL REPORT AND ACCOUNTS 2023/24** PH introduced the financial accounts of the annual report, noting that the accounts had been presented to the Audit, Risk and Assurance Committee. PH advised that a presentation detailing the annual accounts will be presented at the Health Board's Annual General Meeting. PH brought the following key items to the Board's attention: - At year end, there was a deficit position of £11.983m, noting this was an overspend but within the target control position. - The Health Board remained within the Capital Resource limit of £6.48m. - Noted that usual financial reporting, key issues and factors are discussed at Board and other committees.

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	HB noted it was her responsibility, on behalf of the Chief Executive Officer and Accountable Officer, to bring the whole report and financial accounts together for the Board's consideration. HB thanked colleagues in the People and Culture team, Planning, Performance and Commissioning team, Finance team and Corporate Governance directorate for their support in producing the Annual Report. HT echoed HB and PH's thanks to colleagues across the entire organisation in their contribution to the report. HT was pleased to hear the positive reflection of how the organisation had worked with Audit Wales. HT noted that it was clear that the Health Board was in a position where it had not met its statutory financial duties, not met the resource allocation for the 3-year period or the requirements for health boards to have an approved plan. As a unitary Board, members will continue to work towards financial sustainability and to address those issues that the reports, considered at today's Board, have highlighted. CC supported HT's comments. SE, Independent Member (Finance) re-iterated the comments made in regard to the ability in preparing a full set of accounts in the time period, the good relationship between the Health Board and Audit Wales. SE reiterated the Board's duty to continue to work together to resolve not being able to achieve the 3-year break even duty and noted the good work in achieving the Welsh Government controlled total. The Board: • APPROVED the Annual Report and Accounts 2023-24 in readiness for submission to Audit Wales and Welsh Government; and • APPROVED the Letter of Representation for signing by the Chair and Chief Executive, on behalf of the Board. CC thanked all colleagues for their contribution to the reports considered at today's Board meeting.

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OTHER MATTERS	
PTHB/24/50	**DATE OF THE NEXT MEETING** Wednesday 24 July 2024, via Microsoft Teams.

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Powys THB Finance Department
Financial Performance Report
Board

Period 03 (June 2024)
FY 2024/25

Date Meeting: 24 July 2024

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Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 03 OF FY 2024/25
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee

PURPOSE:

This paper provides an update on the June 2024 (Month 03) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.

The Board is asked to consider and discuss the financial forecast for 2024/25 and the underlying deficit.

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

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

Approval/Ratification/Decision	Discussion	Information
	✓	

Summary Health Board Position 2024/25

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	-1,912	-2,369	↑
Reported Year To Date financial position – (deficit)/surplus	-5,737	-6,614	↑
Year end – (deficit)/surplus	-22,948	-22,948	→

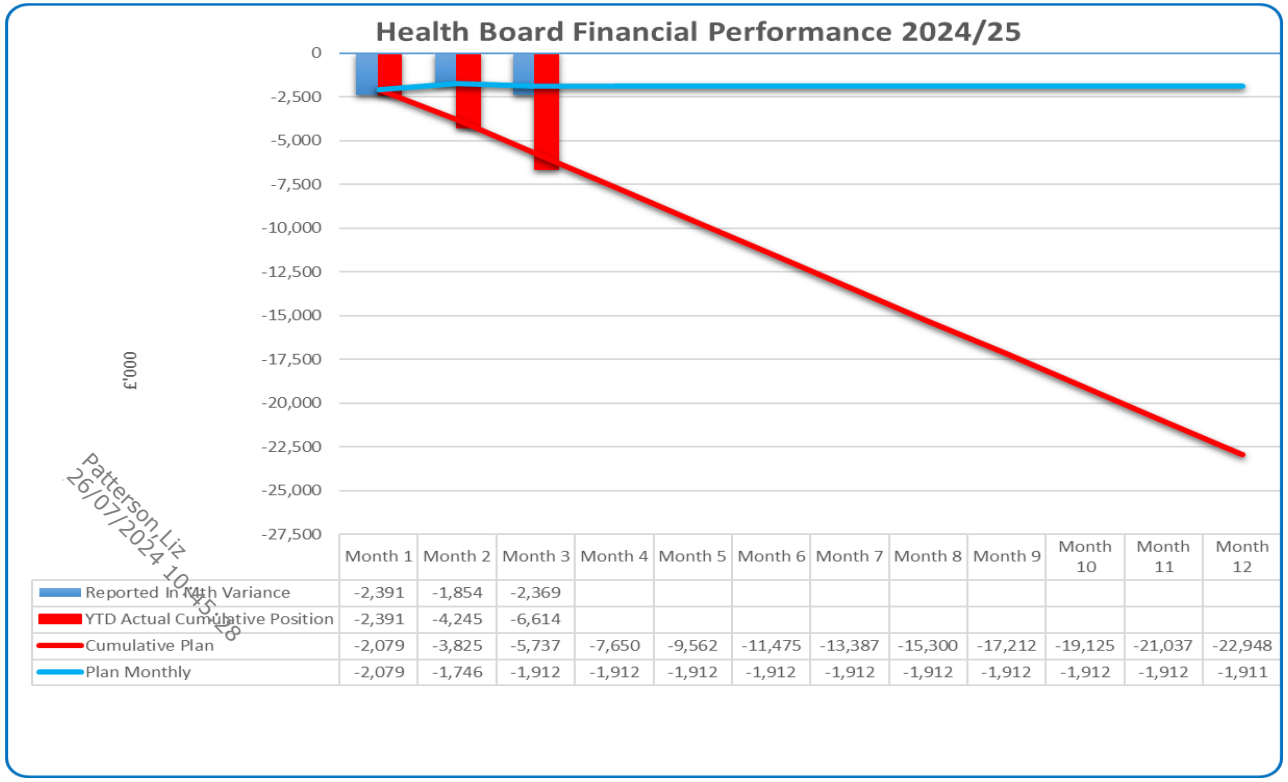
Capital		
	Value £'000	**Trend**
Capital Resource Limit	4,406	↑
Reported Year to Date expenditure	0.193	→
Reported year end – (deficit)/surplus – Forecast	0	→

In May the Board agreed to revise the 2024/25 Financial Plan, to a £22.948m deficit, a reduction of £2.000m.

At month 3, there is a £6.614m overspend against the planned year to date deficit of £5.737m giving the Health Board an operational overspend of £0.877m.

The year end forecast is in line with the resubmitted plan at £22.948m.

The capital resource limit for 2024/25 is £4.406m. To date £0.193m has been spent.



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-2,391	-1,854	-2,369									
YTD Actual Cumulative Position	-2,391	-4,245	-6,614									
Cumulative Plan	-2,079	-3,825	-5,737	-7,650	-9,562	-11,475	-13,387	-15,300	-17,212	-19,125	-21,037	-22,948
Plan Monthly	-2,079	-1,746	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,911

DAY FIVE – flash report

- High agency expenditure of £0.712m in June, especially in Mental Health. This is equivalent to the high levels experienced last year.
- CHC is overspent by £0.846m YTD in month 3. There are 341 packages of care, which is above the planning assumption of 315 clients, and an increase of 13 clients this month. Of which one is a high-cost package, with HB share of £10k per week.
- Due to point in the year, assumption that commissioning expenditure is on budget. Apart from overspend with mental health private providers due to more patient placements.
- Pressures above have been partly offset due to reduced expenditure assumptions on prescribing and dental services.

Revenue Variance Position 2024/25

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(102,399)	(102,399)	0
02 - Capital Donations	(32)	(32)	0
03 - Other Income	(2,336)	(2,627)	(290)
Total Income	**(104,767)**	**(105,058)**	**(290)**
05 - Primary Care - (excluding Drugs)	11,443	11,371	(73)
06 - Primary care - Drugs & Appliances	9,278	8,528	(750)
07 - Provided services -Pay	26,287	27,923	1,636
08 - Provided Services - Non Pay	7,091	6,633	(459)
09 - Secondary care - Drugs	354	314	(40)
10 - Healthcare Services - Other NHS Bodies	43,268	43,268	0
12 - Continuing Care and FNC	8,031	8,877	846
13 - Other Private & Voluntary Sector	1,178	1,185	7
14 - Joint Financing & Other	2,311	2,311	0
15 - DEL Depreciation etc	1,334	1,334	0
16 - AME Depreciation etc	(70)	(70)	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**110,505**	**111,672**	**1,167**
Reported Position	**5,737**	**6,614**	**877**

Paper 2024/17 Item 6.1 07/08/24 10:45:28

At Month 03, there is a £6.614m overspend against the revised planned deficit of £5.737m giving the Health Board a year-to-date operational overspend of £0.877m.

The most significant adverse variances are on:

- pay budgets at £1.636m - driven by the use of agency, from both on and off contract suppliers, which is running at a high rate.
- Continuing Care and FNC at £0.846m. The number of CHC packages has increased by 13 from 328 in May to 341 in June.

Pressures above have been partly offset due to reduced expenditure on Prescribing and Dental.

Health Board Provider Services

We are focused on this because:
This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget (£'000)	Actual (£'000)	Variance (£'000)
03 - Other Income	0	0	0	0	(£2,336)	(£2,627)	**(£290)**
07 - Provided services -Pay	2,282	2,020	(261)	2,031	£26,287	£27,923	**£1,636**
08 - Provided Services - Non Pay	0	0	0	0	£7,091	£6,633	**(£459)**
Grand Total	**2,282**	**2,020**	**(261)**	**2,031**	**£31,042**	**£31,929**	**£887**
Directorate View							
Corporate and other Sevices	498	456	(42)	455	£9,902	£8,837	**(£1,066)**
A01 - Assistant Director Community Services	936	817	(119)	826	£10,590	£10,934	**£343**
A02 - Assistant Director MH/LD	497	395	(102)	397	£5,998	£7,317	**£1,319**
A04 - Assistant Director Women and Childrer	187	187	(0)	186	£2,005	£2,148	**£143**
N04 - Assistant Director Support Services	164	165	2	168	£2,547	£2,694	**£147**
Grand Total	**2,282**	**2,020**	**(261)**	**2,031**	**£31,042**	**£31,929**	**£887**

Patterson Lyn
26/07/2024 10:45:28

Note: The above table only relates to the directly provided services for the directorates shown. These directorates are also accountable for other areas, such as CHC, Commissioning, Private Providers and Voluntary Sector, which is not included in the above.

Explanation of Performance

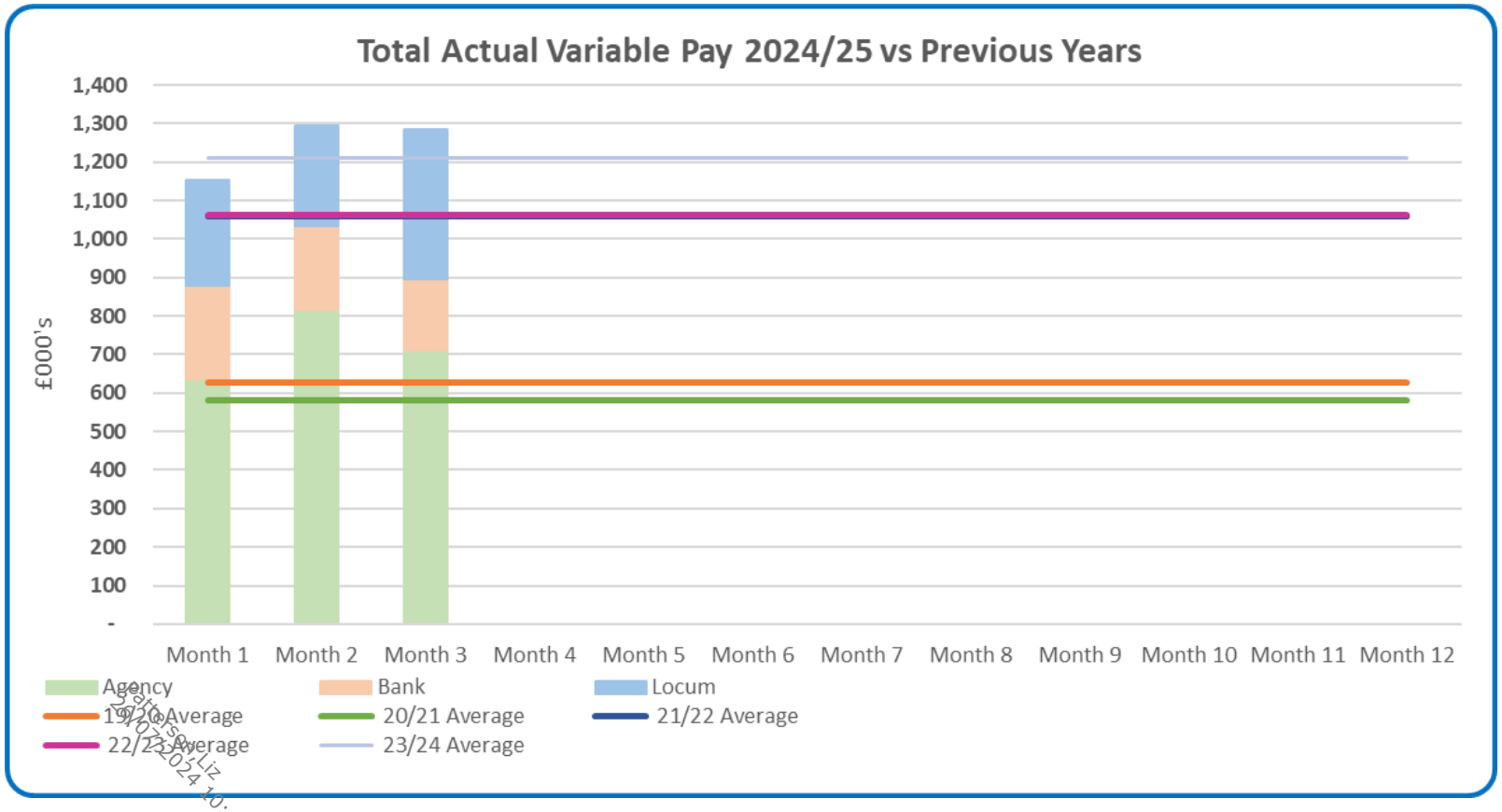
- The Month 03 YTD position is showing an overspend of £0.887m over these categories
- Corporate and other services are underspent by £1.066m, whilst other directorates are over-spent.
- The service with the largest overspend is Mental Health. This is predominately due to increased agency and locum expenditure.
- Vacancies are running at 20% (102 WTE) for MH Services and 13% (119 WTE) for Community Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

- Increased workforce gaps resulting in greater requirement for temporary workforce, and associated premium spend.

Health Board Agency Spend

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



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

Performance and Actions

- As per the previous page, pay budgets are overspent by £1.636m against the year-to-date plan, due to the high level of vacancies.
- The chart opposite on variable pay demonstrates high levels of variable pay in month 3 of 2024/25 compared to the average value from each of the last 5 financial years. **The growth is particularly stark within our Mental Health services.**
- Powys continues to be an outlier within NHS Wales as agency spend was on average 10.6% of total pay in Month 2, against the Wales average of 3.3%.
- The HB's Variable Pay Reduction group is implementing its action plan.

Risks

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

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

Status Update
Welsh LTAs for 2024/25 were all agreed by the deadline of 30 June and the contract proposals from English providers are being received and are currently being reviewed. As limited activity information has been received so far this financial year, the forecast below reflects the financial plan. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.

Commissioning Forecast 2024/25

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Outturn (£'000)	2024-25 Forecast (£'000)
Welsh Providers	38,536	38,772	41,466	43,191
English Providers	61,013	65,033	71,400	71,551
WHSSC / EASC	44,608	48,694	51,263	52,187
Other NHS Providers	4,374	4,501	4,370	4,507
Mental Health (LTAs Only)	742	851	801	885
Total	**149,274**	**157,851**	**169,299**	**172,321**

Patterson,Liz 26/07/2024 10:45:58

2024/25 forecast is affected by the pace of recovery by providers.

- 2024/25 inflation included in forecast; i) Welsh Health Boards 3.67% to include cover non-pay and investments, and ii) English providers 0.8% to cover pay, non-pay inflation less efficiency factor.
- 2024/25 Welsh Health Boards moving back to substantive LTA arrangements and the removal of previous years tolerance levels around 2019/20 activity baselines.
- To date, the HB has experienced 1,966 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £1.159m to date.

Risks

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

Prescribing

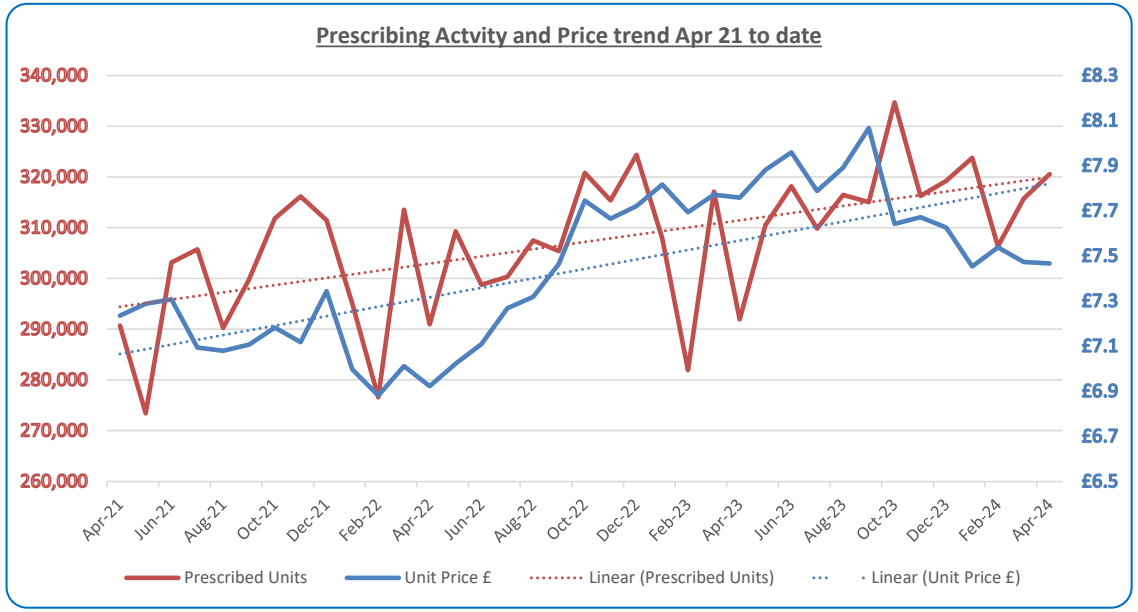
We are focused on this because:
The costs of prescribing have risen significantly from April 2022. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend has continued into FY24-25 which is driving a significant saving against budget in the M3 forecast.

Status Update

A forecast underspend of -£3.0m on 2024/25 budget of £32.3m. Prescribing costs are reported 2 months in arrears. This is a £1.0m improvement on M2 forecast.

- YTD costs, M1, are £0.128m higher than M1 in 2023-24 (5.7%).
- Unit price decrease year on year of -4.0% in FY24-25, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate until Q2 when the full year effect of the Apixaban cost reduction is fully included.
- Prescribing activity year on year increase of 9.8%.

Prescribing cost increases	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25 (f'cast)
	£k	£k	£k	£k	£k
Prescribing Budget	22,320	23,182	24,694	28,959	32,289
Prescribing Annual costs	25,953	25,610	27,469	29,195	29,289
Yr on Yr % increase/decrease	4.4%	-1.3%	7.3%	6.3%	0.3%
Yr on Yr increase £ Total	**1,086**	**-344**	**1,859**	**1,727**	**93**
Yr on Yr increase £ Growth	-109	475	655	747	83
Yr on Yr increase £ Inflation	1,196	-819	1,204	980	10



Risks & Challenges

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

Medicines Management savings performance and actions

- Schemes forecast to deliver £0.8m savings, plus £0.3m of rebates.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and prescribing guidelines, audit and shared care agreements.
- Active involvement in NHS Wales pharmacy and finance fora, including the Value and Sustainability Board workstream.

Patterson, Lisa 26/07/2024 10:43:28

CHC Forecast 2024/25

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

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Budget £'000	24/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast %
Children	£267	£151	£157	£296	£310	£334	£746	£436	140.4%
Learning Disabilities	£957	£1,568	£1,639	£2,461	£3,549	£3,863	£4,524	£975	27.5%
Mental Health	£7,344	£7,801	£10,611	£13,949	£16,201	£17,371	£19,474	£3,274	20.2%
Mid Locality	£981	£925	£1,635	£1,882	£2,123	£2,305	£2,683	£560	26.4%
North Locality	£1,365	£1,537	£2,098	£2,646	£3,475	£3,833	£4,585	£1,109	31.9%
South Locality	£1,495	£1,958	£1,853	£1,904	£1,955	£2,036	£1,724	£231	-11.8%
Grand Total	**£12,410**	**£13,941**	**£17,994**	**£23,138**	**£27,613**	**£29,742**	**£33,736**	**£6,123**	**22.2%**
Number of active clients	**230**	**243**	**285**	**295**	**327**	**315**	**341**	**14**	**4.3%**
D2RA				**£2,131**	**£2,279**	**£2,489**	**£2,489**	**£210**	**9.2%**
FNC	**£0**	**£0**	**£0**	**£696**	**£201**	**£0**	**£97**	**£105**	**-52.0%**
Total	**£12,410**	**£13,941**	**£17,994**	**£25,966**	**£30,093**	**£32,230**	**£36,321**	**£6,228**	**20.7%**

Performance and Action

The 2024/25 financial plan had provision for CHC inflation and assumed that the number of packages would remain consistent with the position in the autumn of 2024.

As at month 03, there is an overspend of £0.846m on year-to-date budget of £8.031m against Continuing Care and FNC. The number of CHC packages has increased by 13 from 328 in May to 341 in June. Of which one is a high-cost package, with HB share of £10k per week.

Across Wales, at Month 2, the forecast is for an 8.0% increase in costs in 2024/25 compared to 2023/24.

The CHC team is working with local care homes to simplify the fee rates and promptly review placements. It is responding to the opportunities identified by the national V&S Board.

What the table tells us

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

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2024/25 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

Patterson,Liz 26/07/2024 09:45:24

Health Board 2024/25 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

	In-year 2024/25						Recurrent for future years	
Targeted Area	Values 24/25 Recurrent Savings Target	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Forecast FYE	FYE vrs Recurrent Target
2%	**970**	822	32	**854**	-116	133	928	-42
CHC	**430**	430	0	**430**	0	0	430	0
Commissioning	**1,650**	279	1,441	**1,720**	70	0	1,720	70
Community	**1,180**	599	669	**1,268**	88	14	1,328	148
Covid	**1,250**	730	520	**1,250**	0	0	1,250	0
Meds	**1,100**	1,100	0	**1,100**	0	0	1,100	0
MH	**1,320**	0	1,320	**1,320**	0	0	1,320	0
Commissioning - Delayed Transfer of Care Repatriation	**750**	0	0	**0**	-750	750	0	-750
Community - Discharge Support	**1,250**	0	0	**0**	-1,250	1,250	0	-1,250
Grand Total	**9,900**	**3,960**	**3,982**	**7,942**	**-1,958**	**2,147**	**8,076**	**-1,824**

What the table tells us

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

Risks

Timescales and capacity of teams to deliver the schemes.

Performance and Actions

- As shown in the table £7.942m savings have been forecast in 2024/25, giving a shortfall of £1.958m against the £9.9m target. This forecast is not without risk, hence amber classification.
- A further £2.147m of Red pipeline ideas have been identified. These are not sufficiently scoped to warrant a green or amber rating and thus confidence at this stage to contribute to the forecast.
- The recurrent impact of saving schemes at £8.076m, is a shortfall of £1.824m against the £9.900m recurrent target.

Note: RAG rating is per WG's guidance in WHC (2023) 012: Welsh Health Circular 2023 012 (English).pdf

WG Value & Sustainability Board

V&S Board Category	24/25 Recurrent Savings Target £'000
CHC	430
Medicines Management	1,100
Other - Commissioning	2,400
Other - Primary Care	0
Pathway	0
Procurement & Non-pay	3,470
Workforce	2,500
Grand Total	9,900

Risks and Opportunities

We are focused on this because:
The revised £22.948 deficit budget is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the revised £22.948m target deficit total.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-1,745	Medium
Continuing Healthcare	-1,000	Medium
Prescribing	-950	Medium
Other Contract Performance	-4,100	High
Dental PCR Income	-200	High
Other Non Pay - Inflation	-800	Medium
Delivery of additional savings target	-2,000	High
Underlying Deficit is greater in M12 than M9 which original Plan was based on	-900	High
Total	**-11,695**	

Opportunity		
Commissioning	500	Low
Continuing Healthcare	1,000	Medium
Core	1,500	Medium
Total	**3,000**	

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Risks

- Under Delivery of Saving Schemes – assumed amber schemes have an element of risk categorised as 44% (£1.745m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- There is a potential risk of circa £4.100m for the Health Board relating to the level of activity undertaken by our providers.
- Additional £2.000m savings target – pipeline schemes that need further development.
- Underlying deficit was £0.900m greater at M12 than M9, which original plan was based on.

Summary:

- At month 03, PTHB is reporting a £6.614m deficit. This comprises the profiled revised planned deficit £5.737m, with an operational overspend of £0.877m.
  - The £9.9m savings target is profiled into the position. Actions are progressing to deliver the savings.
  - The key operational pressure needing to be addressed is agency expenditure, especially within mental health services.
  - CHC costs are much greater than budgeted for, due to greater number of packages of care and the case mix

- Given it is early in the financial year, the revenue forecast for 2024/25 has been held at £22.948m in line with the revised financial plan. There are several underlying assumptions and a range of risks and opportunities surrounding this forecast.

- The Health Board's planned underlying position has been revised by the £2.000m financial improvement sought by the Health Board. Assuming the successful identification and delivery of recurrent savings, the underlying deficit of the Health Board is currently assessed as being £22.948m.

- The Health Board has a £4.406m capital allocation, which it will manage within.

- Due to the £22.9m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff.

Patterson, Lisa 26/07/2024 10:45:28

- The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices.

Powys THB Finance Department
Financial Performance Report – Appendices

Patterson,Liz
26/07/2024 10:45:28

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

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 11th July 2024.

MMR Narrative



Microsoft Word Document

MMR Tables



Microsoft Excel Worksheet

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Capital 2024/25

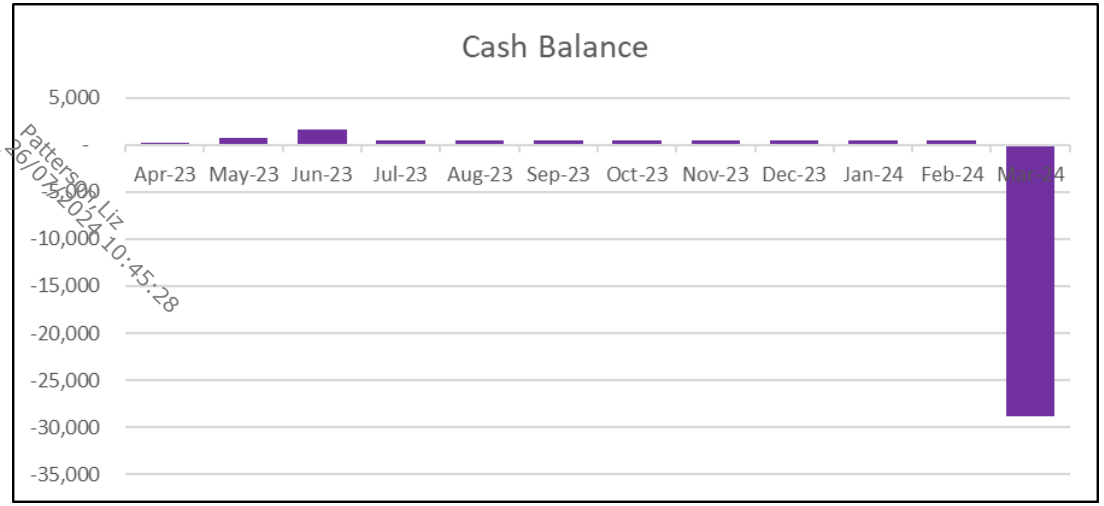
Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2024
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.978	0.978	0.156
EFAB Infrastructure	0.304	0.304	0.000
EFAB Fire	1.208	1.208	0.034
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.003
Diagnostic Equipment 2024-25	1.700	1.700	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**4.406**	**4.406**	**0.193**

Patterson,Liz
26/07/2024 10:45:28

Cash Flow 2024/25

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**215**	**201**	**663**	**1,577**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,137	34,233	34,553	35,274	33,941	35,596	2,540
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA onl	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	50	50	50	1,100	50	100	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	111	311	351	651	715	640	1,127
Income from other Welsh NHS Organisations	1,075	484	343	875	687	363	867	698	525	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	200	500	900	300	700	600	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,140	41,309	34,411	36,661	36,202	37,000	36,966	37,290	7,775
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,000	2,700	2,600	3,100	2,600	3,100	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	450	900	0	450	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,400	2,800	0	1,400	1,400	1,400	1,400	1,400	1,400
Primary Care Services : General Dental Services	478	426	474	500	500	500	500	500	500	500	500	500
Non Cash Limited Payments	86	130	152	100	100	100	100	100	100	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay Expenditure	28,499	23,660	22,123	24,499	25,269	22,200	21,900	21,900	21,900	21,900	22,000	21,999
Capital Payment	0	111	83	368	140	111	311	352	650	716	640	1,054
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	38,217	41,309	34,411	36,661	36,202	37,000	36,966	37,290	37,103
NET CASH FLOW IN MONTH	**(14)**	**462**	**914**	**(1,077)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(29,328)**
Balance c/f	**201**	**663**	**1,577**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**(28,828)**



Due to the £22.9m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff.

Core Financial Plan Year 1 2024/25

Financial Plan	(£m)
Underlying Deficit	25.4
Inflationary Pressures	11.7
Demand / Service Growth	5.7
Net Effect of Allocation Adjustments and COVID	-10.0
Mitigating Actions	-9.9
TOTAL DEFICIT	**22.9**

The original 2024/25 Financial Plan was a deficit of £24.9m.

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

Submission of supplementary papers and associated Minimum Data Set on 31 May 2024 revised our deficit financial plan to £22.9m, after £2.0m of additional savings were identified.

There is a range of significant risks to be managed.

Patterson,Liz
26/07/2024 10:45:28

DIRECTOR OF FINANCE COMMENTARY
FINANCIAL YEAR 2024/2025
FINANCIAL PERFORMANCE TO MONTH 3 (JUNE 2024)

1. Introduction

Powys THB submitted an Integrated Plan to Welsh Government (WG) on 31 March 2024, which included a financial deficit of £24.948m. At a Board meeting in May, the Board approved a revised financial plan for 2024/25, which aims to achieve a financial deficit of £22.948m, which is an improvement of £2m.

2. Summary Position

As at month 3, the Health Board is reporting an overspend position of £6.614m. This can be categorised as:

- Operational overspend - £0.877m.
- Planned deficit - £5.737m.

At this point in the year there is a significant amount of information linked to expenditure, which can be material for Powys THB, and which is still not available or is limited to one month. Therefore, in many areas the position is based on the original plan until such time as the data allows for robust assessment of the Financial Plan compared to the actual 2024/25 data. A summary of the position is provided in Table 1 below and sections 3-9 of this report provide further details.

Table 1 – Summary of PTHB Position

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(102,399)	(102,399)	0
02 - Capital Donations	(32)	(32)	0
03 - Other Income	(2,336)	(2,627)	(290)
Total Income	**(104,767)**	**(105,058)**	**(290)**
05 - Primary Care - (excluding Drugs)	11,443	11,371	(73)
06 - Primary care - Drugs & Appliances	9,278	8,528	(750)
07 - Provided services -Pay	26,287	27,923	1,636
08 - Provided Services - Non Pay	7,091	6,633	(459)
09 - Secondary care - Drugs	354	314	(40)
10 - Healthcare Services - Other NHS Bodies	43,268	43,268	0
12 - Continuing Care and FNC	8,031	8,877	846
13 - Other Private & Voluntary Sector	1,178	1,185	7
14 - Joint Financing & Other	2,311	2,311	0
15 - DEL Depreciation etc	1,334	1,334	0
16 - AME Depreciation etc	(70)	(70)	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**110,505**	**111,672**	**1,167**
Reported Position	**5,737**	**6,614**	**877**

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3. Actual Year to Date and Forecast Variance 2024/25 (Table A, B, B2, B3)

Table A:
The overall plan reported in Table A of a planned deficit of £22.948m for 2024/25 is in line with the revised plan submitted to WG on the 31 May 2024.

Table B, B2 & B3:

- Primary Care (Table B Line 8)
  With limited information available linked to the primary care contracts, the Month 3 position is based on the 2023/24 outturn adjusted for known non-recurrent items or known new year adjustments, with all uplifts to the contracts assumed to be funded by WG.

- Primary Care Drugs (Table B Line 9)
  The Month 3 position is based on extrapolation of M1 PAR actual spend and the PAR prescribing days forecast.

- Provider Services Pay (Table B Line 10)
  Analysis of the Pay position is provided in section 7 of this report. Significant workforce challenges persist with substantive recruitment driving agency and locum usage at premium rates.

- Healthcare Services Provided by Other Bodies (Table B Line 13)
  An NHS Wales financial flows agreement has been agreed for 2024/25 with LTAs all signed by the deadline of 30 June. The current forecast is based on reverting to pre covid contract arrangements.

  Contract proposals from English providers are being received and are currently being reviewed. It is noted that in the English system the efficiency savings expected of providers is being returned to commissioners.

- Continuing Care and FNC (Table B Line 15)
  There is a £0.846m overspend reported against CHC at month 3. CHC will continue to pose a risk to financial plan delivery, as currently there are 341 packages being funded, which is greater than the planning assumption of 315. There are also some recently approved high cost packages, which is reflective of the trend to greater complexity, which the Health Board is experiencing in its case mix of CHC packages.

- Covid - Table B3
  - *Health Protection and PPE (A1)* – based on Testing, Tracing & Surveillance as included in IMTP.
  - *Covid 19 Vaccination Programme (immunisation) (A2)* – based on the Vaccination Plan as included in the IMTP.
  - *Long Covid & Other (A3)*

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Current expenditure against these three programmes is reflected in this table. As per the guidance, the Health Board is assuming that any variance on these programmes is managed by the Health Board.

4. Underlying Position (Table A1) & Financial Plan 2024/25

The Health Board's planned underlying position has been revised by the £2.0m financial improvement sought by the Health Board. Therefore, it has been included in Table A1 at £22.9m.

5. Risk Management (Table A2)

Tables 4 and 5 below summarise the risks and opportunities reflected in Table A2, which are currently not included in the financial forecast, or the Financial Plan submitted on 31 May 2024.

Table 4 - Risks

Risk	£ '000	Likelihood
Under delivery of Amber Schemes included in Outturn via Tracker	-1,745	Medium
Continuing Healthcare	-1,000	Medium
Prescribing	-950	Medium
Other Contract Performance	-4,100	High
Dental PCR Income	-200	High
Other Non Pay - Inflation	-800	Medium
Delivery of additional savings target	-2,000	High
Underlying Deficit is greater in M12 than M9 which original Plan was based on	-900	High
Total	**-11,695**	

Table 5 – Opportunities

Opportunity		
Commissioning	500	Low
Continuing Healthcare	1,000	Medium
Core	1,500	Medium
Total	**3,000**	

Further details on the assumptions supporting these risks and opportunities are detailed below:

Risks

- Under Delivery of Saving Schemes – these feed directly from the Savings Table and at this point we have assumed amber schemes have an element of risk categorised as 44% (£1.745m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.

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- The Health Board incurs circa 40% of its expenditure on commissioning services from others. There is a potential risk of circa £4.100m for the THB relating to the level of activity undertaken by our providers.
- Dental Income – it is too early to ascertain if the dental price increase has mitigated the loss in income from patient charges.
- Non-pay inflation – the plan assumes 3.2%. However, this is the lowest it has been since September 2021 and if it increases there is a potential risk.
- Additional £2.000m savings target – pipeline schemes that need further development.
- Underlying deficit was £0.900m greater at M12 than M9, which original plan was based on.

Opportunities

- Providers are experiencing some capacity issues in their plans to recover waiting times. Should this continue in 2024/25, there could be an opportunity of circa £0.500m.
- Continuing healthcare – the Financial Plan assumes that there will not be an increase in packages compared to the position in the autumn of 2023. Should there be a reduction, there is an opportunity of circa £1.000m.
- Core – the HB will continue to receive non-recurrent funding and based on historic trends there is likely to be slippage. As the financial year progresses a realistic assumption can be made. Also, inflationary pressures may be lower than assumed.

6. Ring Fenced Allocations (Table B, N & O)

The table below provides a summary of the ring fenced and directed allocations and at Month 3, the PTHB does not anticipate any underspends against the areas shown.

Table 6 - Ring-fenced and Directed Allocations

Details of Ringfenced and Directed Allocations	As per Allocation letter	Allocations received in year	Total allocations
	£M	£M	£M
HCHS Allocations			
Learning Disabilities	7.494	0.000	7.494
Depreciation	5.857	0.000	5.857
Mental Health Services	32.935	0.000	32.935
Palliative care funding	0.374	0.000	0.374
Integrated Care Fund	6.386	0.000	6.386
Further Faster	0.506	0.000	0.506
Funding for Planned and Unscheduled Care Sustainability for 2022-23 onwar	5.307	0.000	5.307
Value based Recovery	0.583	0.000	0.583
Genomics	0.451	0.000	0.451
Critical care funding (including WHSSC funding)	0.174	0.000	0.174
Critical care funding (EASC funding)	0.049	0.000	0.049
Sub total - HCHS Ringfenced	**60.115**	**0.000**	**60.115**
Directed Expenditure			
Radiotherapy	0.263	0.000	0.263
Assistive Technology (Staff costs)	0.013	0.000	0.013
PH & W Coordinator Posts (WHIG)	0.035	0.000	0.035
Endometriosis Nursing posts (WHIG)	0.055	0.000	0.055
Velindre NHS Trust Chief Operating Officer Post	0.003	0.000	0.003
Cancer Support/ SLAs from Wales Cancer Network	0.023	0.000	0.023
Early Retirement Provision (ERP) funding	0.050	0.000	0.050
Sub total - Directed	**0.442**	**0.000**	**0.442**
General Medical Services	**35.685**	**0.000**	**35.685**
TOTAL	**96.242**	**0.000**	**96.242**

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7. Pay including Agency/Locum (Table B2)

A breakdown of the Pay position, including spend on Agency and Locums is provided in Table 7 below, which will reconcile to the Pay line on Table 1 above.

Table 7 – Pay Breakdown 2024/25

	Month 01	Month 02	Month 03	Total
Net Budget YTD	**8,537**	**8,784**	**8,966**	**26,287**
Spend to date:				
Contracted	7,996	8,161	8,035	24,192
Bank	245	217	183	645
Agency	635	818	712	2,165
Locum	274	259	389	922
Total Spend to date	**9,150**	**9,454**	**9,319**	**27,923**
YTD Variance	**613**	**670**	**353**	**1,636**

8. Savings (Table C, C1, C2, C3, C4)

The key assumptions within the financial plan relating to savings are:

- An ambitious recurrent £9.9m (original £7.9m plus additional £2.0m as per revised plan) savings target. This will be a significant challenge for the Health Board and work continues in finalising delivery values and profiles.
- Schemes assessed as green or amber amounting to £8.0m have been identified to date.
- A pipeline of schemes and ideas has also been developed, which will lead to further tangible schemes being implemented to enable the £9.9m target to be achieved.

9. Income Assumptions (Tables D and E)

As per Table E the overall RRL at month 2 for 2024/25 is £404.0m and this includes £10.3m of anticipated allocations as detailed on Table E.

10. Health Care Agreements & Major Contracts

All Welsh LTAs were signed by the deadline of 30 June 2024.
Contract proposals from English providers are being received and are currently being reviewed.

11. Statement of Financial Position (Table F)

A list of the provisions brought forward from 2023/24 is included below the table. The THB is awaiting the quarterly data to update the position from that reported at the year end. It is anticipated that a movement on the provisions will be calculated for the Month 5 return. It is assumed at this early stage in the year that the closing balance sheet positions for trade receivables and trade payables will be broadly consistent with the current balance sheet positions. Once updated provisions data is calculated these balances may be subject to movement.

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12. Aged Welsh Debtors (Table M)

There are no aged debts reported as of 30 June 2024.

13. Cash Flow (Table G)

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**215**	**201**	**663**	**1,577**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,137	34,233	34,553	35,274	33,941	35,596	2,540
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	50	50	50	1,100	50	100	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	111	311	351	651	715	640	1,127
Income from other Welsh NHS Organisations	1,075	484	343	875	687	363	867	698	525	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	200	500	900	300	700	600	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,140	41,309	34,411	36,661	36,202	37,000	36,966	37,290	7,775
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,000	2,700	2,600	3,100	2,600	3,100	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	450	900	0	450	450	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,400	2,800	0	1,400	1,400	1,400	1,400	1,400	1,400
Primary Care Services : General Dental Services	478	426	474	500	500	500	500	500	500	500	500	500
Non Cash Limited Payments	86	130	152	100	100	100	100	100	100	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900	8,900
Non Pay Expenditure	28,499	23,660	22,123	24,499	25,269	22,200	21,900	21,900	21,900	21,900	22,000	21,999
Capital Payment	0	111	83	368	140	111	311	352	650	716	640	1,054
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	38,217	41,309	34,411	36,661	36,202	37,000	36,966	37,290	37,103
NET CASH FLOW IN MONTH	**(14)**	**462**	**914**	**(1,077)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**(29,328)**
Balance c/f	**201**	**663**	**1,577**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**500**	**(28,828)**

The THB confirms based on current forecast financial that it will require £29.3m cash assistance based on its current forecast position. This will be refined further as the year progresses but based on this figure it is likely that the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff.

14. PSPP (Table H)

Non-NHS Invoices Paid Within 30 Days - By Number – The Q1 performance is 94.6%. This is an improvement on prior year performance and the THB is aiming to maintain this momentum.

The THB has continued to seek an improvement to its performance for NHS invoices at the start of the financial year with the implementation of new payment processes focussing on NHS Invoices, however, at 78.4% the THB continues to fall short of the 95% target. This is an improvement on prior year performance and will aim to build on this increase in performance.

15. Capital Schemes & Other Developments (Tables I, J and K)

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The capital allocation shown below is based on the Capital Resource Limit dated 18th June 2024.

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 30th June 2024
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.978	0.978	0.156
EFAB Infrastructure	0.304	0.304	0.000
EFAB Fire	1.208	1.208	0.034
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.003
Diagnostic Equipment 2024-25	1.700	1.700	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**4.406**	**4.406**	**0.193**

Discretionary Capital £0.978m

The discretionary capital limit for the year is £0.978m made up of £1.431m discretionary allocation less an agreed 30% contribution to EFAB. From this allocation there are a number of Estates and Statutory Compliance programmes being undertaken. An amount of £0.156m has been expended to date.

EFAB – Infrastructure £0.304m

An amount of £0.304m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Infrastructure. This is part of a 2 year programme of works and the funding will be used to continue next phase BMS at Ystradgynlais. There has been no spend to date.

EFAB – Fire £1.208m

An amount of £1.208m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Fire compliance. This is part of a 2 year programme of works and the funding will be used to continue the fire compliance works at Brecon and at the back of the hospital at Machynlleth. An amount of £0.034m has been expended to date.

Replacement Roofing, Bronllys £0.216m

Capital funding was made available of £1.684m in respect of funding for replacement roofing at Bronllys Hospital. The purpose of the funding was to replace the Adult Mental Health ward roof £1.016m and Outpatient department roof £0.668m including PV panels for both. The funding spans two financial years with the remaining £0.216m profiled to spend in 2024/25. Spend to date is £0.003m.

Diagnostic Equipment £1.700m

As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £1.700m has been awarded to Powys to enable the purchase of equipment and associated capital works. There has been no spend to date.

Donated Assets £0.130m

It is estimated that the THB will receive donated capital assets from League of Friends and the THB Charity within year.

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16. IFRS 16 & CAME (Table Q)

This table has been completed for Month 3 but it should be noted that the THB is currently revisiting this forecast due to the recent non cash return and in readiness for the required WG Capital IFRS 16 return on 31st July. Any differences on required elements of IFRS 16 funding will be adjusted for in Month 4 monitoring return based on these two returns.

17. Authorisations and Reporting

In instances where either the Chief Executive or Director of Finance are not available, signatories will be provided by their nominated Deputies, these are:

Deputy CEO – Pete Hopgood
Deputy Director of Finance – Hywel Pullen

This report together with Tables A, A2, B3 and C, C1, C2 and C3 will be presented to the Board on 24 July 2024.

18. Conclusions and key issues

In summary this paper identifies that:

- The THB is reporting an overspend at month 3 of £6.614m.
- The THB is forecasting a £22.948m deficit in line with the revised plan submitted.
- The THB will continue to maximise all opportunities to improve its financial position in 2024/25.
- The THB is likely to require strategic cash assistance in February 2025.

The financial information reported in the monitoring return aligns to the financial details included within the internal Board papers.

19. Authorisation of Return

Pete Hopgood	**Hayley Thomas**
Director of Finance	**Chief Executive**
11 July 2024	**11 July 2024**

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Action Point for Month 3

Movement of Opening Financial Plan to Forecast Outturn (Table A / A1)
Action Point 2.1
We note your response to last month's Action Point 1.1. In month 2, the net in-year operational variance to IMTP/AOP has increased by £1.870m. Please confirm what these operational pressures relate to and discuss/ list any significant changes to your operational pressures each month in your narrative.

This 'reduction' in operational variance is mainly related to the HB revising its financial plan with an additional £2m saving target. Presently the schemes supporting the increased target do not meet the strict Amber or Green RAG rating whilst they continue to be worked through. This movement in operation variance is thus offsetting this to ensure the HB's forecast remains in line with its revised plan as currently forecast.

Monthly Positions (Table B)
Action Point 2.2
Please include in your narrative the reasons for the decrease in Provider services nonpay expenditure forecast by £2.289m

This relates to point 2.1 whist the additional saving schemes are firmed up into Amber/Green schemes.

Savings (Table C, C1, C2 & C3)
Action Point 2.3
We note that this month the pay savings were under achieved by £0.023m and the total savings were underachieved by £0.009m. Please explain the reason for these variances.

This in-month saving under performance mainly relates to slippage on Variable pay schemes.

Following on from our covering letter, if you have any queries relating to the green / amber classifications in the WHC (2024) 026 recently circulated along with a copy of the previously circulated 'Savings Risk Assessment' paper, please contact colleagues in the Financial Planning & Delivery Unit or NHS Financial Management team.

Noted and schemes have been routinely assessed and updated accordingly.

Income/Expenditure Assumptions (Table D)
Action Point 2.4
Upon review, we note an income variance of £0.111m and an expenditure variance of £2.116m with JCC. We trust these variances will be resolved before the next return.

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Noted and amended. In M03 there will be an expenditure variance of £1.529m in regards to NEPTS OOA Transfers Shropshire & Hereford, which is incorrect in JCC Risk Share Table and we are liaising to get this agreed.

Resource Limits (Table E)
Action Point 2.5
Andrea Hughes, who has been on secondment from WG since 1st June 2023, has been listed as the contact for all funding issued by WG. Please include the correct WG Contact Name and date that the funding was notified for all items listed in Table E.

Noted and amended.

Patterson,Liz
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GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.2

PTHB BOARD	**24 JULY 2024**
Subject:	**Update on Integrated Plan 2024-29 and Temporary Service Changes**
Approved and presented by:	Chief Executive Officer
Prepared by:	Executive Director of People and Culture Deputy Director, Communications, Engagement and Corporate Governance Director of Corporate Governance
Other Committees and meetings considered at:	***Board In-Committee*** - 30 May 2024 who endorsed the temporary service changes (see page 3) ***Executive Committee*** - 16 July 2024 who approved the go live of the Dedicated units for patients according to clinical need and the Changes to operational hours of Minor Injury Units schemes.
Appendices :	N/A

PURPOSE:

This report updates the Board on the work under way to develop and implement the temporary service changes endorsed by the Board on the 30 May and update the PTHB Integrated Plan following correspondence from Welsh Government

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the report noting the status of the Integrated Plan 2024-29 and Annual Delivery Plan 2024-25.
- Take **ASSURANCE** that the two of the three temporary service changes have progressed as planned (dedicated units for patients according to clinical need and MIU opening hours) and **NOTE** that further work is under way to identify additional schemes for future consideration including in relation to Older Adult Mental Health inpatient services.

Approve/Take Assurance	Discuss	Note
x		

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing		The temporary service changes help us to maintain the quality and value of our services (transforming in partnership) through effective utilisation of human resources and reduced reliance on agency staffing (develop workforce futures) making best use of the health board estate (innovative environments) whilst maintaining core standards of care and outcomes for patients (provide early help and support; enable joined up care).
2. Provide Early Help and Support	Y	
3. Tackle the Big Four		
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First		
8. Transforming in Partnership	Y	

SECTION 1: INTEGRATED PLAN 2024-2029 & ANNUAL DELVIERY PLAN 2024-25

The Health Boards Five Year Integrated Plan 2024 – 2029 was approved by the PTHB Board at its meeting on the 20th March 2024 and submitted to Welsh Government on 28th March 2024 as per national requirements.

The PTHB Integrated Plan responded to the original NHS Wales Planning Framework 2024 – 2027, issued in December 2023 which remains in place.

The PTHB Integrated Plan acknowledged that the current healthcare system is under significant stress and substantial change is required.

It noted that work was necessary to review and change the model of care in order to best meet the future needs of the people of Powys, within the resources available, to deliver safe, timely, effective, efficient, equitable and person centred care.

This was based on a thorough appraisal carried out over a six month period, informed by extensive engagement with staff, the communities in Powys and our stakeholders.

The Plan was transparent about the difficult choices ahead in moving from a system designed in the past and recovering from the impact of covid, the cost of living, and wider current challenges *to* a system designed for a healthy, caring future.

The plan was set in a five year context, to account for the phases of work required:

- operational and business efficiency to set the foundations for change
- longer term transformation work with local, regional and national partners, to build a more sustainable approach for Powys

The Integrated Plan had a clear focus on work to build an Accelerated Sustainable Model of healthcare, based on conversations with the community, staff and stakeholders, to coproduce a future approach that enables us to be 'Better Together'.

The plan was clear that there would be work taken forward in the first year to set the foundations for these changes – and the first of three operational proposals are included in this paper.

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Feedback from Welsh Government

Feedback has been given to all Health Boards from Welsh Government across several correspondences received in May 2024. This provided feedback to the majority of health boards, PTHB included, that their plans were not supportable, acceptable, or credible in relation to the financial positions set out.

Additional requirements in relation to both finance and performance were communicated across these correspondences.

The Boards response

The Board met In-Committee on the 30 May and made the following resolutions: (taken from the draft minutes of the meeting):

- **CONSIDERED** the paper, specifically the revised performance trajectories and financial scenarios and determined that the Health Board should commit an additional £2m of savings therefore reducing its deficit to £22.95m for 2024/25 with a commitment to further explore an additional £2m with an ambition to reduce the deficit to £20.95m for 2024/25. By default, any further savings towards Financial Control Total or breakeven have been discounted for 2024/25.
- **CONSIDEREDED** the proposed changes to the Board's risk appetite statement and **APPROVED** the change of appetite level from cautious to open for both financial sustainability and reputation and public confidence;
- **ENDORSED** the service changes set out in the paper, for the Executive team to finalise planning and implement immediately after the General Election;
- **DELEGATED** the submission of the additional response to Welsh Government (by the 31 May 2024) including the financial focus and implications of further savings and the performance trajectories, to the Chief Executive and Chair of the Board.

Following the Board meeting, an Accountable Officer letter was sent to Welsh Government on the 31 May as per national requirements. The Board has continued to meet frequently and regularly in briefings and formal meetings, both in the plan development and in the subsequent period to consider the Annual Delivery Plan and feedback from Welsh Government.

Current status of the PTHB plans

The PTHB Integrated Plan 2024-29 and the Annual Delivery Plan 2024-25 remain in place whilst further feedback is awaited from Welsh Government. Verbal feedback has been provided that indicates the plan remains not supportable, acceptable, or credible in relation to the financial positions set out. Once further correspondence is received, the Health Board will respond accordingly.

Since the period from the 30 May Board meeting, work has continued to review the Annual Delivery Plan to identify further changes that may be required and to develop the service changes details, the remainder of this paper updates the Board on progress and offers assurance as to the current status and next steps.

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SECTION 2: TEMPORARY CHANGES FOR QUALITY AND VALUE

As part of the health board's response to the challenges set out above, consideration if being given to a number of operational proposals for improving quality and value on a temporary basis.

A Strategic Change Programme Board has been established to lead this work on behalf of the Executive Committee, chaired by the Director of Clinical Strategy.

Through the work to date, two schemes have been developed by dedicated workstreams led by an Executive Director supported by a designated SRO (a senior clinician or manager from the health Board), and were considered and approved by the Executive Committee on 15 July 2024:

- Dedicated units for patients according to clinical need, to optimise clinical outcomes and value.
- Changes to operational hours of Minor Injury Units to improve efficiency and effectiveness of same day response.

Further work is under way to identify additional schemes for future consideration including in relation to Older Adult Mental Health inpatient services, and updates will be presented to the Board in due course.

SECTION 3: TEMPORARY CLINICAL COLOCATION OF PATIENTS

The current model for Powys Teaching Health Board inpatient care delivery includes inefficiency, inequity, variance and poor outcomes for patients.

Across 156 inpatient beds, patients with a wide variety of clinical and social needs are located according to their nearest community hospital site. This can then require a staffing model that is established to deliver care to a mixed model of needs on eight different sites, which leads to a requirement for a staffing model that always meets the highest level of need, does not always reflect the skills and variation that best reflects the patient needs, and comes at a significant cost.

At the same time, there are at any given time, over 40% of the patients having been clinically optimised and are awaiting onward care, and it is recognised that many of these patients could be supported with lower levels of care, require the support of a system wide team, and to be supported in maintaining their independence whilst stranded in hospital care.

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It has therefore been proposed that there would be benefits to both the system and patients themselves, in organising the care around the patients very differently. It is recognised that there will always remain a group of patients who require a period of intensive rehabilitation following care in an acute hospital environment (whether related to a medical condition such as a Cerebra-Vascular Event or simply deconditioning following a period of more generalised illness). For such patients, we would want to continue to wrap around their care, a multi-disciplinary team who can offer the highest level of clinical community-based care, focus on rehabilitation, reablement and enablement, and set some clear therapy led goals for discharge. By building on the current ward arrangements where this is provided in Newtown and Brecon, it is proposed to extend this focus to include all of the beds on these sites, whereby the team can be resourced and developed to maximise their support to this cohort of patients specifically at these locations.

At the same time, where patients are ready to go home (clinically optimised) and are awaiting onward care, these patients can also be directed for care on just two sites (one in North Powys and one in South Powys). This would again allow for a configuration of workforce that better reflects the needs of these patients, helps to keep them optimised, and provides a locus where all teams can come together to undertake assessment and brokerage of onward care.

Recognising that this is a very different approach for access to community hospital care, and that this could have impacts to the workforce, patients and families, it is understood that careful evaluation of such change will be required. As well as the monitoring of quantitative and qualitative measures, such change will require some further engagement with wider communities, and it is anticipated that some early test of change could then better inform not only such future discussions, but help better shape the future offer at all community hospital sites.

Key mitigations include ongoing communication with patients and families, and continuing to strengthen our approach to flexible visiting to best meet the needs of patients, families/carers and the service.

Options for clinical colocation were considered by the Executive Committee at its meeting on 15 July 2024, and the implementation of a temporary model of clinical colocation was approved with an indicative commencement date of September 2024.

SECTION 4: TEMPORARY CHANGES TO MIU OPENING HOURS

PTHB provides minor injury units in Brecon, Llandrindod Wells, Welshpool and Ystradgynlais. This is in addition to minor injury services provided by a number of GP practices in Powys.

PTHB minor injury unit services face several challenges:

- On average, our minor injury units in Brecon and Llandrindod Wells see just one or two people per night. This is not a good use of public resources or of the specialist skills of the Emergency Nurse Practitioners who provide these services.

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- Nearly all patients who attend overnight could or should attend during the day. For example, we are not able to offer a 24-hour x-ray service so patients needing an x-ray need to come back during the day.
- It is difficult to recruit and retain sufficient Emergency Nurse Practitioners to run the current opening hours.
- Because we cannot always find staff with the right skills, we sometimes need to close a Minor Injury Unit at short notice. This is a growing problem. Between January and May there were over 50 occasions when a Powys Minor Injury Unit needed to close in the evening or overnight because of staffing issues. This means that we are not able to provide a reliable service.
- We estimate that an attendance during the day at a Minor Injury Unit in Powys costs between £60 and £85. Given the low number of attendances overnight, a nighttime attendance costs around five times as much (£340).

The workstream has identified opportunities for temporary changes so that the service is safer and more reliable:

- Offer more reliable opening times and reduce the number of unplanned closures.
- Reduce the level of "lone working" hours where a single clinician is on duty. This is safer for staff, and safer for patients.
- Encourage more people to "phone first" wherever possible. This means that our specially trained staff can assess needs over the phone, provide advice on first aid and self-care, book a slot that is convenient, or direct patients to a more appropriate service.
- Enable us to redirect and redeploy some staffing to other vacancies or high cost agency spend areas.

Options for temporary changes were considered by the Executive Committee at its meeting on 15 July 2024, and the implementation of a temporary change to opening hours was approved with an indicative commencement date of September 2024.

Based on the decision of the Executive Committee the opening hours of the Minor Injury Units directly provided by PTHB would change as set out below.

The current opening hours are:

Brecon	Llandrindod Wells	Welshpool	Ystradgynlais
24 hours	7am to midnight	8am to 8pm	8:30am to 4pm
Every day	Every day	Every day	Monday – Friday (excl. Bank Holidays)

From September 2024 there will be a temporary change in opening hours:

Brecon	Llandrindod Wells	Welshpool	Ystradgynlais
Changed	*Changed*	*Unchanged*	*Unchanged*
8am to 8pm	8am to 8pm	8am to 8pm	8:30am to 4pm

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Every day	Every day	Every day	Monday – Friday (excl. Bank Holidays)

Making these temporary changes will help us stabilise the service, and so that we can work with the public to make plans for the future.

SECTION 5: STAFF ENGAGEMENT

Our staff and their representatives are key partners in the design and delivery of future services, and we have continued to use our well established mechanisms to engage and inform.

In addition to our existing well-developed engagement arrangements with the trade unions, such as the Local Partnership Forum and regular monthly meetings, Staff Side have an open invitation to attend Programme Board and the Working Group meetings so that staff voice is embedded throughout.

There is also an escalation process to the Executive Director of People and Culture for the Staff Side Chair should any matters of concern arise that cannot be resolved at Programme Board.

Where appropriate the Health Board's relevant workforce policies will be applied including directly relevant parts of the All-Wales Organisational Change policy. Flexibility is already being given to Facility Time for our local trade union representatives and will be kept under review to ensure the trade unions have the required time to support their members through the change process.

Engagement is now under way with staff within the specified services, as well as wider engagement with staff across the organisation including through an all-staff briefing on 22 July.

SECTION 6: PUBLIC AND STAKEHOLDER COMMUNICATIONS AND ENGAGEMENT

Four Weeks Engagement on Temporary Service Change

In line with relevant guidance including Welsh Government guidance on changes to health services (https://www.gov.wales/guidance-changes-health-services) a period of four weeks engagement on temporary changes will take place from 29 July 2024 to 25 August 2024. The purpose of the engagement will be to raise awareness of the temporary changes, the reasons for these changes, the potential impacts on patients and communities, and to gather feedback.

Engagement with Llais

The health board has well-established arrangements for continuous engagement with Llais, the statutory Citizen Voice Body for Health and Care in Wales. This includes Llais observer status at Board and key committees, procedures in place to respond to representations, and regular fortnightly touchpoint sessions to review current issues.

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Llais has attended the Strategic Change Programme Board in an observer capacity with speaking rights from 9 July 2024.

We will continue to engage with Llais colleagues in the finalisation of the engagement plan and materials.

Key stakeholders

An overall stakeholder map has been developed to identify critical stakeholders with an interest across the programme of temporary service changes, augmented by targeted stakeholder maps for each workstream focusing on:

- Patients and carers, with a focus on this most directly impacted by the proposed temporary changes
- Staff and staff-side representatives, with a focus on those services most directly affected by temporary changes
- Public and proxies, to raise wider awareness including of the continuing work ahead to develop our future vision
- System partners (e.g. community and voluntary sector, Powys County Council, commissioning services, neighbouring health boards and cross border NHS Trusts, RPB and PSB partners) to address wider system impacts and interdependencies
- Llais as the statutory Citizen Voice Body to represent the interests of patients and the public
- Scrutiny and regulation (e.g. MSs, MPs, HIW etc.)

Engagement Materials and Methodology

The principal materials being developed for public and stakeholder engagement include:

- Issues Paper (EN and CY)
- Frequently Asked Questions (EN and CY) for web publication
- Easy Read Summary (EN and CY)
- Feedback Survey (EN and CY)
- Engagement website on Have Your Say Powys hub (EN and CY)
- Engagement posters (EN and CY)
- Digital materials via web and social media to raise awareness (EN and CY) including Facebook, X, Nextdoor and govDelivery
- Engagement presentation for engagement events (EN and CY)

Feedback Approach

Our feedback approach reflects the core purpose of engagement on temporary service change, to raise awareness of the temporary changes, and to seek feedback to help improve the delivery of temporary changes.

Qualitative analysis of open-ended feedback will identify key issues and themes.

Feedback will be reviewed on an ongoing basis and shared with workstreams for consideration as part of the development and refinement of temporary models.

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Ongoing feedback will also be shared with Llais reflecting their statutory role to represent the public interest.

A summary report will be produced following the end of engagement for consideration by the Programme Board and particularly to support the transition from temporary change to engagement on the longer term shape of health services.

Future Engagement on the longer term model

Alongside this period of engagement on temporary changes, work will take place to develop a methodology for public and stakeholder engagement towards the longer term shape of health services in Powys. This will build on the "Better Together" conversations across the 13 Powys localities during Spring 2024, with the next phase anticipated from Autumn 2024.

SECTION 7: DELIVERY AND OVERSIGHT

Implementation of these temporary changes is expected from September 2024.

The Strategic Change Programme Board will remain in place for the engagement and implementation phase focusing on the following activities on behalf of the Executive:

- Continued identification and assurance for further opportunities for quality and value improvement
- Clinical and operational assurance of implementation of temporary changes
- Oversight of staff, public and stakeholder engagement ensuring that key learning informs implementation and review

An update on this work will be presented to the next meeting of the Board in September 2024.

NEXT STEPS:

Key next steps include:

- Under way: Engagement with PTHB staff
- Week Beginning 29 July: Commencement of period of public and stakeholder engagement
- Through August: Continue engagement with staff, public and stakeholders
- Week Beginning 19 August: End of period of public and stakeholder engagement on 25 August
- From September: Implementation and review, transition of governance arrangements to refocus on sustainable future model
- 25 September 2024: Next meeting in public of PTHB Board
- Autumn 2024: Next phase of public engagement towards development of future model of safe and sustainable health services in Powys

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IMPACT ASSESSMENTS WERE UNDERTAKEN AS PART OF THE EXECUTIVE OPPORTUNITIES WORK WHICH WILL BE REVIEWED AND REFINED AS PART OF THE PROGRAMME ARRANGEMENTS IN PARALLEL WITH FURTHER ENGAGEMENT AND COMMUNICATION

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					Impact assessments have been undertaken for each proposal and reviewed by the Executive Committee.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					Impact assessments have been undertaken for each proposal and reviewed by the Executive Committee.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					Impact assessments have been undertaken for each proposal and reviewed by the Executive Committee.
Financial					
Corporate					
Operational					
Reputational					

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GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Agenda item: 4.2

BOARD MEETING	**DATE: 24 JULY 2024**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Report – Month 2 (May 2024)
Presented by:	Executive Director of Planning, Performance and Commissioning
Approved by:	Executive Director of Planning and Performance, Performance and Commissioning Assistant Director of Performance and Commissioning
Prepared by:	Head of Performance Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	Executive Committee – 17 July 2024 who reviewed the content of the paper and took assurance from the report.

PURPOSE:

This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework 2024/25 up until the end of May 2024 (month 2).

RECOMMENDATION(S):

The Board are asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	x

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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BOARD SUMMARY:

This report provides the Board with the latest performance information to highlight performance achievements and challenges at a high level, as well as comparison to the All-Wales performance benchmark where available.

Month 2 for the NHS Performance Framework perspective only reports those measures with performance at either Level 3 (escalations) or levels 2a/2b (exceptions). It does however continue to include key provider service assurance measures, and commissioned care assurance measures that will continue to be developed with the availability of robust information throughout 2024/25.

Summary of health board performance for month 2 (May 2024)
Key planned care targets remain challenging with Powys planned care services remaining highly fragile especially with reliance on commissioned diagnostic pathways and in-reach clinical services.

Diagnostic pathway breaches increased in May with 171 patients waiting over 8 weeks. Of the breaches 115 patients waited over 8 weeks for an echocardiogram, 16 for endoscopy diagnostics and a further 40 for non-obstetric ultrasound.

Therapies reports a significant improvement with 100% of under 18s seen within 14 weeks and only 2 patients reported waiting longer than target in May for the all-age measure, it should be noted that the significant improvement for 2024/25 is linked to reporting changes and responsibility for north audiology patients e.g., Powys had been inadvertently reporting a waiting list that was the responsibility of Betsi Cadwallader University Health Board.

For referral to treatment (RTT) consultant led pathways improvements have been made but one patient was reported waiting over 104 weeks for treatment linked to out of county diagnostic pathway delays, however no patients waited over 52 weeks for a new outpatient appointment (one of only two health boards in Wales to achieve), and a limited number of patients waiting over 52 weeks for treatment (29). Key challenges for RTT pathways include an especially fragile in-reach service provision (general surgery in south Powys as an example) and ongoing very high demand across multiple specialties with an increase in referred urgency of patient. Other challenges include in-reach commissioned fragility for outpatients and day case activity, and non-Powys (acute centre) complex diagnostic with additional reporting delays. Proactive steps are being taken operationally which include the use of private insource capacity (confirmed for Q1 & Q2) for planned care, extensive pathway validation and efficiencies work, and use of weekend clinics and theatre sessions.

Mental health performance within the health board remains robust and above the national target for under 18s-part 1a assessments, interventions, and care treatment plans (CTP). Part 1a adult assessments reports a slight increase in performance in May to 54.1% however still not meeting required target. Adult patients who have a valid CTP reports 87.1% compliance against the 90% target

for the same period. Other areas of Mental Health with challenging performance include neurodevelopment assessment for children which reported 45.8% compliance against the target of 80%, and adults waiting less than 26 weeks to start psychological therapy seen a drop in performance from 75.1% in April to 69.4% compliance against the 80% national target in May. It should be noted that as a service Mental Health is currently under internal 2a escalation for inpatient services, work is underway to provide a timescale and process to achieve de-escalation. The detail of this is being considered at the Patient Experience, Quality and Safety Committee (PEQS).

For those patients waiting in Powys commissioned planned cares services, long waits remain a challenge. There is ongoing improvement from Welsh providers albeit slowly against the 104 week and 52-week new outpatient targets, but the total waiting list continues to grow. The challenge of equity remains into Q1 2024/25 and on average waits for NHS England's pathways result in a quicker treatment than those within NHS Wales, although Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust report special cause concern across the number of patients in all long wait bands.

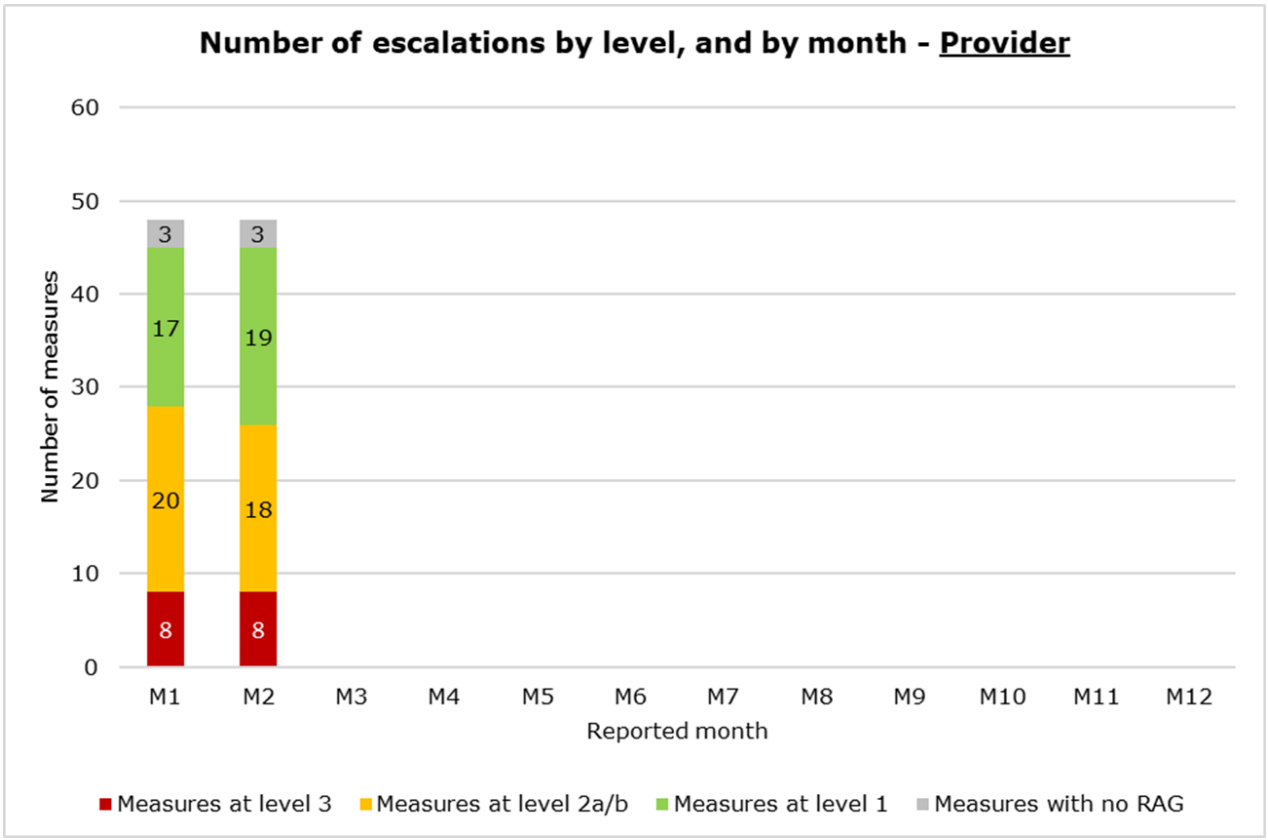
Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics, there is a significant challenge with Powys cancer pathways and related Bowel Screening pathways which are currently at level 3 internal escalation.

For emergency care Welsh Ambulance performance times remain poor with 41.1% of calls meeting the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 100% compliance on the 4hr target. However, all acute units in both England and Wales report challenging performance with extreme system flow pressure at the end of Q4. Welsh performance in this aspect is slightly better for residents but a significant number of patients wait beyond 4 hrs within emergency care departments.

<u>Month 2 measures by escalation level</u>
In May 2024, of the 48 measures reportable by the Health Board 8 are currently rated level 3, 18 are rated at level 2a, and 19 are achieving level 1 compliance e.g., no issues reported. A further 3 health care acquired infections (HCAI) measures are currently non-rated awaiting confirmation by the Nursing Directorate of our local target (PTHB is not national reported or benchmarked).

The following provides the relative performance of the Health Board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.

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Month 2 sees slight improvement with 2 measures becoming compliant with their national target.

- % of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)
- Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology

Key performance indicators 2024/25 (Health Board submitted trajectories)

For May 2024 the Health Board reports compliance on 5 of 6 Powys applicable submitted key performance indicator trajectories. The measure unable to meet trajectory is for patients waiting over 104 weeks for treatment (RTT) where 1 patient breaches in this period. It should be noted that this measure is at risk going forward as a result of DGH diagnostic pathways in Orthopaedics.

Please note that for the below table's scoring is colour and icon coded dependant on compliance of trajectory and national target, please note that:

- Value cell shading is red/green and denotes compliance to health board submitted trajectory as a key performance indicator.

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- Value cell icon either green tick or red cross denotes compliance against the NHS Performance Framework target (mental health improvement trajectory targets match the NHS performance targets bar two with slight variation as noted in table).

Ministerial Priority Measures			Baseline		Month											
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0	0	0	0	0
				Actual	✓ 0	✓ 0										
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0	0	0	0	0
				Actual	✓ 0	✗ 1										
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0	0	0	0	0
				Actual	✗ 140	✗ 171										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0	0	0	0	0
				Actual	✓ 0	✓ 0										
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
				Actual	✗ 80.0%	✓ 86.5%										
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	✓ 95.2%	✓ 95.3%										

Of the key mental health improvement trajectories submitted by the health board 6 of the 9 performance orientated measures have achieved the health board aimed compliance.

Ministerial Priority Measures				Month											
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Under 18's	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 98.1%										
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	✗ 80.0%	✓ 86.5%										
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	✓ 94.1%	✓ 93.9%										
	Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
			Actual	✗ 45.4%	✗ 45.8%										
	SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 95.1%										
18 years and over	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	70.0%	70.0%	70.0%	75.0%	75.0%	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%
			Actual	✗ 44.1%	✗ 54.1%										
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%
			Actual	✓ 95.2%	✓ 95.3%										
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%	90%	90%	90%	90%	90%	90%
			Actual	✗ 83.3%	✗ 87.1%										
	Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
			Actual	✗ 75.1%	✗ 69.4%										

NEXT STEPS:

- For 2024/25 financial year the IQPR will be further revised to provide more quality focused assurance aligned to the detail on the quality domains, and provide further assurance for key health board service areas including primary and community care.

- Integrated Quality and Performance Group is planned to go live from the end of Q2 with intermediary Performance and Business groups to continue to be run through the summer period of July and August to ensure service engagement continuity.

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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					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.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

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

RISK ASSESSMENT:

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

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Powys Teaching Health Board

Integrated Quality and Performance Report

Month 2
Updated on 17/07/2024

Version – level 2 & level 3 escalation measures for the Board 24th July 2024

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Contents

Delivery Area	Report section
Introduction	
Executive Summary	
Provider National Focus (NHS Performance Framework)	Level 3 Performance Challenges
	Level 2a/2b Performance Challenges
	Level 1 Achievements
	Quadruple Aim 1
	Quadruple Aim 2
	Quadruple Aim 3
	Quadruple Aim 4
Provider/Commissioned service assurance	Provider Cancer & Quality & Safety
	Planned & Emergency Care Inc. Cancer
Appendix	

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Background of the IQPR

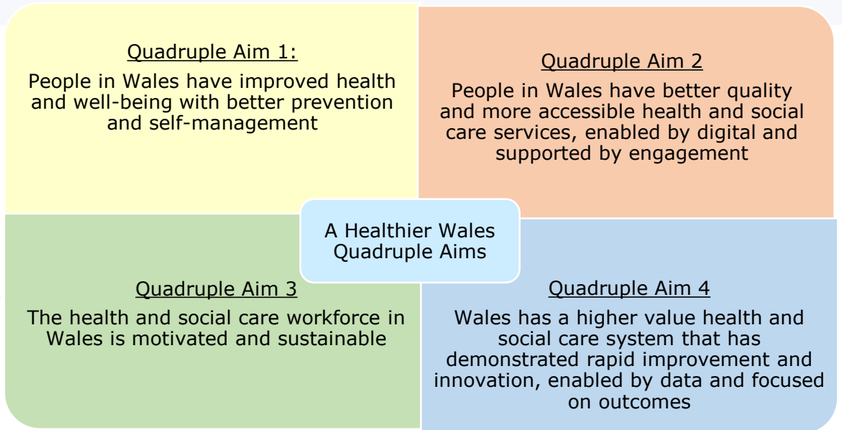
What is the Integrated Quality and Performance Report (IQPR)

This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IQPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area. From 2024/25 the report is inclusive of the Duty of Quality and every service area will provide assurance on their compliance with these key 12 domains.



What is the NHS Performance Framework?

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



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What is the Integrated Quality and Performance Framework (IQPF) in Powys?

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

The IQPF is a revision of the 2023/24 IPF with a greater focus on quality, it remains undergoing phased implementation across the health board.

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

As part of the operationalisation of the IQPF there is an expected element of exception or escalation either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation. The levels of the framework, triggers and escalation response are set out below.

1. Level 1 : Normal e.g., earned autonomy meeting key objectives
2. Level 2a : Failure to achieve / maintain delivery
3. Level 2b : Specific for financial overspend by more than £0.5m per year
4. Level 3 : Serious concerns on quality, governance, ongoing failure to achieve key priority metrics.
5. De-escalation : Challenge rectified, requirement change, or senior committee decision.

Link to escalation descriptor slide

Summary of Performance – Month 2

The IQPR update for May 2024 (Month 2) is measured against the 2024/25 NHS Performance Framework and contains extra information around the elements in line with the Duty of Quality.

Key planned care targets remain challenging with Powys planned care services remaining highly fragile especially with reliance on commissioned diagnostic pathways and in-reach clinical services.

Diagnostic pathway breaches increased in May with 171 patients waiting over 8 weeks. Of the breaches 115 patients waited over 8 weeks for an echocardiogram, 16 for endoscopy diagnostics and a further 40 for non-obstetric ultrasound.

Therapies reports a significant improvement with 100% of under 18s seen within 14 weeks and only 2 patients reported waiting longer than target in May for the all-age measure, it should be noted that the significant improvement for 2024/25 is linked to reporting changes and responsibility for north audiology patients e.g., Powys had been inadvertently reporting a waiting list that was the responsibility of Betsi Cadwallader University Health Board.

For referral to treatment (RTT) consultant led pathways improvements have been made but one patient was reported waiting over 104 weeks for treatment linked to out of county diagnostic pathway delays, however no patients waited over 52 weeks for a new outpatient appointment (one of only two health boards in Wales to achieve), and a limited number of patients waiting over 52 weeks for treatment (29). Key challenges for RTT pathways include an especially fragile in-reach service provision (general surgery in south Powys as an example) and ongoing very high demand across multiple specialties with an increase in referred urgency of patient. Other challenges include in-reach commissioned fragility for outpatients and day case activity, and non-Powys (acute centre) complex diagnostic with additional reporting delays. Proactive steps are being taken operationally which include the use of private insource capacity (confirmed for Q1 & Q2) for planned care, extensive pathway validation and efficiencies work, and use of weekend clinics and theatre sessions.

Mental health performance within the health board remains robust and above the national target for under 18s-part 1a assessments, interventions, and care treatment plans (CTP). Part 1a adult assessments reports a slight increase in performance in May to 54.1% however still not meeting required target. Adult patients who have a valid CTP reports 87.1% compliance against the 90% target for the same period. Other areas of Mental Health with challenging performance include neurodevelopment assessment for children which reported 45.8% compliance against the target of 80%, and adults waiting less than 26 weeks to start psychological therapy seen a drop in performance from 75.1% in April to 69.4% compliance against the 80% national target in May. It should be noted that as a service Mental Health is currently under internal 2a escalation for inpatient services, work is underway to provide a timescale and process to achieve de-escalation. The detail of this is being considered at the Patient Experience, Quality and Safety Committee (PEQS).

For those patients waiting in Powys commissioned planned cares services, long waits remain a challenge. There is ongoing improvement from Welsh providers albeit slowly against the 104 week and 52-week new outpatient targets, but the total waiting list continues to grow. The challenge of equity remains into Q1 2024/25 and on average waits for NHS England's pathways result in a quicker treatment than those within NHS Wales, although Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust report special cause concern across the number of patients in all long wait bands.

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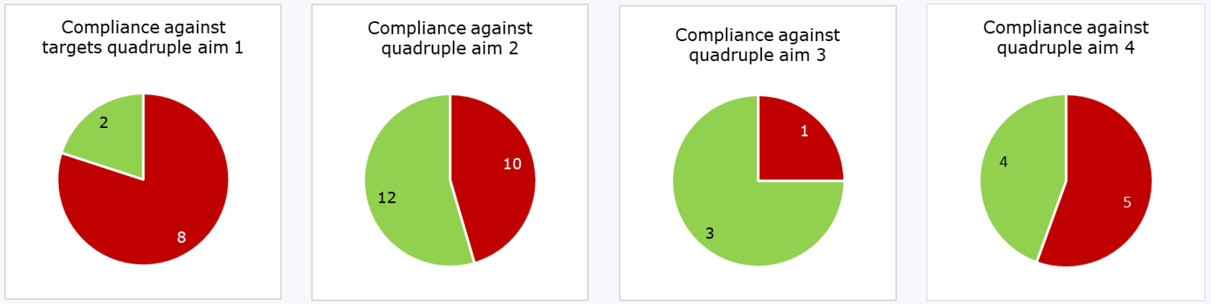
Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics, there is a significant challenge with Powys cancer pathways and related Bowel Screening pathways which are currently at level 3 internal escalation.

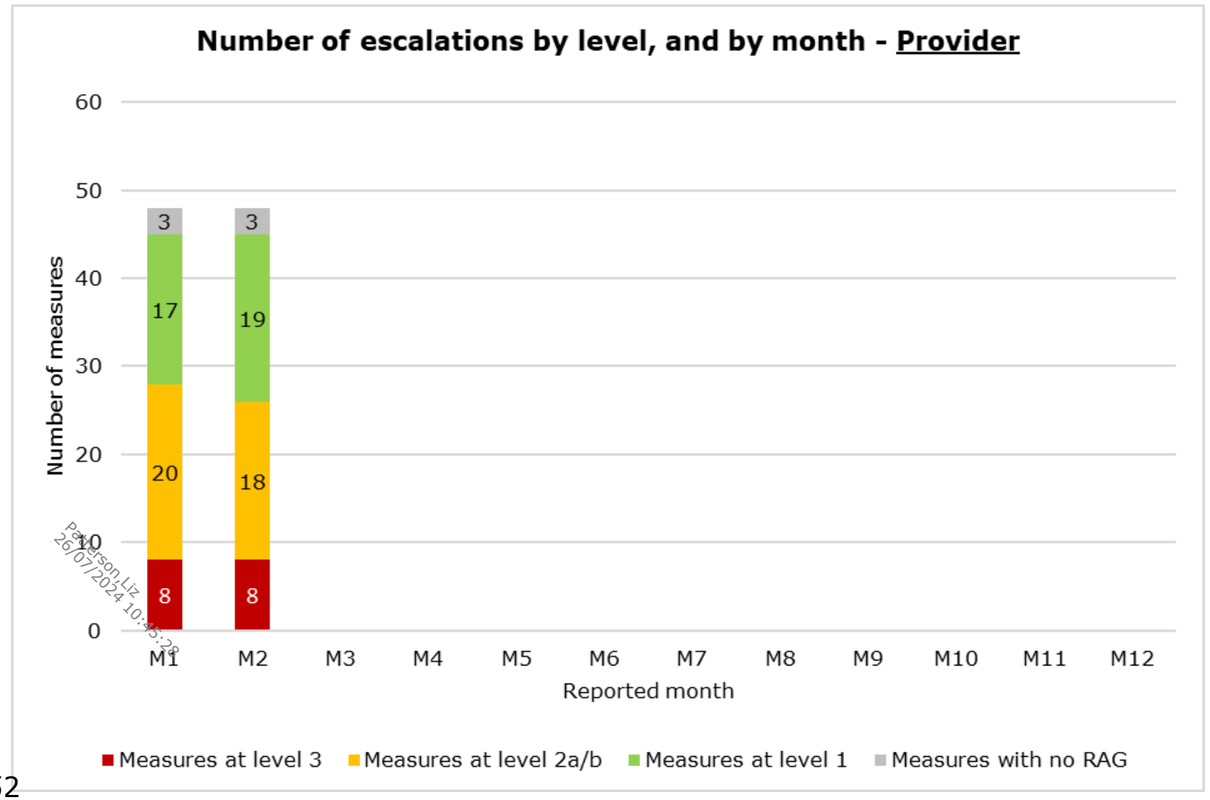
For emergency care Welsh Ambulance performance times remain poor with 41.1% of calls meeting the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 100% compliance on the 4hr target. However, all acute units in both England and Wales report challenging performance with extreme system flow pressure at the end of Q4. Welsh performance in this aspect is slightly better for residents but a significant number of patients wait beyond 4 hrs within emergency care departments.

Visual summary of performance at month 2 (May 2024)

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

Compliance against NHS Performance Framework measures at month 2 by quadruple aim area.





- 48 quantitative measures as a provider are reportable of the 52 total in the NHS Performance Framework.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IPR.
- It should also be noted however that any measure can be raised as a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no RAG rating are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

Level 3 - Performance Challenges

Serious concerns on quality and governance or continued and consistent failure to meet agreed performance improvements and trajectories.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Apr-24 | Target: 90% | Actual: 0.0% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance	In-reach consultant unavailable during Q1 due to unplanned circumstances, backfill provided by in-source provider. Challenges in recruitment of band 7 specialist screening practitioner, in discussion with BSW to explore regional recruitment opportunities Q1 2024/25	Insourcing capacity will continue from end of June to maximise capacity and provide opportunity to repatriate patients with screening provision in Mid-Powys currently being scoped.
17	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over** Period: May-24 | Target: 80% | Actual: 54.1% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance. Prior to change in process from January 2024 service reported special cause concern. Service is also under a 2a escalation for Inpatient care which is being reviewed via PEQS.	Work has been undertaken on referral data and waiting lists. During this process, an inconsistent practice was noted in that one of our teams was reporting all referrals, i.e. both counselling and assessments referrals, this being an historic issue	The referral recording on PTHB systems was clarified so that assessments were easily identifiable from counselling across Powys and this plan was highlighted to and discussed with the NHS Executive Performance and Assurance Team
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: May-24 | Target: 0 | Actual: 171 | SPC icon	This metric has been escalated due to ongoing service pressure and non-compliance against Welsh Government set target. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group linked to in-reach fragility.	Fragility of service resulting in service gaps and clinical handover challenges. In-reach challenges in North Powys for NOUS, South Powys experiencing similar challenge with SBUHB affecting capacity type and resulting breaches	Reviewing NOUS SLA with BCUHB and SBUHB. Additional capacity recommenced from November 2023 to support backlog clearance for outpatients and diagnostic general surgery
30	**Number of patients waiting more than 52 weeks for a new outpatient appointment** Period: May-24 | Target: 0 | Actual: 0 | SPC icon	This metric remains escalated as the service remains under significant pressure with a very fragile compliance.	Although compliant in May, risk remains around fragility of in-reach services.	Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues
31	**Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%** Period: May-24 | Target: < same month pre. year | Actual: 1251 | SPC icon | N/A	FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. This measure remains escalated until suitably resolved with Executive signoff.	Reporting challenges, capacity to support development of data, as at May data snapshot the health board are not reporting SOS PIFU to WG which is concerning as this is a key improvement measure	D&T team completed Phase 4 validation with circa 200 further records cleansed. Phase 5 validation is currently underway with National digital team and PTHB Applications team. SOS/PIFU reporting is with the national DHCW team for support resolution.
32	**Number of patients waiting more than 104 weeks for referral to treatment** Period: May-24 | Target: 0 | Actual: 1 | SPC icon	This metric remains escalated as the service remains under significant pressure with a very fragile service compliance.	Key drivers are the same as measure 30	Key actions are the same as measure 30
33	**Number of patients waiting more than 52 weeks for referral to treatment** Period: May-24 | Target: Month on month reduction towards a target of 0 by June 2025 | Actual: 29 | SPC icon	This metric has been escalated as it is not currently achieving the Welsh Government target, and the service remains under significant pressure with a very fragile service capacity.	Delays in DGH diagnostics (soft tissue & nerve conduction in particular). Histology/Pathology risk timeliness of pathways including USC.	Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: May-24 | Target: 80% | Actual: 45.8% | SPC icon	Poor compliance with service agreement.	Referral demand on service has changed significantly post COVID.	The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service. However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
1	**Percentage of adult smokers who make a quit attempt via smoking cessation services** Period: Q3 2023/24 | Target: 5% cumulative annual target | Actual: 3.77% | SPC icon: N/A	Measure not meeting target	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.	Smoking Cessation Team are providing face-to-face clinics across Powys in community venues and some GP Practices. Telephone support continues to be available. Group support is currently delivered in Brecon and Welshpool.
2	**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks** Period: Q4 2019/20 | Target: 40% Annual target | Actual: 37.3% | SPC icon: N/A	Measure not meeting target, however latest data is significantly historic (2019-2020) and not technically relevant for 2024/25 reporting.	The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face for the support and to undertake CO monitoring, preferring to self-validate their successful quit.	Commence regular monitoring and review of clients not completing a successful CO validated quit to inform and adapt the service, for example, holding CO reading drop-in sessions
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5** Period: Q4 2023/24 | Target: 95% | Actual: 94.5% | SPC icon: N/A	Measure not meeting target	Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system	Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q4 2023/24 | Target: 90% | Actual: 77.4% | SPC icon: N/A	Measure not meeting target	No issues to report	Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Mar-24 | Target: 75% | Actual: 69.9% | SPC icon: N/A	Measure not meeting target	Adult flu vaccine is offered through GP Practices, most community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data and therefore reliant on the timely input into the GP data system	Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: May-24 | Target: 75% | Actual: 55.6% | SPC icon: N/A	Measure not meeting target	Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore are not included in invitations for a booster	Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
9	**Percentage of well babies entering the new-born hearing screening programme who complete screening within 4 weeks** Period: May-24 | Target: 90% | Actual: 89.5% | SPC icon: 	Measure not meeting target	No issues reported	No actions or mitigations reported
12	**Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes** Period: May-24 | Target: > same month pre. year | Actual: 49.0% | SPC icon: N/A	Measure not meeting target	GP practices are challenging data accuracy.	Ongoing data investigation with NHS England and the Welsh DHCW

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
19	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes within Powys** Period: May-24 | Target: 65% | Actual: 41.1% | SPC icon: 	Measure not meeting target	Handover delays at Accident & Emergency (A&E) sites especially Wrexham Maelor, Morriston, Glangwili, Prince Charles Hospital, and the Grange are increasing the time ambulance crews are spent static as opposed to quick turnaround times	All Wales urgent care system escalation calls being held daily (often more than once per day)
20	**Median emergency response time to amber calls** Period: May-24 | Target: 12-month reduction | Actual: 00:55:58 | SPC icon: N/A	Measure not meeting target	Demand for urgent care services continues to increase including calls to 999 ambulance services	Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county
28	**Number of patients (all ages) waiting more than 14 weeks for a specified therapy** Period: May-24 | Target: 0 | Actual: 2 | SPC icon: 	Measure not meeting target	Limited breaches in Podiatry, this specialty is challenged by 33% vacancy pan Powys impacting on capacity of service	Weekly management of waiting lists by Heads of Service
35	**Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health** Period: May-24 | Target: 80% | Actual: 69.4% | SPC icon: 	Measure not meeting target	New staff inductions have taken place over the last month and the impact this has had on allocating clients to practitioners to start therapy	No current actions or mitigations
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: May-24 | Target: 85% | Actual: 80.0% | SPC icon: 	Measure not meeting target	Directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs.	Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. Low compliance is addressed with individual managers and signposting to guidance also takes place
42	**Percentage of calls ended following WAST telephone assessment (Hear and Treat)** Period: Apr-24 | Target: 17% or more | Actual: 10.3% | SPC icon: N/A	Measure not meeting target	This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.	Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

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Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
45	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over**								Measure not meeting target	North Powys vacancies and sickness absence continue to impact Data quality challenge including post submission revisions	A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
	Period	May-24	Target	90%	Actual	87.1%	SPC icon				
46	**Number of service user feedback experience responses completed and recorded on CIVICA**								Measure not meeting target	Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system	Support is being provided within the Q&S team to provide some capacity to develop the use of CIVICA in the health board
	Period	Mar-24	Target	Month on Month improvement	Actual	204	SPC icon	N/A			
51	**Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)**								Measure not meeting target	In-reach fragility impacts available capacity for specialty.	Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
	Period	Apr-24	Target	95%	Actual	67.2%	SPC icon				
54	**Number of National Reportable incidents that remain open 90 days or more**								Measure not meeting target	Capacity of teams to complete investigations within a timely manner is challenging	Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations
	Period	May-24	Target	12 month reduction trend	Actual	16	SPC icon	N/A			

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Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Q4 2023/24	4 quarter improvement trend	65.8%	N/A
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Apr-24	95%	97.4%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100%	N/A
13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	May-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	10.8%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Apr-24	Increase compared to the same month in the previous year	517	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	May-24	80%	98.1%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	May-24	80%	86.5%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 years and over	May-24	80%	95.3%	
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	May-24	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	May-24	Reduction compared to the same month in the previous year, towards the national target of zero	0	
27	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Apr-24	100%	100%	
29	Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology	May-24	0	0	N/A
36	Percentage of sickness absence rate of staff	May-24	12-month reduction trend	5.26%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Feb-24	Rolling 12-month reduction against a baseline of 2019/20	11.1%	N/A
38	Agency spend as a percentage of the total pay bill	May-24	12-month reduction	10.9%	

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Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Feb-24	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Mar-24	90%	100%	
43	Number of Pathways of Care delayed discharges	May-24	12-month reduction trend	55	N/A
44	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	May-24	90%	93.9%	
47, 48, 49	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	May-24	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	May-24		4.47	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	May-24		35.75	

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Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

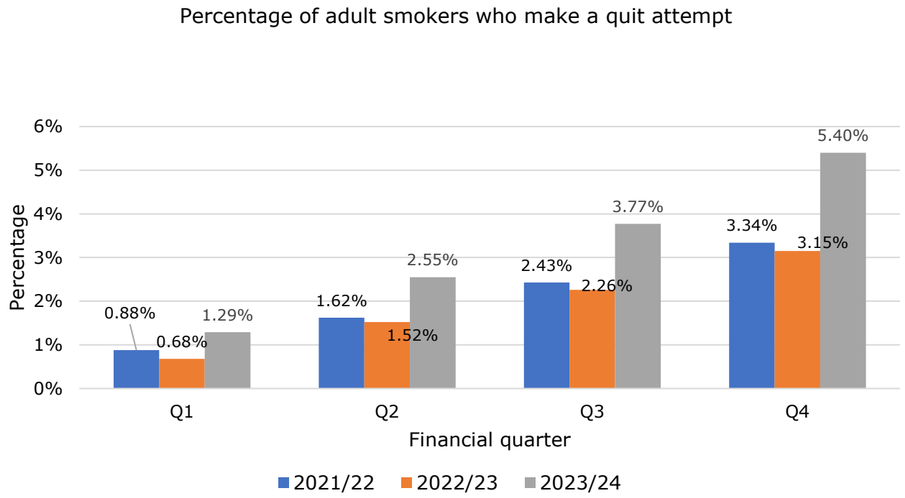
Access & Activity | **NHS Performance Measure – 1** | **Powys as a provider**

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

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q4 2023/24	Status of measure	Level 2a
Reported performance	5.4%	Benchmark position (Wales)	4th (2.43%)*
Target	5% cumulative annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	TBC		



What the data tells us

- Performance has seen a step change in 2023/24. In Quarters 1-3 there were 53% more smokers supported by the service to make a quit attempt than in the same period in 2022/23.
- Provisional data shows that in 2023/24 57% more smokers were supported to make a quit attempt in Powys than in 2022/23. The target of reaching 5% of smokers has been provisionally met (as submitted by PTHB Public Health team) for the first time in 2023/24, with 5.40% of smokers in Powys making a quit attempt.

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.

Actions & Mitigations

Improving access and client focus:

- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices to inform service delivery planning. In addition to individual face-to-face and telephone support, group support is currently delivered in Brecon and Welshpool.
- A HMQ Pharmacy training and communication plan has been developed, building on the success of similar work in 2023/24 in increasing staff confidence to deliver and raising awareness of the service to help increase uptake.
- HMQ Baby is focusing on increasing CO monitoring at booking and an OPT OUT referral process for all pregnant smokers, to increase the identification of pregnant smokers and referrals to smoking cessation team for support to quit.

Implementation of communication and engagement plan for public, professionals and partner agencies, including:

- The GP Text message project continues in 5 GP Practices, targeting smokers with offer of support. This commenced with GP Practices in more deprived areas. Data for Sept 2023- Feb 2024 show that uptake in these GP practices, in general, doubled in the month when the practices delivered the text messages compared with other months. This increase in client episodes also led to an increase in successful quit attempts in these practices.
- Plans are being made to commence the project in further GP Practices, targeting smokers with the direct offer of support to quit.

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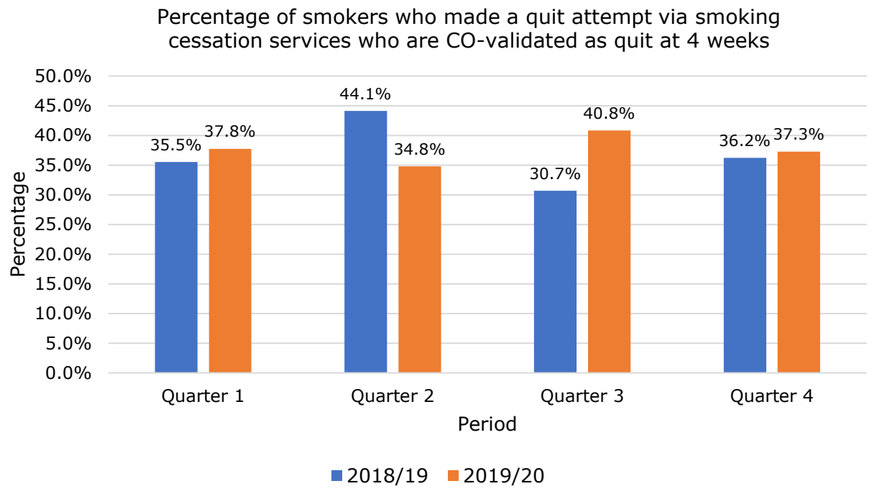
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 2**

Smoking - Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q4 2019/20	Status of measure	Level 2a
Reported performance	37.3%	Benchmark position (Wales)	N/A
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- This measure returns to the NHS Performance Framework for 2024/25, it is not a brand-new measure and was last used by Welsh Government as part of the performance framework in 2020-21 but had been retired during the pandemic.
- **The data currently available is from 2019/20 period and outdated, data collection is currently underway for 2024/25.**

Challenges

Many clients are choosing telephone support, so challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.

Actions & Mitigations

Review of clients receiving phone support to scope how to obtain increase via face-to-face, for example, holding CO reading drop-in sessions.

Agreement in place for pregnant women to have their successful quits validated by sonography team at routine scans. Smoking Cessation team to work in partnership with sonography team to facilitate this.

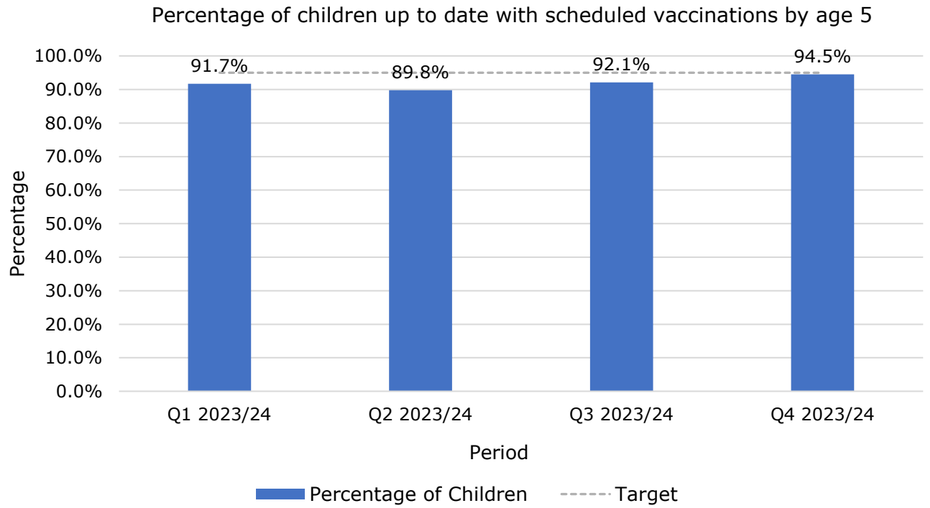
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 4**

Vaccinations - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health

Latest available	Q4 23/24	Status of measure	Level 2a
Reported performance	94.5%	Benchmark position (Wales)	1st (89.8%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2024/25		



What the data tells us

- Reported uptake performance for Q4 (94.5%) remains below target (95%) but is higher than Q4 2022/23 (89.2%).
- The health board is 1st in Wales and remains higher than the All-Wales benchmark of 89.8%

Digitally signed by Davison Liz
26/07/2024 10:45:28

Challenges

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing.
  - Enhanced monitoring of practice queues lists.
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).

- Support Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) now ratified and in use.
- Ongoing support for Primary Care with queues list monitoring and prompting to review lists. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care an shared with Child Health System.
- MMR Catch-up being delivered targeting those under vaccinated, including a focus on school-aged population.

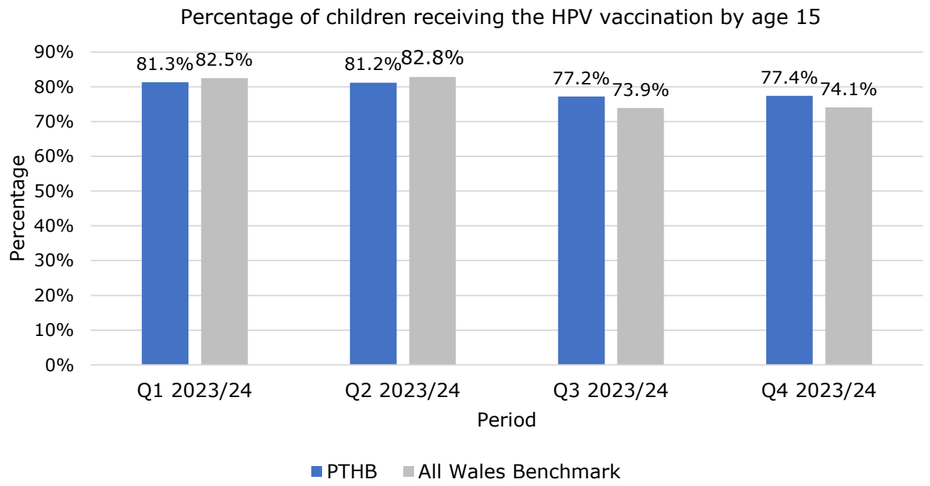
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 5**

Vaccinations - Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health

Latest available	Q4 2023/24	Status of measure	Level 2a
Reported performance	77.4%	Benchmark position (Wales)	3rd (74.1%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake fell slightly at the end of 2023/24 with Q4 reporting 77.4% against the new 90% target for HPV vaccinations by age 15.

Patterson Liz 26/07/2024 10:45:28

Challenges

- No issues to report

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- New single dose vaccine is being implemented from academic year 2023/24 which should improve uptake further.
- Uptake is consistent with previous years.

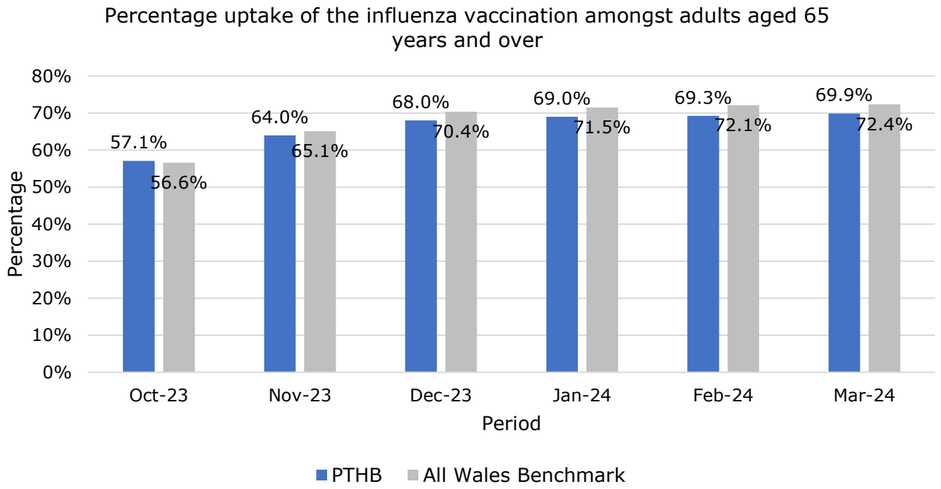
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 6**

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

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health

Latest available	Mar-24	Status of measure	Level 2a
Reported performance	69.9%	Benchmark position (Wales)	5th (72.4%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 23/24 season of vaccination has finished		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- The reported position in March for the uptake of influenza vaccine has increased to 69.9% for PTHB.
- PTHB ranked 5th against the All-Wales benchmark of 72.4%, Aneurin Bevan University Health Board has the highest uptake reporting 75.6%.
- There has been a 4% decrease in uptake nationally between March 2023 and March 2024 and Powys has seen this same decrease trend from 73.8% to 69.9%.

Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Powys GPs also reported an increase in declined appointments this year in a flu delivery survey.
- Adult flu vaccine is offered through GP Practices, most community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy and vaccination centres. This data needs to be manually inputted by GP Practices so therefore incomplete data and underreporting of uptake.

Actions & Mitigations

- Actions below implemented in quarter 3 & 4.
- GP led clinics organised across Powys for eligible residents by GP Practices.
- Pharmacy flu clinics also available in many communities across Powys.
- Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
- Flu vaccine offered through Vaccination Centres from January 1st onwards.
- Additional targeted support provided to GP Practices including booking support to increase uptake further.
- Continued monitoring of uptake, and engaging with GPs to encourage further sessions, drop-ins and mop up clinics.

Cyfeillion Llyfrgell Powys
Powys Library Friends

Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

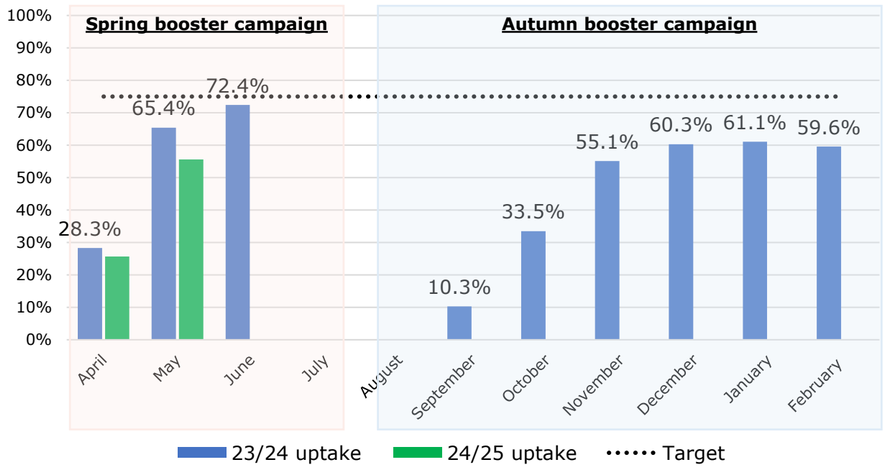
Access & Activity | **NHS Performance Measure – 7**

Vaccinations - Percentage uptake of the COVID-19 vaccination for those eligible - Spring and Autumn Booster 2024: All eligible people

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination

Latest available	May-24	Status of measure	Level 2a
Reported performance	55.6%	Benchmark position (Wales)	2nd (48.4%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 23/24 season of vaccination has finished		

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

Autumn booster campaign

- Powys Teaching Health Board (PTHB) is again leading Wales in the vaccination of eligible citizens during the Autumn/Winter 2023/24 COVID-19 booster campaign. For February, PTHB ranked 1st in Wales with uptake at 59.6%, compared with the All-Wales benchmark of 53.4%.
- The campaign ran from 11th September 2023 until 31st March 2024, but surveillance data from Public Health Wales ceased before the end of the programme due to a decrease in uptake from January 2024 onwards. Welsh Government Performance notes that the data position of February 2024 will be the last reportable data point for the autumn campaign.

Spring booster campaign

As of May 2024, 55.6% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

Challenges

- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore are not included in invitations for a booster.
- Four nation concern over new BA.4.86 variant impacted on late change and logistical implications in Health Boards delivery plans for the Autumn/Winter 2023/24 Campaign.
- Vaccination service underwent a second OCP from February-March 2024, which had an impact on staffing morale and created vacancies within the service.
- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.

Actions & Mitigations

- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.
- Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Active offers to eligible citizens who have not completed their primary course to increase the number of citizens in each cohort who will be eligible for a booster vaccination.
- Primary course is reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will mean the number of eligible population is increased

Powys Teaching Health Board 26/07/2024 10:52:34

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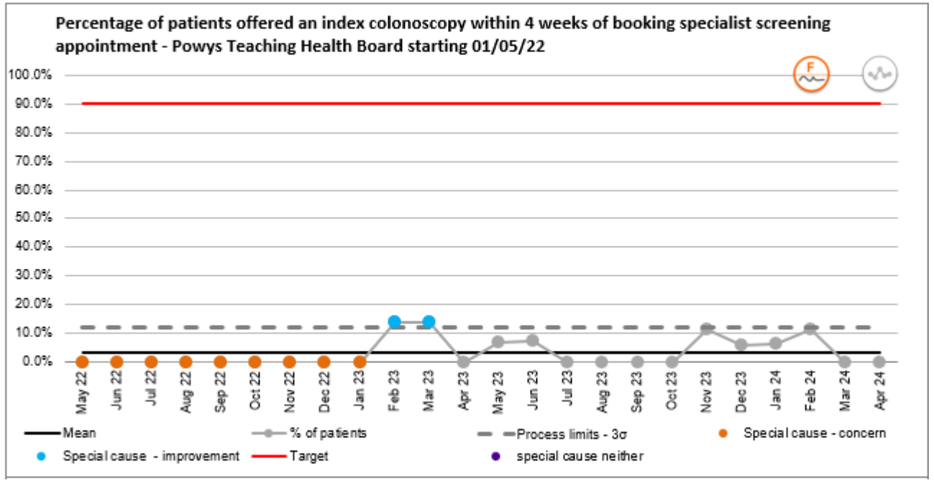
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Access & Activity — NHS Performance Measure – 8

Screening - Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services

Latest available	Apr-24	Status of measure	Level 3
Reported performance	0.0%	Benchmark position (Wales)	7th (31.1%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 0% in April 2024, All Wales performance is also challenged against this measure.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team.

26/06/2024 10:45:28

Challenges

- In-reach consultant unavailable during Q1 due to unplanned circumstances, backfill provided by in-source provider.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH.
- Challenges in recruitment of band 7 specialist screening practitioner, in discussion with BSW to explore regional recruitment opportunities Q1 2024/25.
- Service extremely fragile with in-source requirement to continue meeting current demand.
- Further expansion of national FIT test criteria from October will result in increased demand.

Actions & Mitigations

- Insourcing capacity will continue from end of June to maximise capacity and provide opportunity to repatriate patients with screening provision in Mid-Powys currently being scoped.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Requested capacity for symptomatic and screening from commissioned health providers via the Contract Quality Performance Review Meeting (CQPRM)
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Successfully recruited two band 6 bowel screening specialist nurses.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.
- Regional working with CTMUHB to secure joint appointment for band 7 specialist nurse.

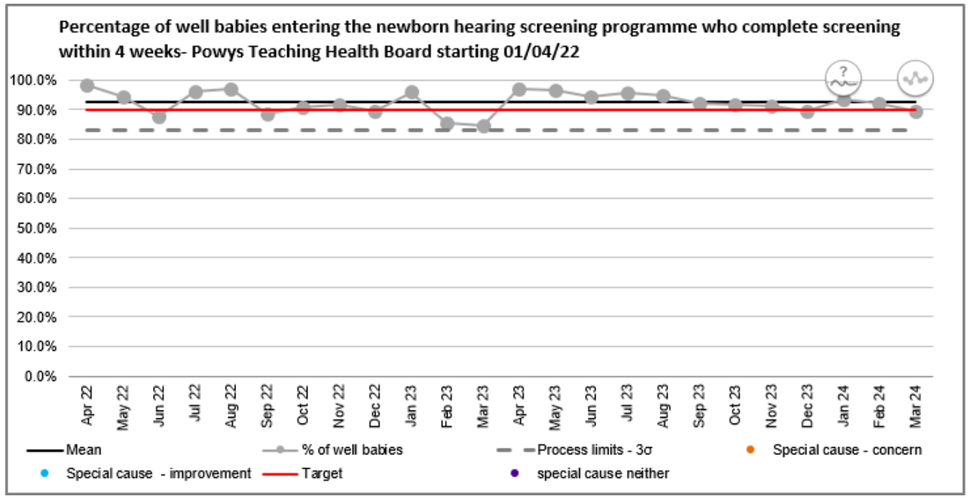
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Access & Activity | **NHS Performance Measure – 9**

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Women's and Children's Services

Latest available	Mar-24	Status of measure	Level 2a
Reported performance	89.5%	Benchmark position (Wales)	7th (96.4%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys performance reported 89.5% compliance in March against the 90% target (ranked 7th in Wales).
- All Wales performance for March is 96.4%.

Jones-Davies, Liz
25/07/2024 10:45:28

Challenges

- No challenges reported as of 10/05/2024

Actions & Mitigations

- No actions or mitigations reported as of 10/05/2024

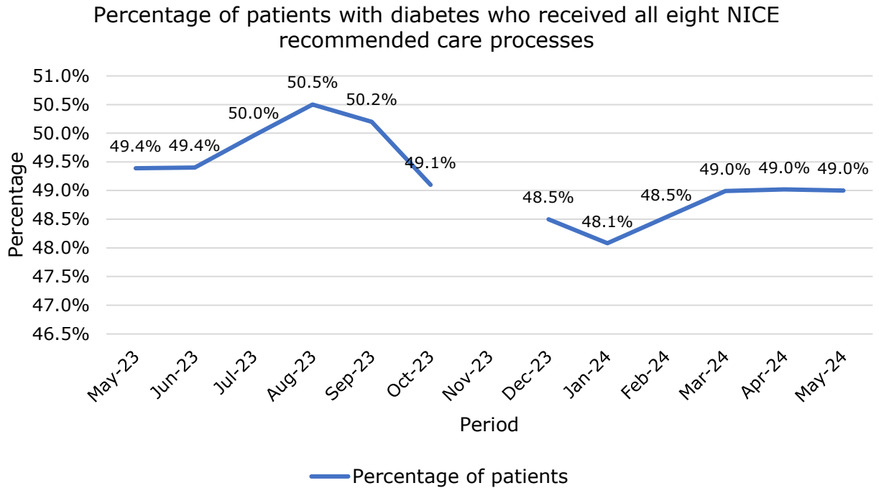
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Access & Activity | **NHS Performance Measure – 12**

Primary Care - Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Executive lead	TBC	Officer lead	TBC

Latest available	May-24	Status of measure	Level 2a
Reported performance	49.0%	Benchmark position (Wales)	1st (42.3%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Primary Care Portal		
Recover by?			



What the data tells us

- This is a new measure for the 2024/25 Performance framework
- Reported performance for May is 49% this is not meeting target and is 0.4% lower than May-2023.
- Data for November is unavailable from the Primary Care Information Portal.

Challenges

- GP practices are challenging data accuracy.

Actions & Mitigations

- Ongoing data investigation with NHS England and the Welsh DHCW.

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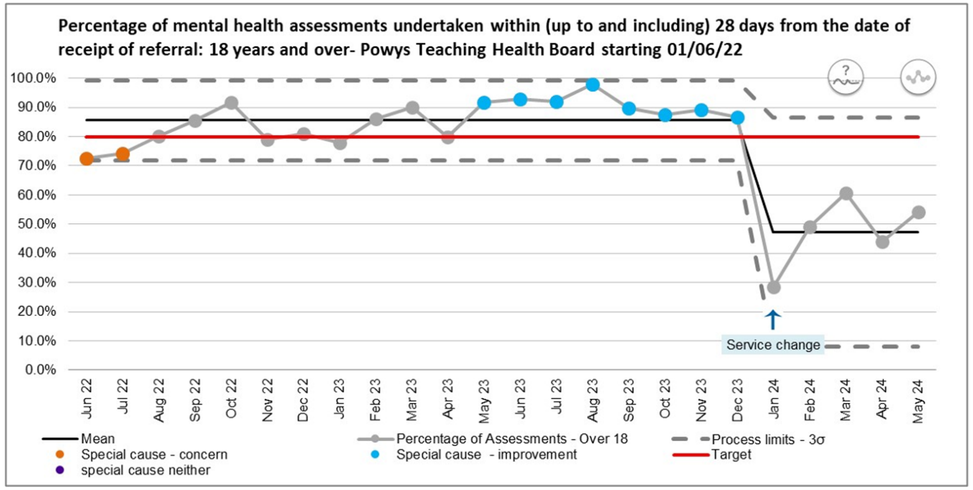
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Access & Activity | **NHS Performance Measure – 17** | **Frequency - Monthly**

Mental Health - Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental health

Latest available	May-24	Status of measure	Level 3
Reported performance	54.1%	Benchmark position (Wales)	5th (57.2%)*
Target	80%		
SPC assurance rating	Common cause		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	Not available		



What the data tells us

- Performance in May has shown improvement, increasing to 54.1% from 44.1% in April. This is still below target but above the post re-calculation average of 47%.
- PTHB ranks 5th with an All-Wales position of 57.2% for April.
- The health board also does not achieve the planned trajectory performance recovery of 70%
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.
- Please note that following service change and post change analysis process limits have been recalculated from January 2024. This is because of a significant change in patients reported from previous period.
- This measure has been escalated to level 3 by the Performance team because of poor performance against national target and health board submitted trajectory target and ongoing recording and reporting concerns.

Challenges

- Work has been undertaken on referral data and waiting lists. During this process, an inconsistent practice was noted in that one of our teams was reporting all referrals, i.e. both counselling and assessments referrals, this being an historic issue.
- Shortfall in administrative capacity in South Powys team.
- It should be noted that as a service Mental Health is currently under internal **2a** escalation for inpatient services, work is underway to provide a timescale and process to achieve de-escalation. The detail of this is being considered at the Patient Experience, Quality and Safety Committee (PEQS).

Actions & Mitigations

- The referral recording on PTHB systems was clarified so that assessments were easily identifiable from counselling across Powys and this plan was highlighted to and discussed with the NHS Executive Performance and Assurance Team. Also discussed measure reporting with the NHS Executive and indicated that our data would be changing when able to separate the referrals and be confident that our reporting was accurate. Agreed our data would be including MH assessment referrals only from January 2024.
- Now able to provide the historic data, based only on Mental Health assessments going back to April 2023.
- It is noted that our 1a assessment % has risen from 28.6% in January, 49.1% in February to 60.8% in March, and although performance dipped in April, it continued to rise in May to 54.1%.
- There is still a substantive shortfall in administration in the South Powys team - temporary uplift in capacity has now been put in place.

Jackson Lee 24/07/2024 10:53:53

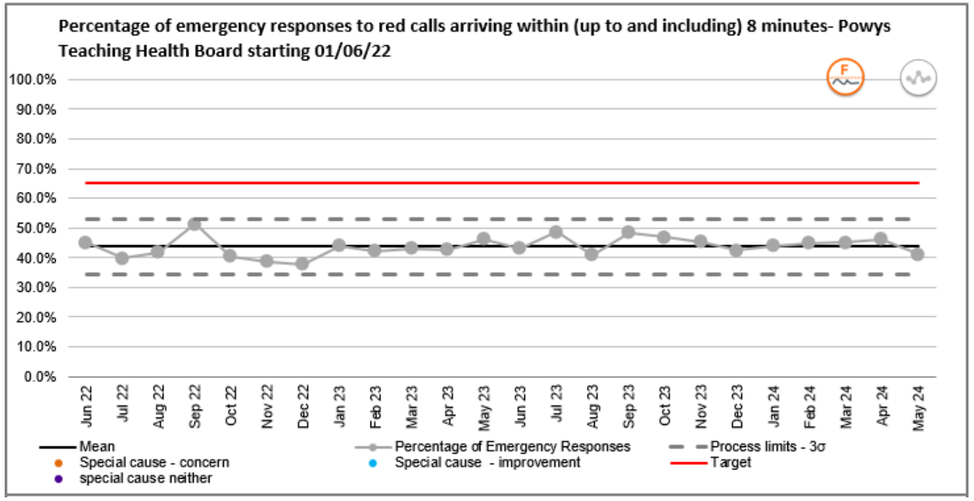
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Access & Activity | **NHS Performance Measure – 19** | **Frequency - Monthly**

Urgent & Emergency Care - Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes within Powys

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24	Status of measure	Level 2a
Reported performance	41.1%	Benchmark position (Wales)	6th (45.8%)
Target	65%		
SPC assurance rating	Common cause variance		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- The reported performance in May has slightly decreased to 41.1% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation.
- The performance data supports that without a significant intervention to system the commissioned WAST service will not achieve the national target of 65.0%.
- PTHB ranks 6th but the All-Wales position for the same period is also poor at 45.8%

Challenges

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

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

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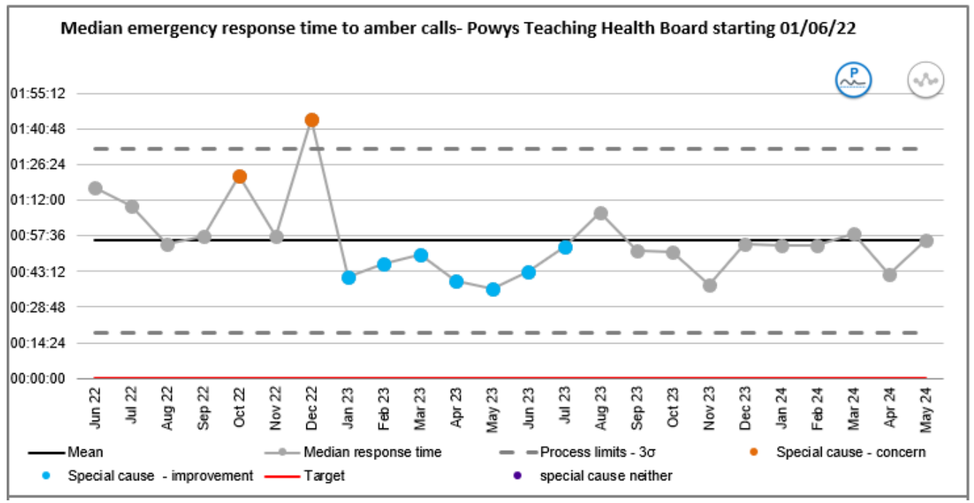
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Access & Activity | **NHS Performance Measure – 20** | **Frequency - Monthly**

Urgent & Emergency Care - Median emergency response time to amber calls

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24	Status of measure	Level 2a
Reported performance	00:55:58	Benchmark position (Wales)	1st (01:38:03)
Target	12-month reduction target		
SPC assurance rating	Not applicable currently		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported an increase in May 2024 to 00:55:58. PTHB ranks 1st in Wales

Patterson Liz 26/07/2024 10:45:28

Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission.

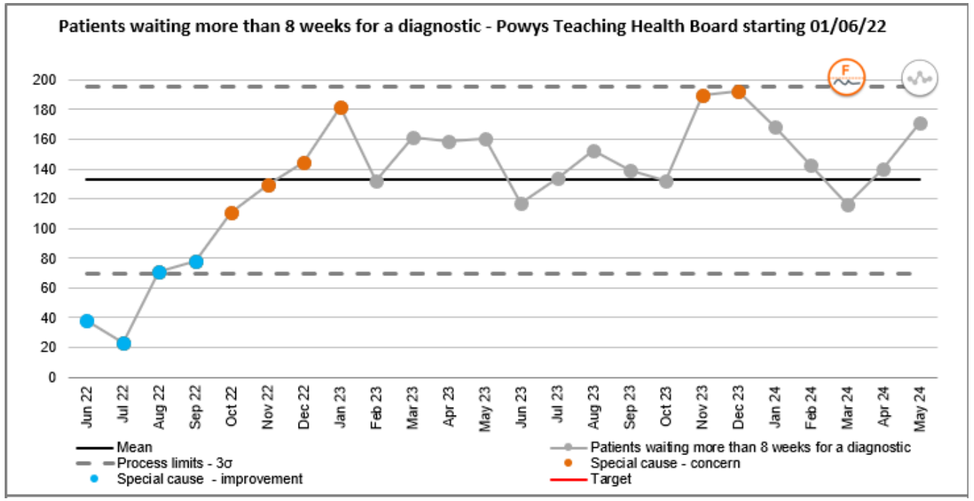
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Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Latest available	May-24	Status of measure	Level 3
Reported performance	171	Benchmark position (Wales)	1st (40,098)*
Target	Zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC 2024/25		



Diagnostic's performance by sub service

Service	Sub service	Total Waiting	Pathway breaches	% waiting over 8 weeks
Cardiology	Echo Cardiogram	193	115	55%
Diagnostic Endoscopy	Colonoscopy	25	6	24%
Diagnostic Endoscopy	Cystoscopy	6	1	17%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	15	5	33%
Diagnostic Endoscopy	Gastroscopy	38	4	11%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	17	0	0%
Radiology - GP referral	Non-Obstetric Ultrasound	502	40	8%

What the data tells us

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

- The health board has reported 171 breaches in May 2024, 115 breaches are for Echo Cardiograms, 16 within Endoscopy and 40 reported for Non-Obstetric Ultrasound.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government target.

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

Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Cardiology - Challenges	No. of breaches	115

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.

Cardiology - Actions & Mitigations

- Cardiology – (Echo Cardiogram)
- Use of PTHB employed echo-cardiogram technician to support cardiology.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal.
- Reviewing opportunities for Mid Wales collaborative support outreaching into North Powys Q2 24/5.

Patterson Liz
26/07/2024 10:45:28

Diagnostic Endoscopy - Challenges	No. of breaches	16

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB). This risk is escalated with severe capacity shortfall predicted from Q1 2024/25 as result of retirements, vacancies, and sickness absence.
- JAG 5 Year Assurance accreditation 6 month deferral pending review of in reach sessions including sub speciality leadership.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Bowel screening (BS) Faecal Immunochemical Test (FIT) test changes from Oct-22 have increased demand, further significant increase forecasted from Oct 24
- Reliance of central capacity via Bowel Screening Wales (BSW) due to recruitment challenges, this capacity is at risk retraction of staff., fragility of bowel screening in reach.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- The assurance inspection and accreditation of second site in Powys involves detailed service planning and process review and will require evidence of strengthened SLA medical leadership and decontamination compliance to meet assurance requirements.
- Joint Advisory Group (JAG) for Endoscopy accreditation following assurance visit in March has been deferred for 6-months due to in-reach leadership shortfall, full report pending.
- Trans nasal endoscopy pilot implementation currently delayed due to availability of training from acute providers due to industrial action (training now booked for June 2024).

Diagnostic Endoscopy - Actions & Mitigations

- Additional capacity has recommenced via insource from November 2023 to support backlog clearance for both outpatients and diagnostic general surgery.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Start of sponge capsule (cytosponge) from 2nd October in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients. The service will be evaluated in May 24.
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024, ongoing.
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.
- PTHB has improved capacity for Gastroscopy following training of JAG accredited clinical endoscopists.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently supporting service.
- Review of standard operating procedures (SOP's) and related documentation completed.

Non-Obstetric Ultrasound - Challenges	No. of breaches	40

- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity because of only being able to provide alternate specialty for "lumps & bumps" vs Musculoskeletal (MSK).
- South Powys have a similar challenge with SBUHB affecting capacity type and resulting breaches.

Non-Obstetric Ultrasound - Actions & Mitigations

- Reviewing SLA with BCUHB and SBUHB for the clinical pathways outside the scope of the Powys service
- Use of agency for breaching patients.
- Urgent referrals are routed to acute providers.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.

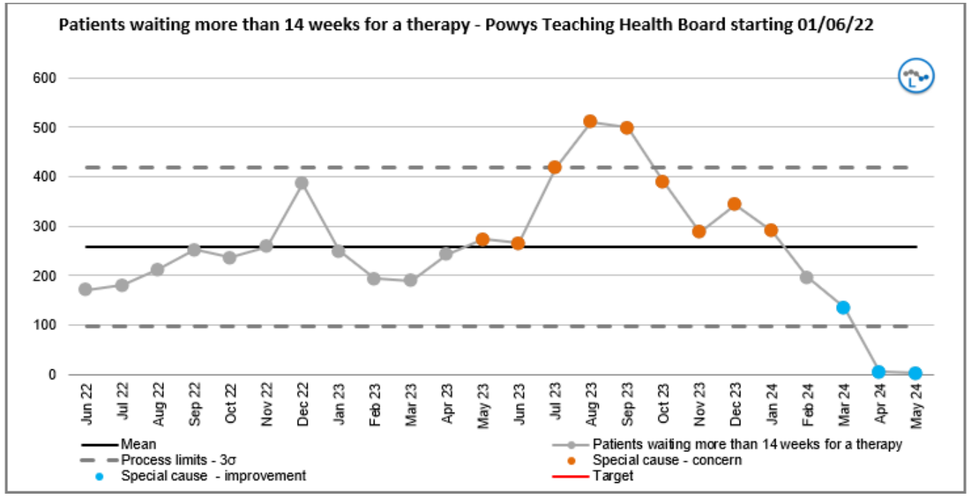
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Latest available	May-24	Status of measure	Level 2a
Reported performance	2	Benchmark position (Wales)	2nd (13,893)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBA 2024/25		



What the data tells us

- 2 patients breached the 14-week target in May, both breaches were for podiatry.
- The SPC chart variance has now shifted to special cause improvement
- This measure does not meet the required target and therefore has a level 2a escalation status
- It should be noted that following investigation Powys had been incorrectly submitting patients who wait within the Betsi Cadwaladr University Health Board (BCUHB) flow system (e.g., patients that sit outside of PTHB submissions). As such most breaches reported monthly over an extended historic period were not the responsibility of PTHB to report and have been removed from April. It should be noted that these services are still monitored by the Therapies service, and assurance is sought via Commissioning engagement with BCUHB)

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Challenges

- Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service.
- OT Hand Therapy single point of failure and long-term sickness
- Audiology (North) provided under SLA by Betsi Cadwaladr University Health Board (BCUHB).

Actions & Mitigations

- Weekly management of waiting lists by Heads of Service.
- Remedial action plan templates completed for all challenge specs for escalated with significant improvement expected by March 2024.
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Podiatry (clinical) has increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in this areas.
- Working with Robert Jones and Agnes Hunt NHS Trust to resolve Podiatric Surgery challenge.

- Improvement planned for full recovery by *May 24
- Podiatry planned Q1 24/25.

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

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Planned Care & Cancer – Provider Referral to treatment (RTT) Patients waiting more than 52 weeks for referral to treatment

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Latest available	May-24	Status of measure	Level 3

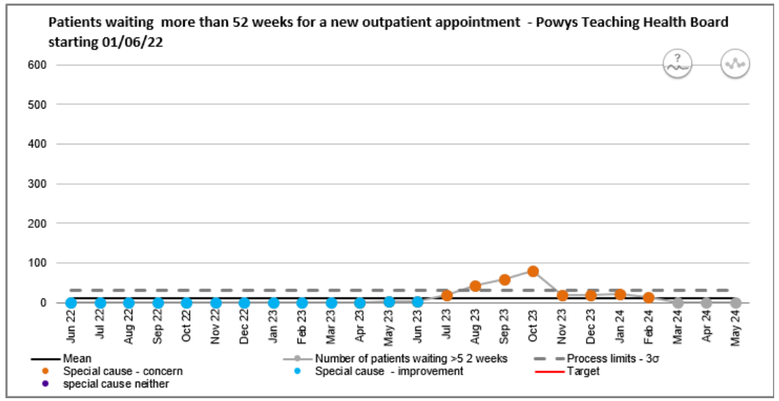
No	Measure	Target	Actual	SPC variance
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	0	0	Common cause variation
32	Number of patients waiting more than 104 weeks for referral to treatment	0	1	Special cause Concern
33	Number of patients waiting more than 52 weeks for referral to treatment	Reduction to zero by Jun-25	29	Common cause variation

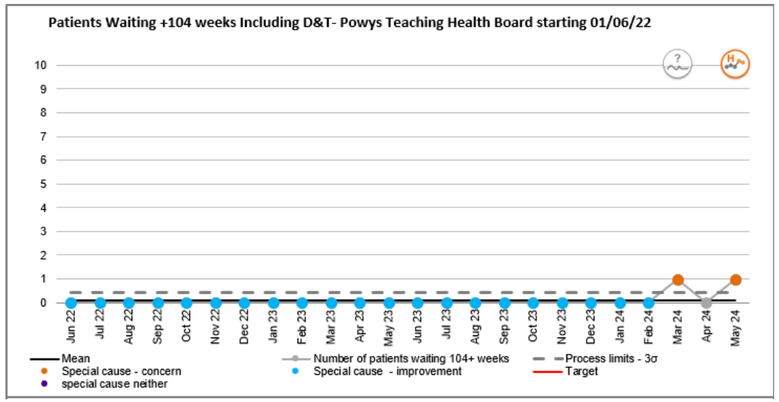
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	DCHW		
Recover by?	TBA 2024/25		

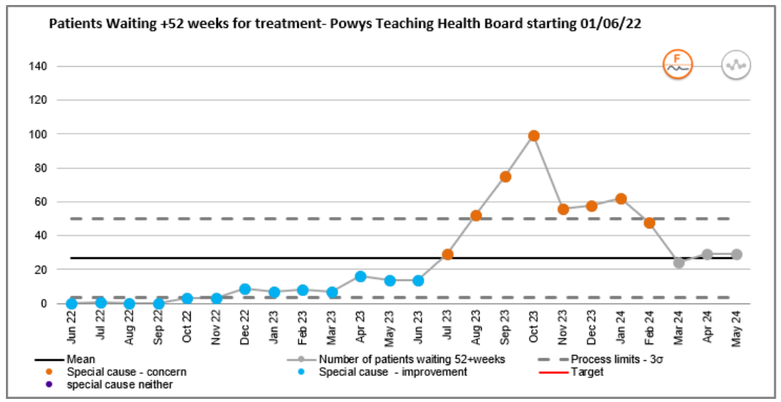
What the data tells us

- New patients over 52 week - PTHB has achieved the Welsh Government target with zero new outpatient appointment pathways (stage 1) waiting over 52 weeks. This measure now reports common cause variation
- Patients waiting more than 104 weeks - PTHB has performed well recovering from COVID-19 backlog in March 2022. 1 patient waiting over 104 weeks in May 2024
- Number of patients waiting more than 52 weeks - The health board has failed to meet the reduction target with 29 patients waiting more than 52 weeks for treatment.
- These metrics have been escalated as one remains not currently achieving the Welsh Government target, and the service remains under significant pressure with a very fragile service provision.
- Data quality has been rated average in May because of waiting list submission validation. It has been found that 14 pathways for Paediatric Children Learning Disability have been included incorrectly within the RTT submission. This service is not applicable for RTT as it is non-consultant led in PTHB, and those pathways reported included long waits which were non-applicable as patients were undergoing active care e.g., incorrect reporting. This will be resolved from June 2024 snapshot.

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Further narrative and details on Provider RTT on next slide

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

Planned Care & Cancer – Provider Referral to treatment (RTT) – Combined narrative challenges and actions

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Challenges

- Challenges in T&O waits e.g., patient waiting over 104 weeks result from delays in DGH diagnostics (soft tissue & nerve conduction in particular).
- Ongoing challenge of Histology/Pathology delays risk timeliness of pathways including USC.
- ENT in North Powys in-reach fragility for Betsi Cadwalader University Health Board (BCUHB) & Shrewsbury and Telford NHS Trust (SATH) services.
- Ongoing risk of fragile across all in-reach consultant led pathways within the provider.
- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service. General surgery capacity even does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer (USC) prioritised to all available clinic/diagnostic appointment slots.
- Other challenging specialties within the provider include Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- Fragility of PTHB staffing and recruitment challenges nationally.
- Ongoing industrial action in England, this impacts PTHB in-reach Ophthalmology services.
- Waiting list validation work around 420 – Paediatrics main specialty incorrectly reporting non RTT pathways.

Actions & Mitigations

- Nerve conduction is a UK wide issue, and national discussions are ongoing via the clinical implementation network for orthopaedics to consider potential solutions.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by to address gaps for further consideration June 24.
- Planned care bids to national planned care fund in March 2024 – outcome pending
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
- Referral management pilot for orthopaedics to commence April 2024, scoping opportunities for ENT Q2 24/5.
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.
- Enhanced clinical leadership team in place in Planned Care., appointment to substantive Assistant Medical Director Planned Care May 24
- Planned care are currently developing a program of demand and referral management opportunities to be presented to the planned care board at the end of Q2.
- Data quality action with service & Powys Data & Business Intelligence to resolve incorrect reporting of some Paediatrics specialties, this will be rectified for the June snapshot.

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RTT waits by main specialty - PTHB Provider -May 2024 - Open pathways

		Patients Waiting by band						
Specialty	% <26 Weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - GENERAL SURGERY	80.2%	409	66	34	1			510
101 - UROLOGY	86.0%	135	13	9				157
110 - TRAUMA & ORTHOPAEDIC	76.9%	614	136	39	4	4	1	798
120 - ENT	82.1%	531	54	53	9			647
130 - OPHTHALMOLOGY	74.6%	858	170	113	9			1150
140 - ORAL SURGERY	94.6%	212	7	5				224
143 - ORTHODONTICS	92.9%	26	1	1				28
191 - PAIN MANAGEMENT	100.0%	158						158
300 - GENERAL MEDICINE	100.0%	66						66
302 - ENDOCRINOLOGY	100.0%	5						5
320 - CARDIOLOGY	78.4%	221	39	22				282
330 - DERMATOLOGY	100.0%	129						129
410 - RHEUMATOLOGY	83.4%	131	22	4				157
420 - PAEDIATRICS	89.9%	71	5	2	1			79
430 - GERIATRIC MEDICINE	100.0%	20						20
502 - GYNAECOLOGY	97.2%	247	6	1				254
663 - PODIATRIC SURGERY	63.0%	46	11	16				73
999 - Allied Health Professional	100.0%	2851						2851
	88.7%	**6730**	**530**	**299**	**24**	**4**	**1**	**7588**

* AHP references Allied Health Professionals

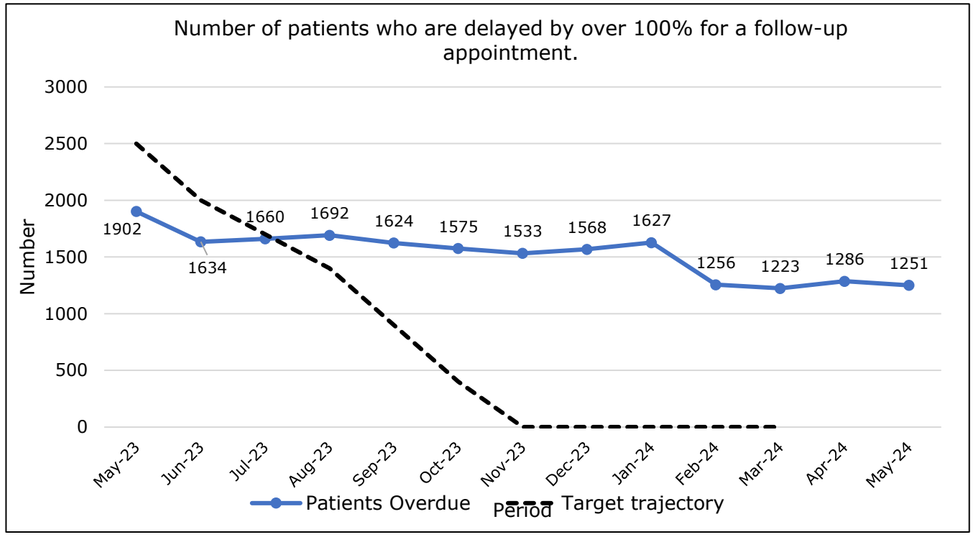
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 31** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Latest available	May-24	Status of measure	Level 3
Reported performance	1251	Benchmark position (Wales)	1st (251,009)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	TBC		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC		



What the data tells us

- In May 1251 FUP's were reported as overdue by 100% or over this is less than the equivalent period in May 2023 (1902).
- PTHB is reporting "reportable" only FUP's to Welsh Government (WG) from April 2023 as required by the national measure.
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. The measure will remain escalated until both Executive and Service leads are provided assurance on data quality and achievement of performance.

Challenges

- Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt SOS/PIFU pathways.
- Reporting challenges, capacity to support development of data, do not report SOS PIFU to WG which is concerning as this is a key improvement measure.

Actions & Mitigations

- Phase 7 validation of data concurrently underway by PTHB Applications team and by services, more than 100 further records removed or resolved in completed Phase 6 and circa 500 pathways under review across teams
- Operational services continue to support the validation of records and provide challenge identification for the D&T team to investigate.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- SOS & PIFU reporting due to recommence for May 24 submission as underlying issue resolved
- Enhanced monitoring from Q1 2024/25 to better understand system demand and capacity.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Escalated as part of RTT and Performance Engagement Meetings.
- Bid to WG Planned Care fund for clinical and digital infrastructure to support this and other service transformation April 24 pending outcome.

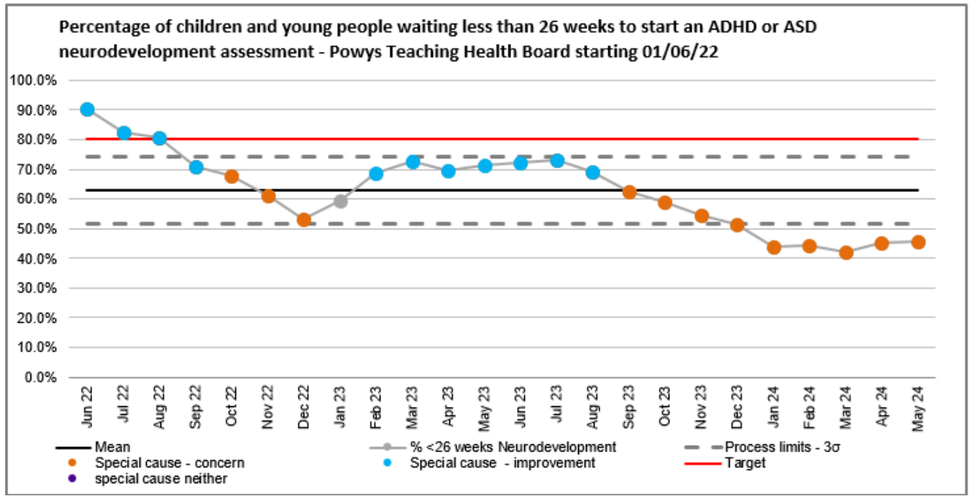
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

Mental Health including CAMHS - Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Women's and Childrens

Latest available	May-24	Status of measure	Level 3
Reported performance	45.8%	Benchmark position (Wales)	1st (24.6%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Linked to business case approval		



What the data tells us

- Performance for neurodevelopmental assessment (ND) continues to fall outside of the lower control limit reporting 45.8% in May.
- Performance is flagged as special cause concern.
- This measure/service is currently escalated due to poor performance compliance.
- PTHB continues to benchmark positively against the All-Wales position.

Challenges

- Referral demand on service has changed significantly post COVID. Analysing referral data shows a significant increase of 83.3% between 2021/22 and 2022/23 financial year, and when comparing like for like referral demand for Q1 – Q3 2022/23 and 2023/24 shows a further 23.2% increase in total referrals placing the service resource under extreme capacity pressure.
- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as at 30th April 24.

Actions & Mitigations

- As part of the Powys Integrated Quality & Performance Framework approach the Womens & Childrens services will be engaged via Performance and Business meetings to support service recovery from Q4 2023/24.
- The ND Remodel business case is under review.
- The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service.
- However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts.
- The ND business case was considered by the Health Board Investment and Benefits Group (IBG) and will be further considered by the Executive Committee in due course. Temporary additional capacity continues to support the service.

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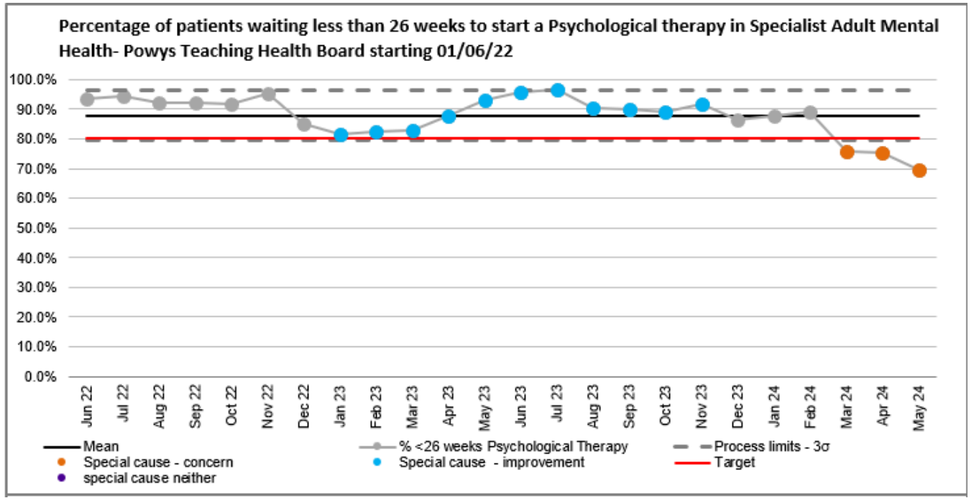
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 35** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health

Latest available	May-24	Status of measure	Level 2a
Reported performance	69.4%	Benchmark position (Wales)	2nd (59.8%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- Performance falls below target in May to 69.4% vs the national 80% target.
- This measure now reports special cause concern and is flagged as exception
- Powys benchmarks positively and currently rank 2nd with the All-Wales position of 59.8% for April 2024

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Challenges

- The recent dip in performance has been principally attributed to:
- New staff inductions have taken place over the last month and the impact this has had on allocating clients to practitioners to start therapy.
- There has been an increase in long term sick leave therefore the clients of certain practitioners have required re-allocation.
- Introduction of the new allocation process
- Unusually low rates of referral.
- We anticipate that these issues are short term pressures, and they will be resolved in the next quarter.

Actions & Mitigations

- No current actions or mitigations.

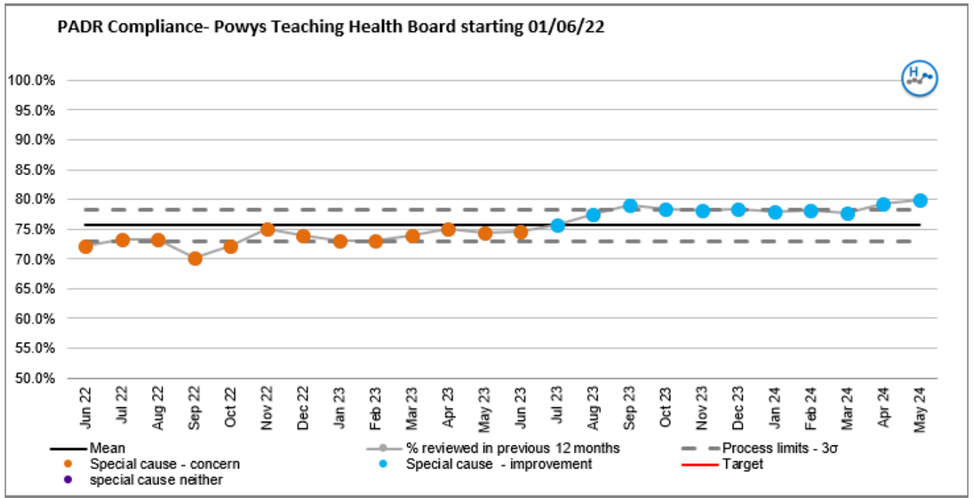
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	May-24	Status of measure	Level 2a
Reported performance	80.0%	Benchmark position (Wales)	7th (77.7%)* Mar-24
Target	85%		
SPC assurance rating	Special cause - improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		



What the data tells us

- PTHB PADR compliance is reported at 80.0% for May 2024, performance continues to remain above average and is 5% below national target.
- The latest benchmark available is Mar-24 where PTHB benchmarked 7th out of 13 organisations.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 11 months.

Challenges

- Directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs. As of April 2024, there were 11 out of 17 service areas/Directorates whose performance was above the national target of 85%.

Actions & Mitigations

- Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services.
- Low compliance is addressed with individual managers and signposting to guidance also takes place.
- Areas of particular concern are escalated to Executive Directors.
- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g., Group PADRs and delegated responsibility.
- Managers toolkit on Pay progression has been developed and implemented.
- Frequently asked questions and guidance has been developed and shared.

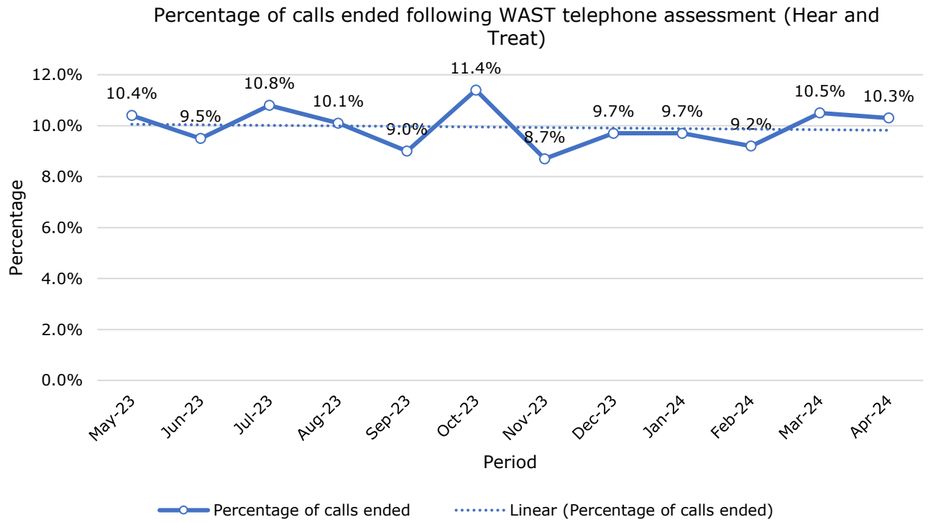
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 42** | **Frequency - Monthly**

Urgent and Emergency Care - Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Interim Executive Director of Planning, Performance, and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	Apr-24	Status of measure	Level 2a
Reported performance	10.3%	Benchmark position (Wales)	7th (15.2%)
Target	17% or more		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys has not met the national target in March with 10.3% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 15.2% for April 2024.

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Challenges

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.

Actions & Mitigations

- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

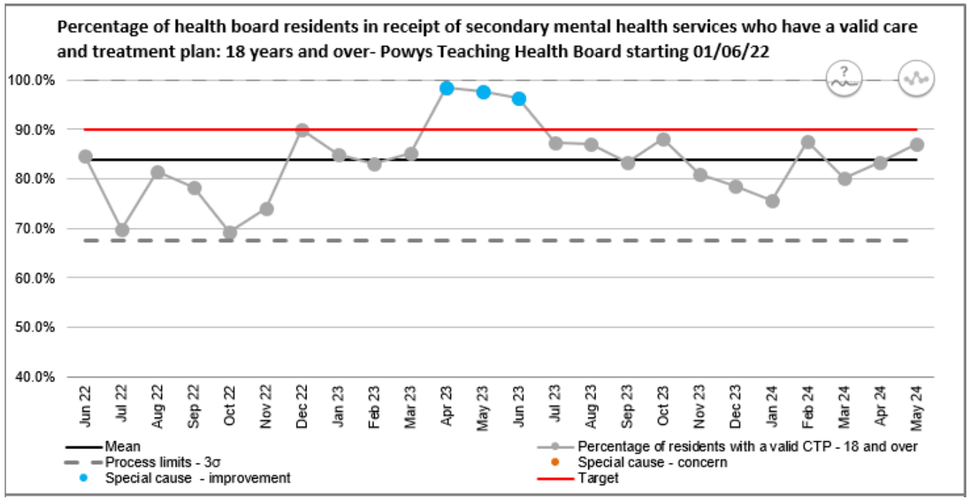
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Mental Health

Latest available	May-24	Status of measure	Level 2a
Reported performance	87.1%	Benchmark position (Wales)	5th (80.2%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 87.1% and reports common cause variation.
- PTHB benchmarked 5th against an All-Wales position of 80.2% in April
- This measure is in level 2a escalation due to not meeting the required target

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Challenges

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

Actions & Mitigations

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model including a change to the duty and assessment model to be scoped with investment from 6 goals to mitigate for the impact this has placed on capacity for urgent care. If approved (wk commencing 10/06) model will be implemented with immediacy.
- Continue to advertise recruitment positions.
- A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
- Remedial action plan in place.
- Clinical assessment and prioritisation of caseloads.
- Prioritising data cleansing and data accuracy.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.
- Change to Service Manager model has seen a focus of one service manager on all adult community teams and one for all OA community teams. Standardisation and quality improvement work being undertaken.

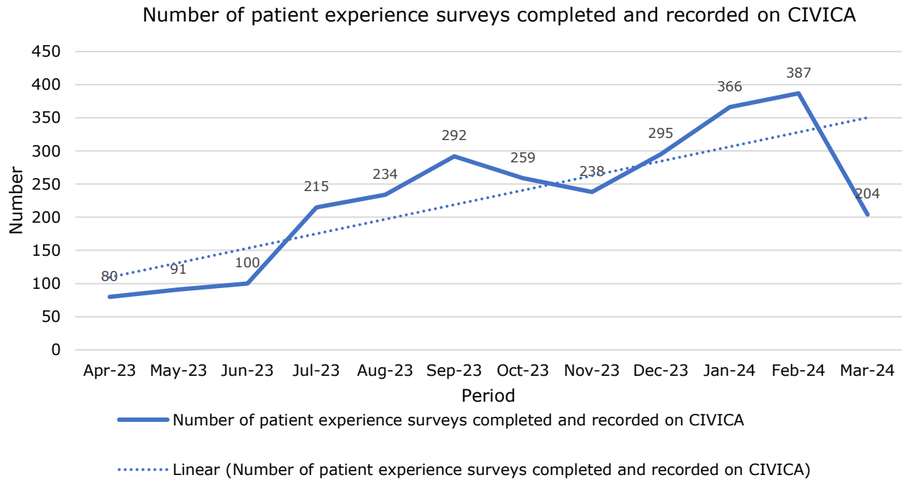
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 46** | **Frequency - Monthly**

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	**Executive Director of Nursing, Quality, Women and Family Health**	**Officer lead**	**TBC.**

Latest available	**Mar-24**	**Status of measure**	**Level 2a**
Reported performance	204	Benchmark position (Wales)	8th (16,171)*
Target	Month on month improvement		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			



What the data tells us

- Reported experience surveys have dropped significantly as reported in March to 204 not meeting the improvement target.

Peterson Liz
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Challenges

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

Actions & Mitigations

- Leads defined within all teams to develop and promote the use of CIVICA.
- Share good practice from Wellbeing service where use of CIVICA has enabled change and development of the service.
- Commenced proactive use of SMS for those residents in receipt of commissioned care.
- Increased use of CIVICA SMS capability increased across services and prioritised action during Q1 2024/25.
- 59 surveys in use with 9 further surveys in development.
- Support is being provided within the Q&S team to provide some capacity to develop the use of CIVICA in the health board.

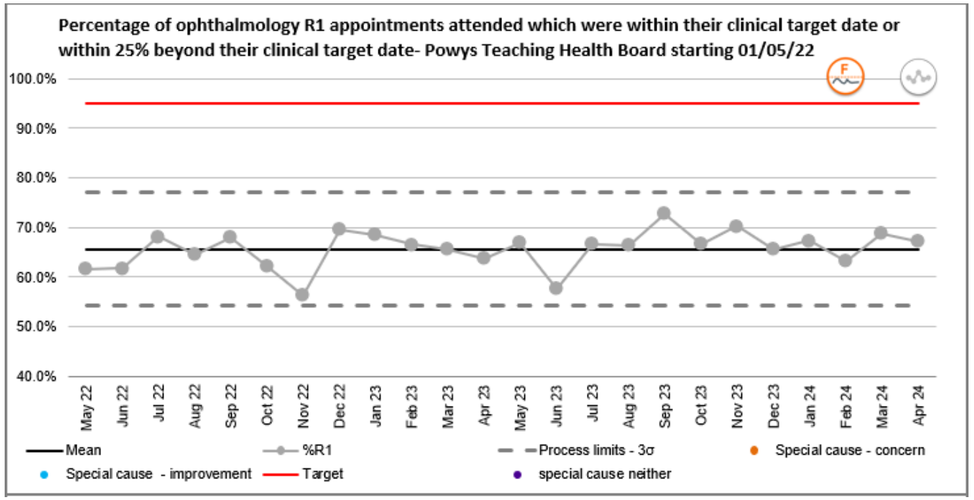
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 51** | **Frequency - Monthly**

Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Services Group

Latest available	Apr-24	Status of measure	Level 2a
Reported performance	67.2%	Benchmark position (Wales)	1st (61.0%)
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Plan to be developed 2024/25		



What the data tells us

- The health boards performance for the measure has decreases in April with 67.2% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All-Wales benchmark (61.0%) and ranks 1st
- Compliance reports common cause variation higher than the 24-month average.

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Challenges

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing.
- Industrial actions in England continue in Q1 resulting in reduced capacity for eyecare as most of the in-reach provision is from Wye Valley NHS Trust.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care roll-out delay, DHCW working with HBs to review system options
- Planned care bids to national planned care fund in March 2024 which included specialty leads session for Ophthalmology – outcome pending

Actions & Mitigations

- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway.
- Work with community optometry on contract reform and transformation opportunities.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals.
- Service has secured additional bank (temporary staff) injector to increase capacity. Further to this PTHB has 2nd injector nurse completing all relevant training in Autumn 2024.
- Scoping opportunities for WET AMD nurse led service for North Powys with Mid Wales collaborative.
- Theatre transformation plan in place reviewing capacity for eye care as part of Get It Right First Time (GIRFT) work programme continuing to increase bi-lateral procedures in Powys.
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.

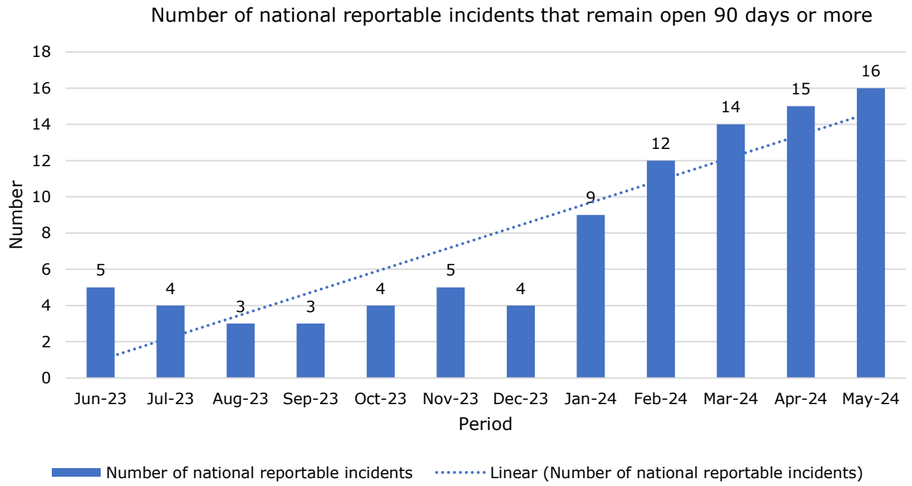
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 54** | **Frequency - Monthly**

Number of National Reportable incidents that remain open 90 days or more

Executive lead	**Executive Director of Nursing, Quality, Women and Family Health**	**Officer lead**	**Assistant Director of Quality & Safety**

Latest available	**May-24**	**Status of measure**	**Level 2a**
Reported performance	16	Benchmark position (Wales)	3rd (396)
Target	12-month reduction trend		
SPC assurance rating	Not currently available		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys reported 16 patients' safety incidents that remained open over 90 days in May.
- Most of the open NRI's are associated with Mental Health Services, the timescale for completion of those investigations is 120 days.

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Challenges

- Complexity of 2 NRI's have led to significant timescales to investigate (outside of control of PTHB).
- Capacity of teams to complete investigations within a timely manner.

Actions & Mitigations

- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.
- Regular communication with NHS Executive to ensure data is accurate.

Provider Service Assurance

PTHB information on key provider elements e.g., local measures, quality specific and provider cancer pathway assurance..

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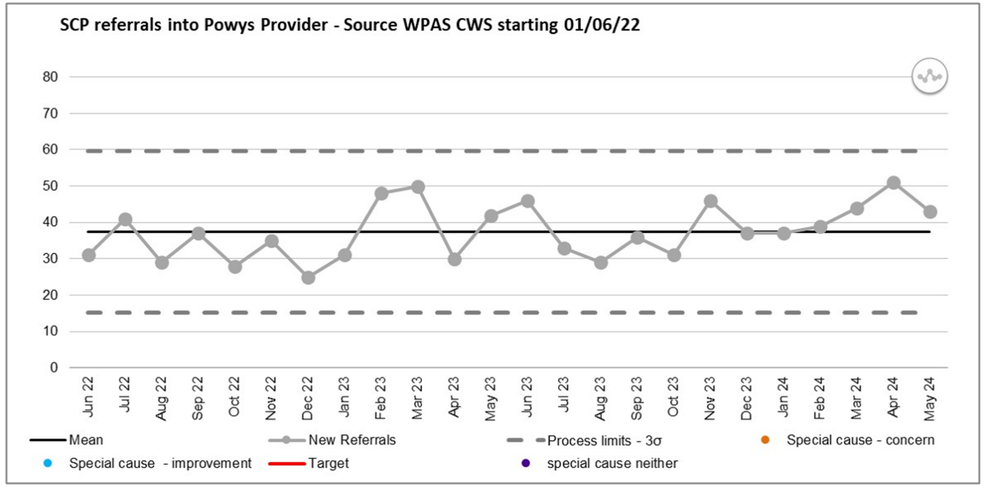
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

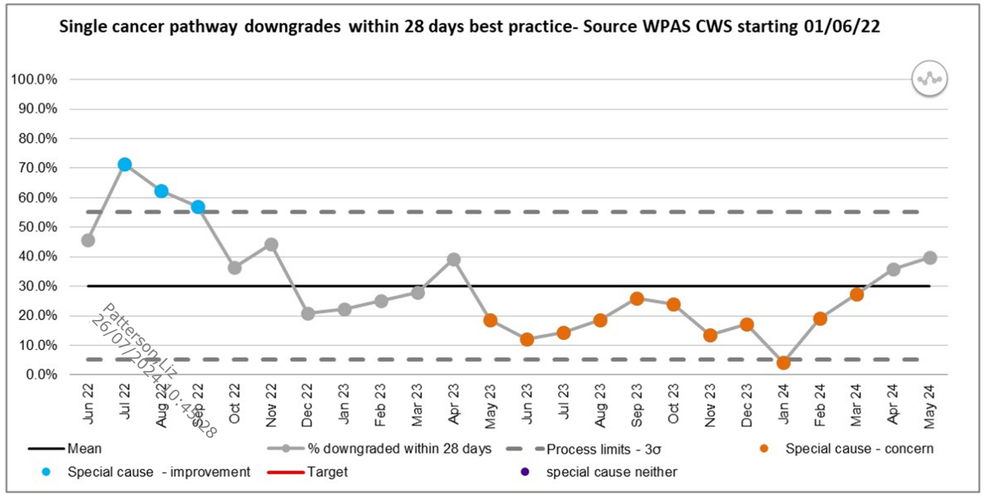
Access & Activity | **Local Measure** | **Frequency - Monthly**

Planned Care & Cancer – Powys provider cancer pathways additions and downgrade performance against 28-day NICE guidance of best practice.

Executive lead	Interim Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services Group

Latest available	May-24	Status of measure	Level 2a
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		





What the data tells us

- Powys has reported 43 new pathways in May, 77% were from GP's, monthly referral numbers remain above 24-month average.
- Following significant work on cancer pathway validation and downgrade timeliness the health board is seeing an improvement against the 28-day NICE best practice guideline with 39.7% compliance of 63 total downgrades.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

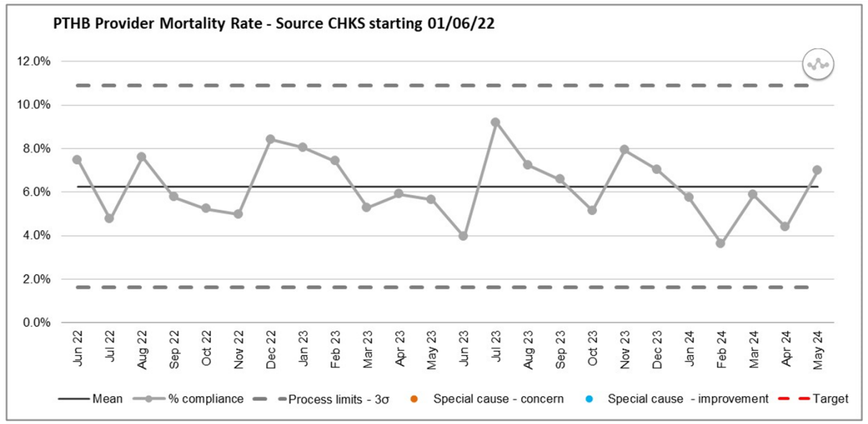
Challenges

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

Actions & Mitigations

- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTMUHB to address (awaited).
- Planned care bids to national planned care fund in March 2024 for clinical infrastructure to support cancer services including colorectal nurses – outcome pending.
- New evidence-based diagnostics within Powys to identify key conditions earlier and closer to home including trans nasal endoscopy commenced 5th of June with funding support from the Moondance Foundation. Sponge capsule service started October 2023 is now being reviewed for business as usual. Colorectal pilot in Newtown commenced in April 2024 as part of Mid Wales collaborative working with Hywel Dda UHB repatriating care closer to home.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Successful recruitment to PTHB developmental specialist nurse roles for bowel screening service, completed in Mar 24.
- Rolling programme of clinical and administrative waiting list validation.
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental.
- Regional working on-going as part of National Diagnostic workstream.
- Enhanced clinical leadership structure in place in Planned Care, appointed Assistant Medical Director for planned care starting Q2.

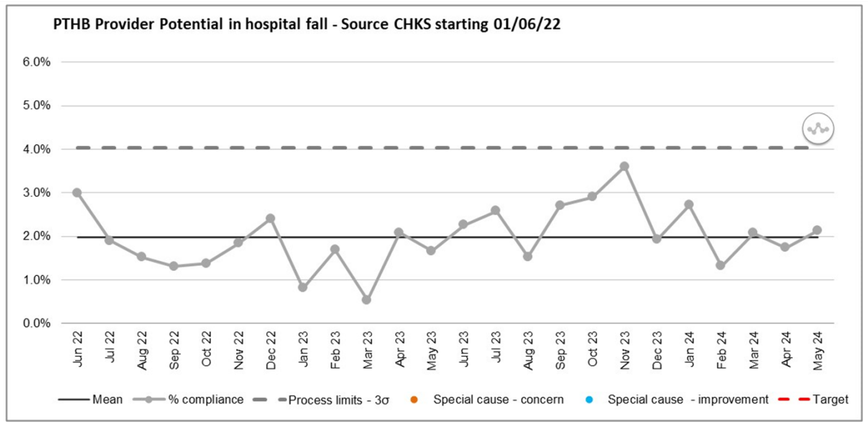
Provider Quality – Mortality, Hospital falls, and Average length of stay (AVLOS).



PTHB provider mortality rate reports common cause variance and remains within the expected variation by month. PTHB is a peer outlier compared to Welsh Acute care trusts, but the service models are non-comparable.

May reported 7.0% mortality slightly above the 24-month average with data sourced from CHKS.

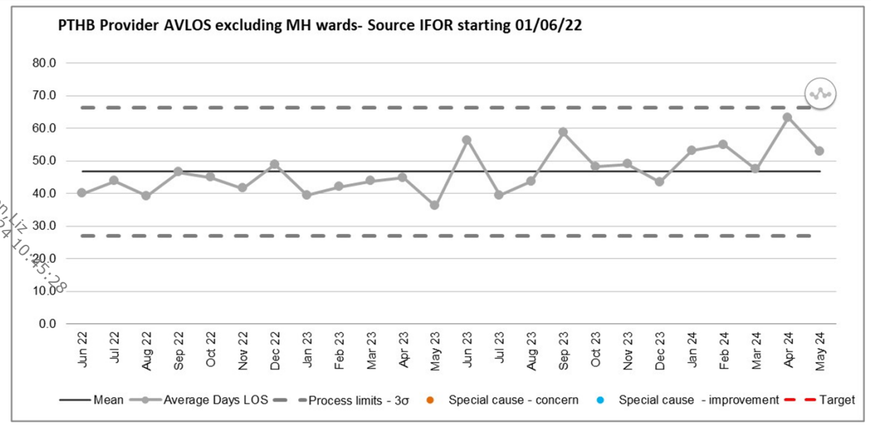
"The monthly mortality rate is a crucial indicator of healthcare quality because it provides a clear, direct measure of patient outcomes, clinical quality, and safety. It facilitates benchmarking, trend analysis, and early detection of issues, while also ensuring compliance with regulatory standards and building public trust. However, it's important to interpret mortality rates in context, considering factors such as patient demographics, case complexity, and overall healthcare environment, to obtain a comprehensive understanding of healthcare quality."



PTHB provider services potential in hospital falls within spell of care reports 2.1% (7) of total spells (329) recorded in May 2024. PTHB is a peer outlier compared to Welsh Acute care trusts, but the service models are non-comparable.

Data sourced from CHKS latest 24 months reported
In line with coding spells may be added retrospectively altering previous months performance.

"Potential in-hospital fall rates are a crucial quality indicator because they directly reflect patient safety, quality of care, hospital performance, and financial implications. By monitoring and striving to reduce fall rates, hospitals can improve patient outcomes, ensure safety, enhance care processes, and maintain a positive reputation. Effective fall prevention strategies are essential for achieving high standards of healthcare quality and patient satisfaction."



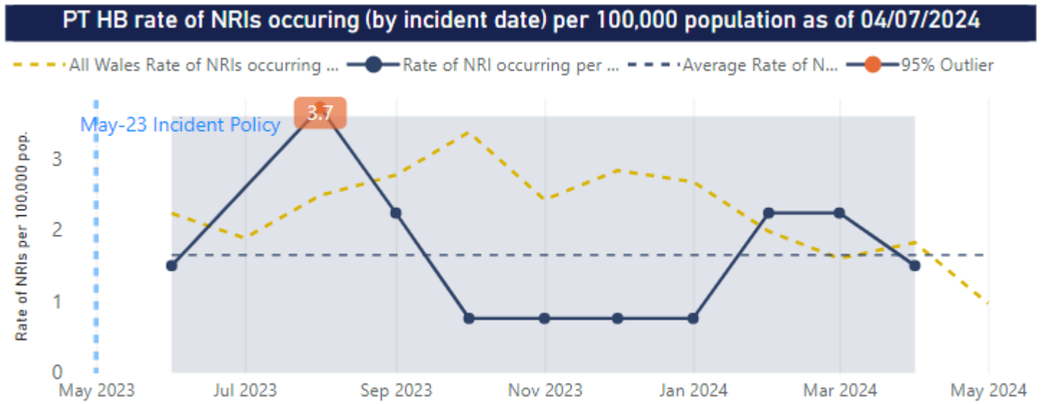
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PTHB Provider reports that average length of stay (AVLOS) increased to 62.7 days for non-mental health wards in May 2024, this remains common cause variance although the last 4 months have been higher than the 24 month mean of 46.7.

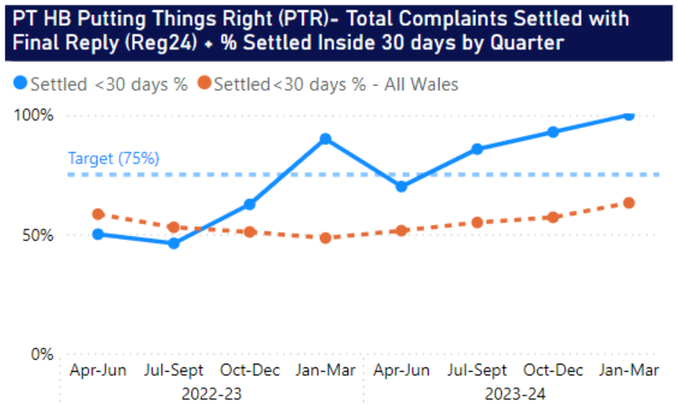
Data source from IFOR

"AVLOS is an important metric for evaluating hospital care quality, reflecting efficiency, resource utilization, and aspects of patient outcomes. However, it should be interpreted in the context of other quality measures and adjusted for factors such as patient complexity and hospital practices to provide a comprehensive assessment of care quality"

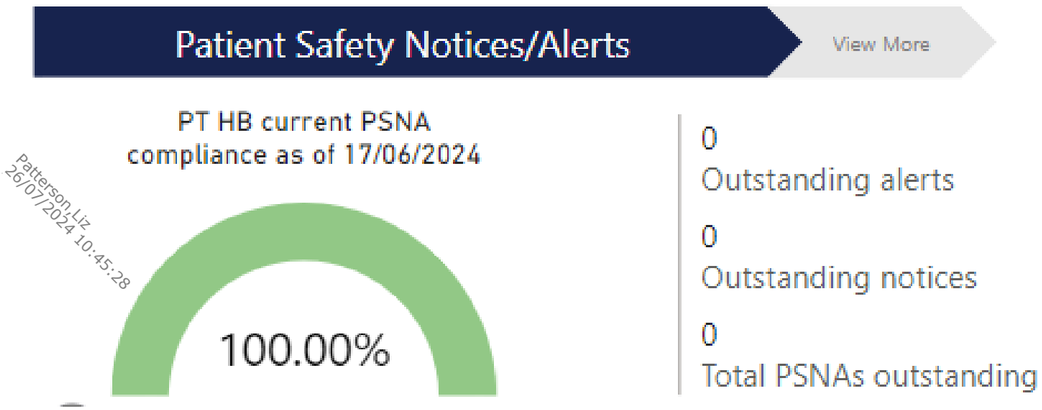
Provider Quality – National Reportable Incidents (NRI), Complaints, and Patient Safety Notices.



- Zero national reportable incidents (NRI) have been reported for the May period in PTHB as at the 08/07/2024
- As at the latest available comparative rate e.g. last submitted month April 2024, Powys shows a slightly lower rate of 1.49 per 100,000 population of incidents occurring that the All-Wales average which reported 1.82 per 100k.
- The actual number of incidents reported for April (2) makes up just 3.5% of the total 57 reported across Wales.



PTHB complaints settled within 30 days by quarter reported 100% at the end of Q4 vs the 75% target and All-Wales compliance of 63.1%. It should be noted that cumulatively in 2023/24 Powys had the second highest compliance in Wales at 85.3%.



PTHB reports no outstanding alerts, notices and has no outstanding patient safety notices as of the 17/06/2024.

Commissioned Service Assurance

PTHB information on key commissioned e.g., services not provided in county. This includes planned, urgent and cancer care as examples.

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

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

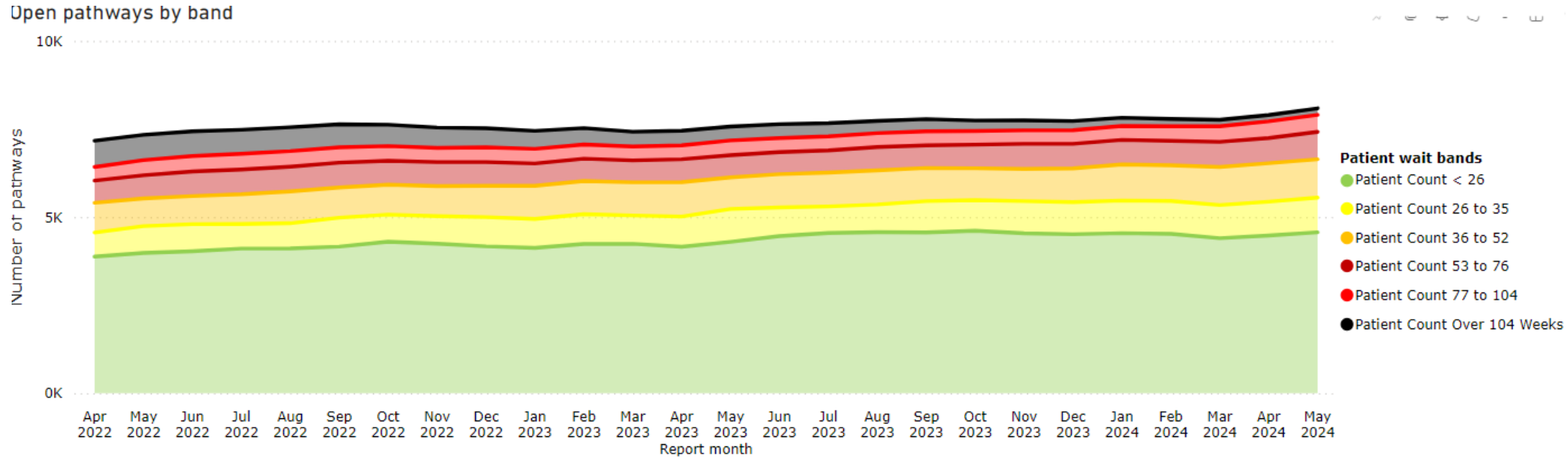
Planned Care & Cancer – Welsh Commissioned Referral to treatment (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

Welsh Providers	May-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks	Total Waiting
Aneurin Bevan Local Health Board	61.4%	715	397	54	2647
Betsi Cadwaladr University Local Health Board	42.6%	336	225	47	759
Cardiff & Vale University Local Health Board	50.5%	164	100	12	422
Cwm Taf Morgannwg University Local Health Board	56.8%	235	115	13	754
Hywel Dda Local Health Board	58.6%	483	307	31	1462
Swansea Bay University Local Health Board	55.0%	602	302	30	1933
Total	56.5%	**2535**	**1446**	**187**	**7977**

RTT open pathway waiting list snapshots by month and band of wait for combined Welsh providers excl. PTHB
April 2022 to May 2024
Source DHCW



What the data tells us

- Powys residents in Welsh acute care providers have continued to see very long waits fall, however the waiting list as a total continues to grow with increased challenge in key providers being represented in as special cause concern for those waiting over 36 weeks.
- As of May, 409 patient pathways waited over 52 weeks for a new outpatient appointment, only Swansea Bay University Health Board is compliant with zero breaches.
- Total waiting list position deteriorated from April to May 2024 for those waiting over 36 weeks and 52 weeks, improving for those patients waiting over 104 weeks.

Provider	Patients waiting > 104 weeks
ABUHB	54 (39 T&O, 10 ENT, 2 Ophthalmology, 2 Urology, 1 Oral Surgery)
BCUHB	47 (14 Gynaecology, 12 Ophthalmology, 8 ENT, 5 Oral Surgery, 3 General Surgery,2 orthodontics, 1 each for Urology, Gastroenterology and Pain Management)
C&VUHB	12 (6 T&O, 3 Gynaecology, 1 clinical immunology and allergy, 1 ophthalmology and 1 General Surgery)
CTMUHB	13 (2 each for T&O and gynaecology, 3 each for ophthalmology and ENT, 1 each for General Surgery, Urology and oral surgery)
HDUHB	31 (12 T&O, 12 ophthalmology, 5 Urology, 1 ENT, 1 Gynaecology)
SBUHB	30 (14 T&O, 4 General Surgery, 6 Plastic Surgery, 4 Gynaecology, 2 ENT)

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Challenges

- May 2024 Cabinet Secretary detailed required areas for improvement across Planned Care:
  - 40% reduction in number of patients waiting over 52 weeks for new outpatient appointment by September 2024; zero by March 2025.
  - Zero patients waiting more than 104 weeks for referral to treatment by end of December 2024.
  - Number of patients waiting more than 8 weeks for a specified diagnostic: 95% to be zero by December 2024.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

Actions & Mitigations

- Welsh including Powys provider services, have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2023/24, the majority of PTHB patients in this cohort are sitting with commissioned providers.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Planned Care & Cancer – English Commissioned Referral to treatment (RTT) patients waiting more than 52 weeks for referral to treatment

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

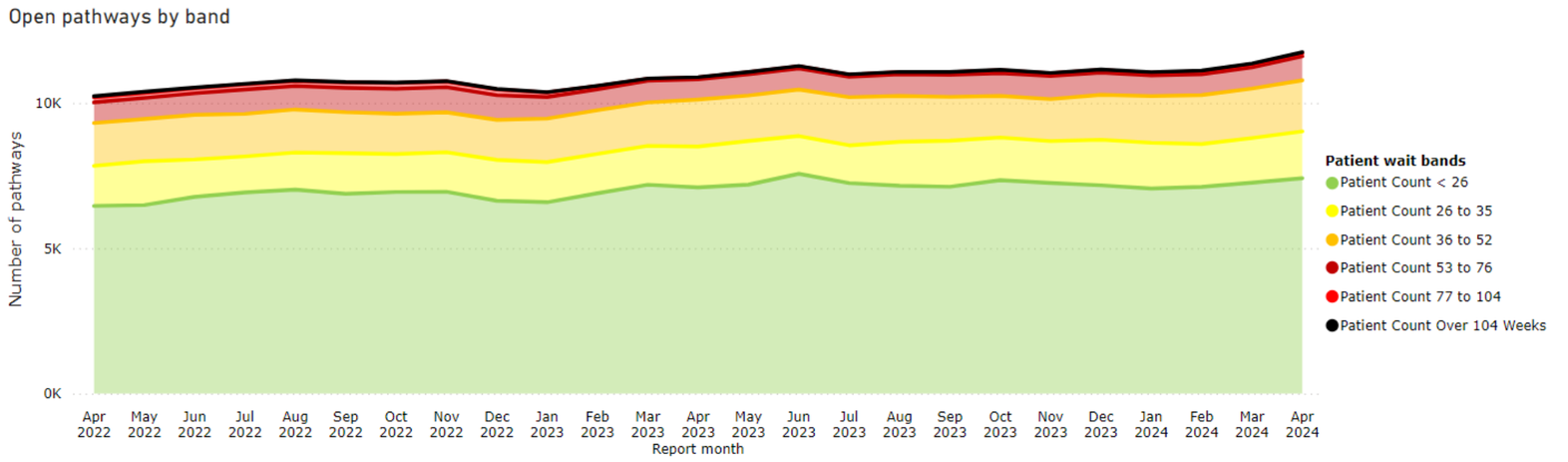
Latest available	Apr-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

	Apr-24	No. long waits by cohort, with latest SPC variance				
English Providers	% of Powys residents < 26 weeks for treatment	Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks		Total Waiting
English Other	70.0%	50	11	0		61
Robert Jones & Agnes Hunt Orthopaedic & District Trust	56.1%	989	488	28		1505
Shrewsbury & Telford Hospital NHS Trust	64.3%	1015	332	0		1347
Wye Valley Trust	67.2%	670	136	1		807
Total	63.1%	**2724**	**967**	**29**		**3720**

What the data tells us

- Powys residents in English acute commissioned service providers continue to see generally faster access for treatment.
- English providers still report an improved position when compared to waiting pathways in Wales.
- Only Robert Jones and Agnes Hunt Orthopaedic NHS Trust (RJAH) report very long waits of over 104 weeks, these consisted of complex spinal pathways.
- Total waiting list position deteriorated from March 2024 for those waiting over 36 weeks, 52 weeks, and over 104 weeks.

RTT open pathway waiting list snapshots by month and band of wait for combined English providers
Apr 2022 to Mar 2024
Source DHCW



Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.
- NHS England 2024/25 priorities:
  - Increase the percentage of patients that receive a diagnostic test **within six weeks in line with the March 2025 ambition of 95%.**
  - **Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest** (except where patients choose to wait longer or in specific specialties).

Actions & Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement

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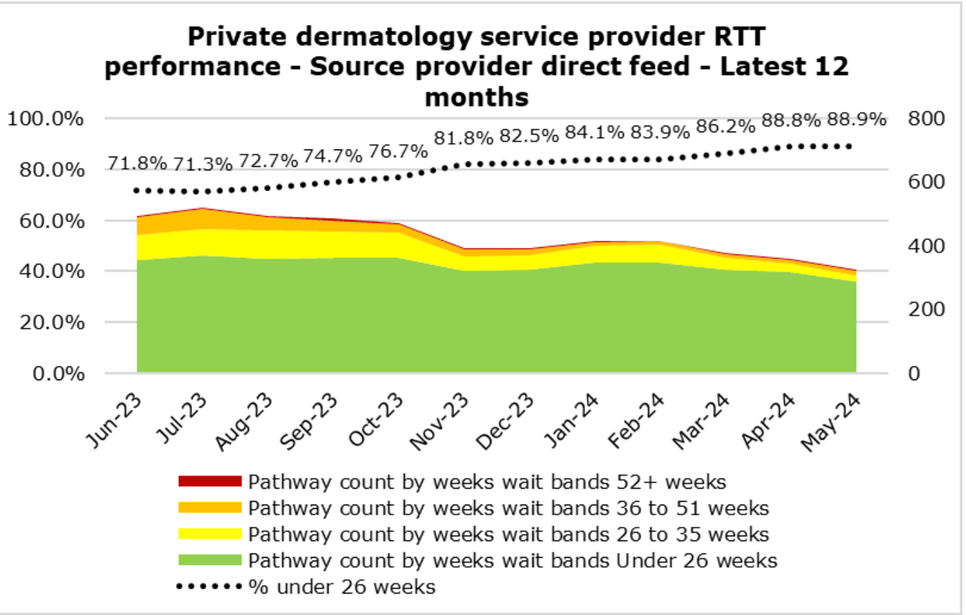
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures –** | **Frequency - Monthly**

Referral to Treatment - Private dermatology service provider

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Jun-23	71.8%	354	79	58	2	493
Jul-23	71.3%	371	81	64	4	520
Aug-23	72.7%	359	89	41	5	494
Sep-23	74.7%	364	79	36	8	487
Oct-23	76.7%	362	78	28	4	472
Nov-23	81.8%	320	47	21	3	391
Dec-23	82.5%	325	45	18	6	394
Jan-24	84.1%	348	51	12	3	414
Feb-24	83.9%	348	56	9	2	415
Mar-24	86.2%	324	37	13	2	376
Apr-24	88.8%	318	25	13	2	358
May-24	88.9%	288	20	14	2	324

What the data tells us

- May 2024 continues to show the ongoing trend of improvement. 88.9% of patients now wait on an open pathway and 16 wait over 36 weeks.

Patterson Liz
26/07/2024 10:45:28

Challenges

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

Actions & Mitigations

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

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

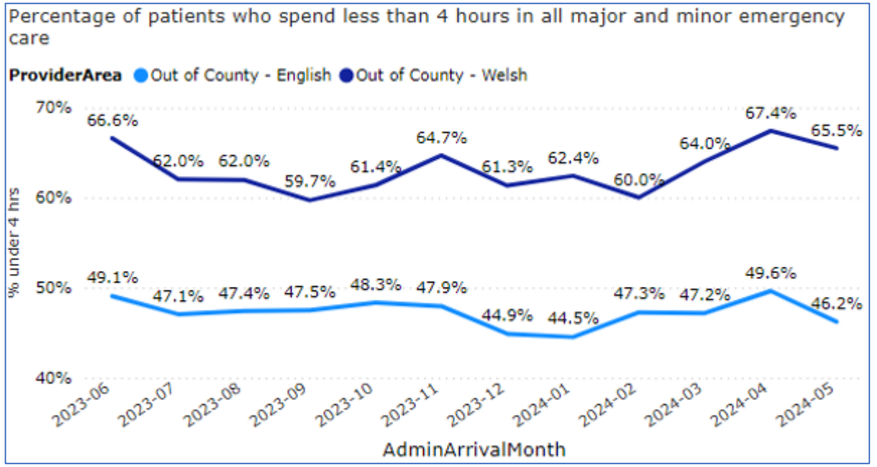
Access & Activity | **NHS Performance Measure – 23 & 24** | **Frequency - Monthly**

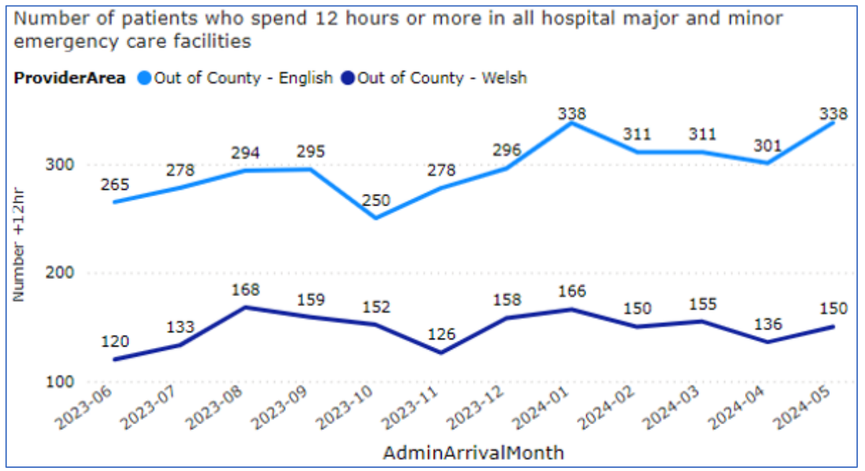
Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

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

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24 Wales May-24 England	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW EDDS		





What the data tells us

Welsh Emergency Access (A&E) providers

- Powys residents have seen a slight fall to 65.5% for those waiting under 4 hrs in Welsh units..
- Patients waiting over 12 hrs has increased to 150 in May 2024.

English Emergency Access (A&E) providers

- PTHB residents attending English emergency units see the longest wait with under half 46.2% reported as waiting less than 4hrs in their units.
- This is reflected with the 12hr waits where 338 patients waited over 12hrs.

Data Quality

- Information on emergency department waits can be delayed especially from English providers, this results in retrospective updates of performance which will be noticeable between reporting month although minor.

Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing challenges of increased demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.

Peterson Liz
16/07/2024 10:45:28

Actions & Mitigations

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).
- Ongoing work with WAST to develop PTHB improvement plan and Commissioning Action plan.

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

Access & Activity | **NHS Performance Measures – 24** | **Frequency - Monthly**

Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

NHS Wales - Single cancer pathway (SCP) compliance for treatment within the 62 day target (75%) from point of suspicion (Powys residents)

Provider	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05
Aneurin Bevan Local Health Board	56.3%	71.4%	66.7%	54.5%	64.7%	40.0%	62.5%	66.7%	58.3%	88.9%	58.8%	54.5%
Betsi Cadwaladr University Local Health Board	57.1%	25.0%	100.0%	0.0%	100.0%	50.0%	0.0%	100.0%		66.7%		
Cardiff & Vale University Local Health Board										0.0%		
Cwm Taf Morgannwg University Local Health Board	0.0%	50.0%	28.6%	66.7%	50.0%	50.0%	75.0%	33.3%	40.0%	42.9%	25.0%	50.0%
Hywel Dda Local Health Board	12.5%	66.7%	100.0%	50.0%	42.9%	42.9%	33.3%	88.9%	42.9%	66.7%	37.5%	37.5%
Swansea Bay University Local Health Board	50.0%	100.0%	44.4%	80.0%	16.7%	25.0%	20.0%	16.7%	88.9%	60.0%	71.4%	83.3%
Total pathways treated within target (numerator)	17	21	18	16	20	13	12	23	20	20	19	16
Total pathways that started treatment (denominator)	41	34	32	27	39	32	29	40	33	31	36	29
Total monthly resident pathways compliance	41.5%	61.8%	56.3%	59.3%	51.3%	40.6%	41.4%	57.5%	60.6%	64.5%	52.8%	55.2%

May 2024 - Reported SCP pathways with outcome of treated by day group of pathway closure

HealthBoard	0-14 days	15 to 28 days	29-62 days	63-104 days	105-200 days	201-300 days	Total
Aneurin Bevan UHB	1	1	4	5			**11**
Hywel Dda UHB	1	2		2	3		**8**
Swansea Bay UHB	2	2	1	1			**6**
Cwm Taf Morgannwg UHB			1	1	2		**4**
Total	**4**	**5**	**6**	**9**	**5**	**0**	**29**

What the data tells us

- Reported performance for May is poor with 55.2% compliance against the pathway target of 75% with 16 of 29 pathways being treated within the 62-day target.
- Of the 13 patients whose pathway was not treated within the 62-day target, longest wait was 182 days.
- 8.7% of 332 pathways in May were closed for the purpose of treatment all other pathways reported were closed as downgrades.
- Data quality for reporting - please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards, this can result in pathways being added or in some instances removed following validation.

Patterson Liz
26/07/2024 10:45:28

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to outpatient capacity (e.g., timely first outpatient), diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Consistency of receiving completed harm reviews for Powys residents whose treatment pathway has exceeded 104 days.
- JAG accreditation visit March 2024, immediate safety actions including assurance for on-site clinical support and leadership, clinical KPI's to be collected, clinical chair of Endoscopy User Group.
- In May 2024 the Cabinet Secretary confirmed targets for percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)
  - 60% performance by December 2024
  - 70% performance by March 2025

Actions & Mitigations

- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- SCP performance also regularly presented to WG through IQPD meetings.
- Ongoing discussions with CTMUHB to confirm in reach capacity, clinical leadership, inter organisational pathways.
- JAG Accreditation Assurance visit March 24, 6-month deferral pending clarification of in-reach clinical leadership.
- Funding agreed for insourcing activity to support capacity shortfalls – Q1 24/5.
- New administration process rollout underway aligned to in-reach clinician clinical practice, Tracking Officer post permanent appointment following successful pilot of role.

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

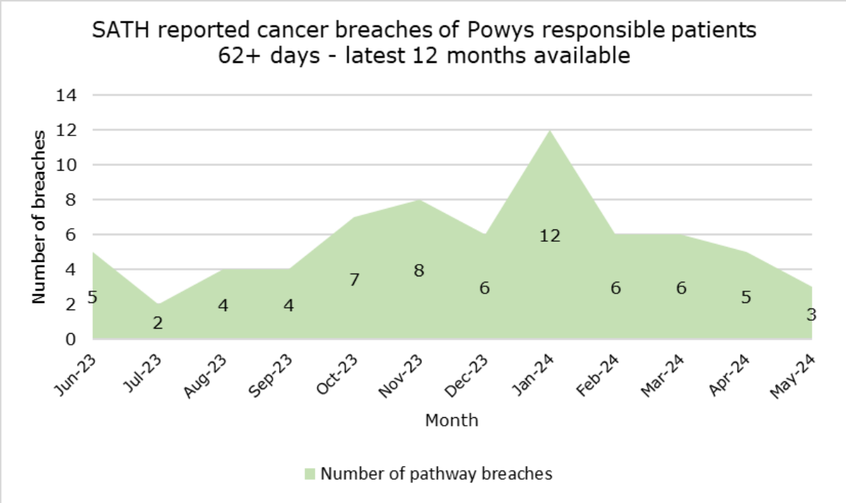
Access & Activity | **NHS Performance Measures – 24** | **Frequency - Monthly**

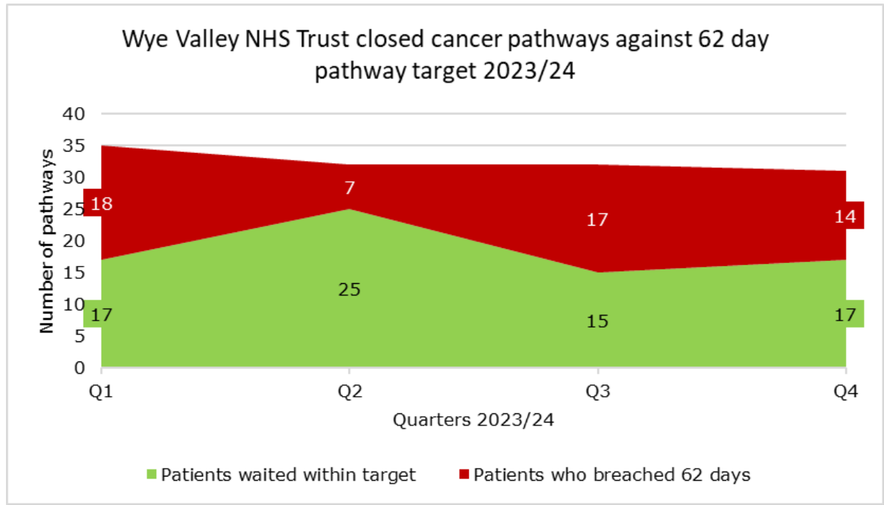
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	May-24 (SATH) Mar-24 (WVT)	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

Please note this slide has not been updated for WVT, data not yet available.





What the data tells us

- Shrewsbury and Telford NHS Trust (SATH) reports 3 breaches in May.
- All 3 breaches were reported as being more than 104 days, of these 3 breaches 2 were urology, and 1 head and neck. Challenges within breach reports include capacity issues for outpatients and theatre, and complex diagnostic pathways.
- Wye Valley NHS Trust (WVT) has provided data for 2023/24 including total pathway waiters in a quarterly format. Q4 reported 14 breaches with 55% compliance against the 62-day pathway for that period.
- Overall compliance in 2023/24 for WVT against the 62-day pathway was 57% for 130 total patients.
- The 62-day Referral to Treatment cancer pathway in England is the most directly comparable measure for the Welsh SCP pathway which is also 62 days from suspicion. It should be noted that England has further pathway targets including 28 Day Faster Diagnosis Target.

Challenges

- Consistency of receiving completed harm reviews for Powys residents whose treatment pathway has exceeded 104 days.
- Capacity challenges for complex diagnostics, theatre capacity.
- NHS England 2024/25 priorities:
  - Improve performance against the headline 62-day standard to **70% by March 2025.**
  - Improve performance against the 28-day Faster Diagnosis Standard to **77% by March 2025 towards the 80% ambition by March 2026.**

Actions & Mitigations

- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- Funding agreed for insourcing activity to support capacity shortfalls – Q1 24/5.
- New administration process rollout underway aligned to in-reach clinician clinical practice, Tracking Officer post permanent appointment following successful pilot of role.
- Re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information to provide enhanced overarching assurance on pathways.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

Please note that this framework replaces the 23/24 business reporting rules as used within the Integrated Performance Framework and report.

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Powys Teaching Health Board

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision. **De-escalation:** The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

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PTHB Integrated Quality & Performance Framework: Duty of Quality Measures and Enablers

Domains	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

Patterson Ltd
20/07/2023 10:45:28

NHS Executive Key Performance Indicator Trajectories – Submitted May 2024

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

At the start of 2024/25 financial year NHS Executive wrote to all health boards and trusts setting out a requirement for improved waiting times, this to drive improvements in patient care and experience. Five areas were highlighted, and minimum access targets provided. As a health board PTHB provided trajectories to meet or exceed these minimum planned care targets to achieve the targets.

The below table contains submission trajectories and is colour and icon coded dependant on compliance, please note that:
- Value cell shading red/green, this denotes compliance to health board submitted trajectory as a key performance indicator
- Value cell icon either green tick ✓ or red cross ✗ denotes compliance against the NHS Performance Framework target.

Ministerial Priority Measures			Baseline		Month											
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0	0	0	0	0
				Actual	✓ 0	✓ 0										
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0	0	0	0	0
				Actual	✓ 0	✗ 1										
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0	0	0	0	0
				Actual	✗ 140	✗ 171										
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0	0	0	0	0
				Actual	✓ 0	✓ 0										
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
				Actual	✓ 80.0%	✓ 86.5%										
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	✓ 95.2%	✓ 95.3%										

Patterson Liz
26/07/2024 10:45:28

Mental Health performance improvement trajectories 2024/25 – Submitted May 2024

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

At the start of 2024/25 financial year Welsh Government policy and performance leads requested trajectories to support internal NHS Wales delivery assurance process for the operational delivery of mental health performance, forming part of routine mental health touchpoint meetings with Health Board colleagues as well as Integrated Quality, Planning and Delivery meetings between Health Boards, Welsh Government and the NHS Executive.

The below table contains key elements for the submitted trajectories and is colour and icon coded dependant on compliance, please note that:

- Value cell shading red/green, this denotes compliance to health board submitted trajectory as a key mental health performance indicator
- Value cell icon either green tick ✓ or red cross ✗ denotes compliance against the NHS Performance Framework target.

Ministerial Priority Measures				Month											
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Under 18's	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 98.1%										
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	✓ 80.0%	✓ 86.5%										
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	✓ 94.1%	✓ 93.9%										
	Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
			Actual	✗ 45.4%	✗ 45.8%										
	SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 95.1%										
18 years and over	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	70.0%	70.0%	70.0%	75.0%	75.0%	75.0%	75.0%	75.0%	80.0%	80.0%	80.0%	80.0%
			Actual	✗ 44.1%	✗ 54.1%										
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%	86%
			Actual	✓ 95.2%	✓ 95.3%										
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%	90%	90%	90%	90%	90%	90%
			Actual	✗ 83.3%	✗ 87.1%										
	Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
			Actual	✗ 75.1%	✗ 69.4%										

Patterson Liz
26/07/2024 10:45:28



GIG CYMRU NHS WALES
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Powys Teaching Health Board

Agenda item: 4.4

PTHB BOARD	**24 JULY 2024**
Subject:	**Corporate Risk and Risk Appetite**
Approved and presented by:	Director of Corporate Governance
Prepared by:	Director of Corporate Governance
Other Committees and meetings considered at:	***Board In-Committee*** - 30 May 2024 who approved the revised Board level risk appetite ***Executive Committee*** - 17 July 2024 who reviewed and moderated the corporate risks
Appendices :	N/A

PURPOSE:

This report provides the Board with revised corporate risks for Powys Teaching Health Board. Corporate risks form part of the Board's Assurance Framework and provides a summary of the significant risks to the delivery of the health board's strategic objectives.

The report also confirms the revised Board level risk appetite that was approved by the Board on the 30 May 2024 during an In-Committee meeting.

RECOMMENDATION(S):

The Board is asked to:

- **RECEIVE** the revised corporate risks included at Appendix 1, **NOTING** the previous risk register is superseded by the new risks and taking **ASSURANCE** that it is a complete and a true reflection of the Health Hoard's current high-level risks.
- **RECEIVE** in public session, the revised Board level risk appetite statement that was approved by the Board on the 30 May 2024, during an In-Committee Board meeting.

Approve/Take Assurance	Discuss	Note
x		

Patterson,Liz
26/07/2024 10:45:28

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The corporate risks are a reflection of the significant risks to the delivery of the health board's strategic objectives and therefore underpin 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	

BACKGROUND

The Corporate Risks are the significant risks to the delivery of the Health Board's strategic objectives. To be included as a Corporate Risk, a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

Following the development of the PTHB Integrated Plan 2024-29 and the Annual Delivery Plan 2024-25, the corporate risk register has been fully reviewed by the Executive Team and therefore the Senior Risk Owners. The previous corporate risk register is therefore superseded.

REVISED CORPORATE RISKS

There are 11 new risks that span the Health Boards strategic objectives. Appendix 1 provides an overview of the revised risks, the likelihood and impact score and reflects the Boards risk appetite in the management of the risks. The matrix also reflects which Board Committee will play a lead role in seeking assurance about the effective management of each risk.

Also included in appendix 1 is a heat map reflecting the position of each risk to support the Board in having an overall picture of the corporate risks.

A revised corporate risk template has been introduced, Board members will recognise much of the template, an additional section focussing on the sources and level of assurance against controls has been added – this new section will form a key element of the Board Assurance Framework identifying for Board members confidence levels and gaps in control.

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NEXT STEPS:
Key next steps include: - Board Committees will receive the full risk templates that fall within the committee's remit from July 2024 to enable their role in seeking assurance about effective risk management to be undertaken, on behalf of the Board - The Board at its September meeting will receive a full copy of the new risk register together with a developed Board Assurance matrix reflecting assurance levels and gaps in control - The Audit and Risk Assurance Committee will continue to seek assurance in relation to the organisations overall system of control, including risk management and continue to report to the Board - The Execuitve Committee will continue to review the corporate risk register ahead of each Board meeting (more frequently if needed) based on advice from the Risk and Assurance Group - Senior Risk Owners will continue to actively manage risks, as per the corporate risk register and Board agreed risk appetite, on a day to day operational basis.

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Appendix 1 - corporate risk overview and heatmap

CORPORATE RISK DASHBOARD – at 22 July 2024

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/x	Lead Board Committee
ED FC&SS	CRR 001	**Financial Sustainability**	The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)	**4 x 4 = 16**	Open	4	x	Delivery and Performance
ED FC&SS	CRR 002	**Financial Sustainability**	The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.	**5 x 4 = 20**	Open	8	x	Delivery and Performance
ED P&C	CRR 003	**Financial Sustainability**	The Health Board fails to adequately allocate resources and execute actions to deliver transformation, relevant reconfiguration and longer-term service sustainability, leading to improved health outcomes / experience and reduce for citizens of Powys.	**4 x 4 = 16**	Open	8	x	Delivery and Performance
D Ops /	CRR 004	**Quality**	Increase in demand, inequality of access, complexity of patient needs,	**4 x 4 = 16**	Cautious	12	x	Patient Experience,

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/x	Lead Board Committee
ED PP&C			or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys.					Quality and Safety Committee
ED PP&C	CRR 005	**Quality**	Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys. Commissioned services may include urgent and emergency health and social care system.	**5 x 4 = 20**	Cautious	12	x	Patient Experience, Quality and Safety Committee
ED P&C	CRR 006	**Quality**	Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	**4 x 4 = 16**	Cautious	8	x	Workforce and Culture Committee
ED FC&SS	CRR 007	**Safety**	Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	**4 x 4 = 16**	Cautious	8	x	Planning, Partnerships and Population Health

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/x	Lead Board Committee
ED AHPHS &D	CRR 008	**Performance and service sustainability**	A cyber-attack results in significant disruption to services and quality of patient care.	**5 x 4 = 20**	Cautious	12	x	Delivery and Performance
ED FC&SS	CRR 009	**Quality**	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**4 x 4 =16**	Minimal	9	x	Delivery and Performance
ED PH	CRR 010	**Performance and Service Sustainability**	A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	**4 x 4 = 16**	Cautious	TBC	x	Planning, Partnerships and Population Health

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/x	Lead Board Committee
ED PH	CRR 011	**Performance and service sustainability**	A national power outage results in significant disruption to services and the quality of patient care	**4 x 5 = 20**	Cautious	12	x	Executive Committee

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CORPORATE RISK HEAT MAP: July 2024

There is a risk that...

In-Committee Risks (Private)		• CRR 009 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20) • CRR 012 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)					
Impact	**Catastrophic**	**5**				• A national power outage results in significant disruption to services and the quality of patient care	
	Major	**4**				• The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25) • The Health Board fails to adequately allocate resources and execute actions to deliver transformation, relevant reconfiguration and longer-term service sustainability, leading to improved health outcomes / experience and reduce for citizens of Powys. • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys. • Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services. • Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	• The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027. • Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys. Commissioned services may include urgent and emergency health and social care system. • A cyber-attack results in significant disruption

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						• The care provided in some areas is compromised due to the health board's estate being not fit for purpose. • A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services • A national power outage results in significant disruption to services and the quality of patient care	to services and quality of patient care.
	Moderate	**3**					
	Minor	**2**					
	Negligible	**1**					
			1	**2**	**3**	**4**	**5**
			Rare	**Unli kely**	**Possible**	**Likely**	**Almost Certain**
			Likelihood				

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KEY

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	5	10	15	20	25
Likely 4	4	8	12	16	20
Possible 3	3	6	9	12	15
Unlikely 2	2	4	6	8	10
Rare 1	1	2	3	4	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25

Executive Lead:	
CEO	Chief Executive
ED FC&SS	Executive Director of Finance, Capital and Support Services
D Ops	Director of Operations
ED PCC&MH	Executive Director of Primary Care, Community and Mental Health
ED NQE&FH	Executive Director of Nursing, Quality, Women and Family Health
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED PP&C	Executive Director of Planning, Performance and Commissioning
DCG	Director of Corporate Governance

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Appendix 2 – Risk Appetite Statement

RISK APPETITE STATEMENT – MAY 2024

The Board recognises that risk is inherent in the provision and commissioning of healthcare services, and therefore a defined approach is necessary to articulate risk context, ensuring that the organisation understands and is aware of the risks it is prepared to accept in the pursuit of its aims and objectives.

The Board places fundamental importance on the delivery of its strategic objectives and its relationships with its patients, the public and strategic partners in achieving delivery of the ten-year Health and Care Strategy: *'A Healthy, Caring Powys'*.

The health board should make a strategic choice about the style, shape and quality of risk management and should lead the assessment and management of opportunity and risk. The Board should determine and continuously assess the nature and extent of the principal risks that the organisation is exposed to and is willing to take to achieve its objectives - its risk appetite – and ensure that planning and decision-making reflects this assessment. Effective risk management should support informed decision-making in line with this risk appetite, ensure confidence in the response to risks and ensure transparency over the principal risks faced and how these are managed.

The Board has adopted the following Risk Appetite Matrix:

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have

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Risk Appetite	Description
	identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

The Board is not open to risks that materially impact on the quality or safety of services the Health Board provides or commissions; or risks that could result in the organisation being non-compliant with UK law, healthcare legislation, or any of the applicable regulatory frameworks in which we operate.

The Board has greatest appetite to pursue innovation and challenge current working practices and financial risk in terms of its willingness to take opportunities where positive gains can be anticipated, within the constraints of the regulatory environment.

The health board's risk appetite has been defined following consideration of organisational risks, issues and consequences. Appetite levels will vary, in some areas our risk tolerance may be cautious in others we may be eager for risk and are willing to carry risk in the pursuit of important strategic objectives. The health board will always aim to operate organisational activities at the levels defined below. Where activities are projected to exceed the defined levels, this will be escalated through the appropriate governance mechanisms to the Board for ratification.

Risk Category	Description
APPETITE FOR RISK: Averse	
Safety	We consider the safety of patients and staff to be paramount and core to our ability to operate and carry out the day-to-day activities of the organisation. We have a low appetite to risks that result in, or are the cause of, incidents of avoidable harm to our patients or staff. We will not accept risks, nor any incidents or circumstances which may compromise the safety of any staff members and patients or contradict our values i.e., unprofessional conduct, underperformance, bullying or an individual's competence to perform roles or tasks safely nor any incident or

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Risk Category	Description
	circumstances which may compromise the safety of any staff members or group.
APPETITE FOR RISK: Minimal	
Quality	The provision of high-quality services is of the utmost importance for the health board. The Board acknowledges that in order to achieve individual patient care, treatment and therapeutic goals there may be occasions when a low level of risk must be accepted. Where such occasions arise, we will support our staff to work in collaboration with those who use our services, to develop appropriate and safe care plans. We therefore have a low appetite for risks which my compromise the quality of the care we deliver / could result in poor quality care, non-compliance with standards of clinical or professional practice or poor clinical interventions. Our service is underpinned by clinical and professional excellence and any risks which impact on quality could adversely affect outcomes and experiences of our patients, service users and communities.
APPETITE FOR RISK: Cautious	
Regulation & Compliance	We are cautious when it comes to compliance and regulatory requirements. Where the laws, regulations and standards are about the delivery of safe, high quality care, or the health and safety of the staff and public, we will make every effort to meet regulator expectations and comply with laws, regulations and standards that those regulators have set, unless there is strong evidence or argument to challenge them.
Performance and Service Sustainability	We have a low-moderate risk appetite for risks which may affect our performance and service sustainability. We are prepared to accept managed risks to our portfolio of services if they are consistent with the achievement of patient/donor safety and quality improvements as long as patient/donor safety, quality care and effective outcomes are maintained. Whilst these will both be at the fore of our operations; we recognise there may be unprecedented challenges (such as Covid-19, workforce availability and limited resources) which may result in lower performance levels and unsustainable service delivery for a short period of time.
Workforce	The Health Board is committed to recruit and retain staff that meet the high-quality standards of the organisation and will provide on-going development to ensure all staff reach their full potential. This key driver supports our values and

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Risk Category	Description
	objectives to maximize the potential of our staff to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work.
APPETITE FOR RISK: Open	
Reputation & Public Confidence	We will maintain high standards of conduct, ethics and professionalism at all times, espousing our Values and Behaviours Framework, and will not accept risks or circumstances that could damage the public's confidence in the organisation. Our reputation for integrity and competence should not be compromised with the people of Powys, Partners, Stakeholders and Welsh Government. In light of the challenging environment related to public sector funding, we have a more open appetite for risks that may impact on the reputation of the health board when these arise as a result of the health board taking opportunities to improve the quality and safety of services, within the constraints of the regulatory and financial environment.
Financial Sustainability	We recognise we have been entrusted with public funds and must remain financially viable. We will make the best use of our resources for patients and staff. Risks associated with investment or increased expenditure will only be considered when linked to delivery of core patient services supporting innovation and strategic change. We will not accept risks that leave us open to fraud or breaches of our Standing Financial Instructions.
Partnerships	The health board is committed to working with its stakeholder organisations to bring value and opportunity across current and future services through system-wide partnership. We are open to developing partnerships with organisations that are responsible and have the right set of values, maintaining the required level of compliance with our statutory duties. We therefore have a high risk appetite for partnerships which may support and benefit the patients in our care. For example, the health board has a high appetite for risks associated with innovation and partnership with the third sector, industry and academia in order to realise the provision of new models of care, new service delivery options, new technologies, efficiency gains and improvements in clinical practice. However, the health board will balance the opportunities with the capacity and capability to deliver such

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Risk Category	Description
	opportunities and is confident that there will be no adverse impact on the safety and quality of the services provided.
Innovation & Strategic Change	We wish to maximise opportunities for developing and growing our services by encouraging entrepreneurial activity and by being creative and pro-active in seeking new initiatives, consistent with the strategic direction set out in the Integrated Medium Term Plan, whilst respecting and abiding by our statutory obligations. We will consider risks associated with innovation, research and development to enable the integration of care, development of new models of care and improvements in clinical practice that could support the delivery of our person and patient centred values and approach. We will only take risks when we have the capacity and capability to manage them, and are confident that there will be no adverse impact on the safety and quality of the services we provide or commission.

This Statement will be regularly reviewed and modified so that any changes to the organisation's strategy, objectives or our capacity to manage risk are properly reflected. It will be communicated throughout the organisation in order to embed sound risk management and to ensure risks are properly identified and managed.

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rhanbarth powys region

Report:	**Regional Directors Report**
Period Covered:	**15th May to 17th July 2024**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**24th July 2024**

Advocacy

Verbal Update

Who we've met and what we've heard…….

The report from our Llais Local engagement in Llanidloes is available on our website:

Llais Powys - Executive Summary - Llanidloes Engagement | LLais (llaiswales.org)

We held a joint workshop with representatives from Powys Teaching Health Board, Powys County Council and Powys Association of Voluntary Organisations on 14th June. This was to discuss the key themes from what we heard during the focused engagement in Brecon

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locality during April and we developed a joint action plan which will be included in the final report which will soon be published and circulated to our stakeholders.

We carried out focused engagement in the Llandrindod Wells and Rhayader locality during June 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.

As part of this engagement, we hosted an open coffee morning in Rhayader Leisure Centre on 28th June. This was for members of the public to drop in to talk to us about their experiences. 25 people came along to speak to us.

What we've heard……key themes:

Key themes from engagement:

1. **Praise for services within Powys and outside of the county.**
   We received very positive feedback about many health and social care services provided locally in the area and in hospitals outside the area.

2. **Accessing services was often challenging.**
   We heard many comments about the difficulty accessing appointments at Brecon Medical Group Practice. We also heard about being unable to obtain NHS dental services; waiting times for planned care; concerns about travel and transport to services, especially for people who do not have their own vehicle.

3. **Need for better communication.**
   People told us that they often had difficulty obtaining the results of their diagnostic tests. We heard about the impact that lack of communication following referral has on patients. There were also comments about difficulties in sharing information between services and with patients or their GPs. This problem was worsened when accessing services across the border in England.

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4. **Need for better support for mental health and well-being.**
   We heard reports of people waiting a long time following a referral

for counselling. Some people said they would like more outreach support to help them at home. We also heard about the impact that loneliness and isolation have on people's well-being. We noted that there needs to be better awareness of the ChatHealth service that is available for children and young people.

5. **Workforce issues and capacity.**
We heard about the impact that the shortage of staff in some services has on people. Services highlighted were in social work, care work and specialist services such as neurology.

The list of activities undertaken since my last report are shown in the table below:

Date	Activity
15 May	Meeting with students attending English for Speakers of Another Language course at Brecon College – part of the Llais Local engagement for Brecon Locality
22 May	Visit to Llanfyllin Medical Practice
23 May	Meeting with representatives from Mental Health Engage to Change Group and PTHB to discuss environmental issues on Felindre Ward, Bronllys Hospital
23 May	Meeting with Director of Nursing at SATH to share feedback and findings of CQC report published on 15 May to Llais, Healthwatch Shropshire, Healthwatch Telford & Wrekin and Shropshire Patients Panel
30 May	PAVO Community Workers Network – Llandrindod, Rhayader, Builth & Llanwrtyd Wells, held at PAVO offices
3 June	Llais Local – Rhayader Leg Club
3 June	Llais Local – Help for Heroes Community Taster Session

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5 June	Llais Local – Engagement at Rhayader Leisure Centre with people attending National Exercise Referral Scheme sessions
5 June	Llais Local – Home Support Luncheon Club at Rhayader Leisure Centre
5 June	Llais Local – Llandrindod Wells Hospital
7 June	Llais Local – Rowlands Pharmacy, Rhayader
7 June	Llais Local – Mid & North Powys MIND Stitch Craft Group
7 June	Monthly catch-up meeting with PTHB Engagement Manager
10 June	Llais Local – The Hive, Llandrindod Wells
10 June	Llais Local – RNID Hearing Aid Clinic, Llandrindod Wells
12 June	Workshop with PTHB, PCC, RPB representatives to discuss principles for co-production in Powys
12 June	Powys RPB/PSB Engagement & Insight Network
12 June	Llais Local – Thumbs Up Club, Llandrindod Wells
14 June	Joint Workshop with PTHB/PCC/PAVO to discuss what we heard during Llais Local engagement in Brecon
19 June	Llais Local – Coffee & Chat Social Group at the Herb Garden, Llandrindod Wells
20 June	Llais Local – Llandrindod Wells Medical Practice
25 June	Llais Local – Cymryd Rhan Seated Exercise, Howey
26 June	Llais Local – Thumbs Up Club, Llandrindod Wells (second visit)
28 June	Llais Local – Llais Pop-up Coffee & Chat in Rhayader Leisure Centre
10 July	Powys RPB/PSB Engagement & Insight Network

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11 July	Monthly catch-up meeting with PTHB Engagement Manager
12 July	SATH HTP Women & Children's Focus Group
12 July	Meeting with Macmillan Communications and Engagement Lead

Llais will be at the Royal Welsh Show from 22-25 July. We will have a stand all week (Stand 262, Row B) when we will be sharing information on our work and listening to people's experiences of health and social care.

On Monday 22 July, we will be hosting an informal discussion about our newly launched National Conversation strategy. This will be from 2-3.30pm at the YFC Stand D6. We'll be talking about the health and social care challenges faced by rural communities and open to questions from attendees.

Katie Blackburn

Regional Director – Llais Powys

17 July 2024

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.1

Board	**Date of Meeting: 24 July 2024**
Subject:	**Welsh Language Annual Report**
Approved and presented by:	Debra Wood-Lawson Executive Director of People and Culture
Prepared by:	Adam Pearce Service Lead for Welsh Language and Equalities
Other Committees and meetings considered at:	Executive Committee – 29 May 2024 who endorsed the report to the Workforce and Culture Committee. Workforce & Culture Committee 5th June 2024 who endorsed the report to the Board for approval.

PURPOSE:
To review and approve the Welsh Language Annual Report for 2023-24, and, in line with the Standards, publish it on the PTHB Website.
RECOMMENDATION(S):
The Board is asked to: • **CONSIDER** the report and take **ASSURANCE** on the progress made against plan; • **APPROVE** the annual report for publication.

Approval	**Discussion**	**Information**
✓	✓	✓

THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):		
	1. Focus on Wellbeing	✓

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Strategic Objectives:	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:

As part of the it's Statutory Duty under the Welsh Language Standards, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to comply with the Welsh Language Standards. The statutory deadline for this is **September 2024.**

DETAILED BACKGROUND AND ASSESSMENT:

The report is descriptive and details work carried out by the Welsh Language and Equality team as well as other departments. Highlights from 2022-23 include:

- Introducing Welsh in Healthcare for Managers as a mandatory part of the PTHB Managers' training course. This ensures that all staff members with leadership responsibility will attend a 1.5 hour expert-led session outlining their responsibilities as managers to ensure compliance, covering not only the requirements of the standards but also More than Just Words and the Active Offer. It is hoped that this will inform the cultural change necessary to meet our responsibilities.
- Developing our new Strategy for Welsh in Healthcare, in response to the requirements of Standard 110 and also the *More than Just Words* framework for the Welsh Language in Health and Social Care.
- Developing our response to two Investigations by the Welsh Language Commissioner.
- Finalisation of a Welsh Language in the Workplace policy to meet the requirements of Standard 79.

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This Annual Report is an overview of some of the Health Board's key work to promote the Welsh Language Standards throughout 2023-2024. It also outlines our intentions for the future to build upon the work already undertaken.

The overall format of the report is in compliance with the recommendations of the Welsh commissioner. Once approved the

Risk Assessment:					
	Level of risk identified				
	None	**Low**	**Moderate**	**High**	
Clinical	x				There is a small risk of reputational damage due to the lack of progress identified in some areas. Failing to publish could represent a compliance or reputational risk.
Financial	x				
Corporate	x				
Operational	x				
Reputational		x			

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Welsh Language Standards

Annual Monitoring Report 2023-2024

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Foreword

Welcome to the Annual Report of Powys Teaching Health Board on the Welsh Language Standards in 2023-24.

It is my pleasure to introduce this report, which reflects the hard work of the Health Board to improve health services in Wales.

In addition to our contribution to the health and wellbeing of people here in Powys, we acknowledge the importance of the Welsh language in our work. By using Welsh, we encourage effective communication with our communities, ensuring that health services are accessible and close to the people who need them. I am excited to see continued progress in this area and look forward to seeing how our efforts to increase the quality and flexibility of approach to this area of our health services continue to develop over the coming months and years.

Hayley Thomas

Chief Executive Officer

The Welsh Language Standards Annual Report 2023-24 for Powys Teaching Health Board demonstrates the continued commitment to enhancing Welsh language services within the healthcare sector. Over the past year, significant strides have been made to ensure that Welsh speakers receive equitable and high-quality care.

One notable development is the introduction of the new Welsh in Healthcare for Managers training course. This initiative aims to equip managers with the necessary skills and knowledge to promote Welsh language usage within their teams and ensure that Welsh language standards are met consistently across the board. The course covers various aspects, including communication strategies, language awareness, and cultural sensitivity, fostering a supportive environment for bilingual healthcare delivery.

Furthermore, the report highlights the development and introduction of our new Strategy for Welsh in Healthcare. This comprehensive strategy outlines the Health Board's objectives and action plans for promoting and improving Welsh language services. By aligning with national standards

The report also details progress in meeting Welsh language standards across various aspects of healthcare delivery, including patient care, administration, and workforce development. Our report demonstrates some of these positive outcomes, with an increase in compliance across a range of standards and significant improvements in staff training and awareness.

Looking ahead, the Health Board remains dedicated to furthering its commitment to Cymraeg. Plans for the upcoming year include expanding the Welsh in Healthcare for Managers training course, embedding the Welsh language strategy and overhauling our approach to the Welsh language in recruitment.

Patterson, Liz
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Debra Wood-Lawson

Executive Director for Workforce and Organisational Development

Executive Lead for Welsh Language and Equality.

Executive Summary

This report outlines the steps taken by PTHB to implement the Welsh Language Standards as listed in our compliance notice.

It provides details on the progress made throughout 2023-2024. This includes improvements made in the following key areas:

- Introducing Welsh in Heathcare for Managers as a mandatory part of the PTHB Managers' training course. This ensures that all staff members with leadership responsibility will attend a 1.5-hour expert-led session outlining their responsibilities as managers to ensure compliance, covering not only the requirements of the standards but also More than Just Words and the Active Offer. It is hoped that this will inform the cultural change necessary to meet our responsibilities.
- Developing our new Strategy for Welsh in Healthcare, in response to the requirements of Standard 110 and the *More than Just Words* framework for the Welsh Language in Health and Social Care.
- Developing our response to two Investigations by the Welsh Language Commissioner.
- Finalisation of a Welsh Language in the Workplace policy to meet the requirements of Standard 79.

Overall, the health board continues to work to ensure compliance with the Standards. Systems are in place to ensure most of the standards are met in most circumstances. The health board performs particularly well in areas such as communications and social media, and in areas where systems are managed centrally (e.g. recruitment processes such as offering contracts, assessing prospective applicants' Welsh language skills and inviting them to apply in Welsh / use the Welsh language at interview.

Further information on the above alongside a detailed account of the health board's compliance against each of the Standards can be found in Part 2 of this report.

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Background

PTHB along with other Health Boards and Trusts in Wales must comply with a set of Standards as outlined in The Welsh Language Standards (No. 7) Regulations 2018.

Although it is the Welsh Ministers who specify the standards, it is for the Commissioner to determine which standards apply to a specific body. In November 2018, the Commissioner issued a compliance notice to PTHB which outlined the standards with which it must comply and the date by when it must be compliant. A copy of PTHB's compliance notice can be found here.

Included in these Standards is the requirement for PTHB to monitor the implementation of the Standards and produce an Annual Report (this document) which provides details of how the health board has complied with the Standards.

All staff must take responsibility for implementing the Standards across PTHB. Service Leads will monitor compliance within their own service areas and will report progress to the Service Improvement Manager for Welsh Language who will provide advice and support around the implementation of the Standards accordingly. At the end of each financial year, the Service Improvement Manager for Welsh Language will draft an annual report which will be presented to the Executive Lead for Welsh Language and approved by the Executive Committee and the Board before being published on the health board's website.

The *More than Just Words* framework for the Welsh Language in Health and Social Care sits alongside the Standards and outlines how the health and social care sectors in Wales will improve their ability to provide their services in Welsh, organised around the principle of the Active Offer – the idea that it is service providers' responsibility to offer service users the opportunity to use Welsh without being asked.

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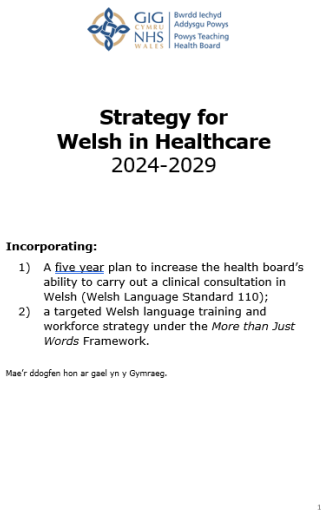
Part 1: 2023-24 in Review

Overview

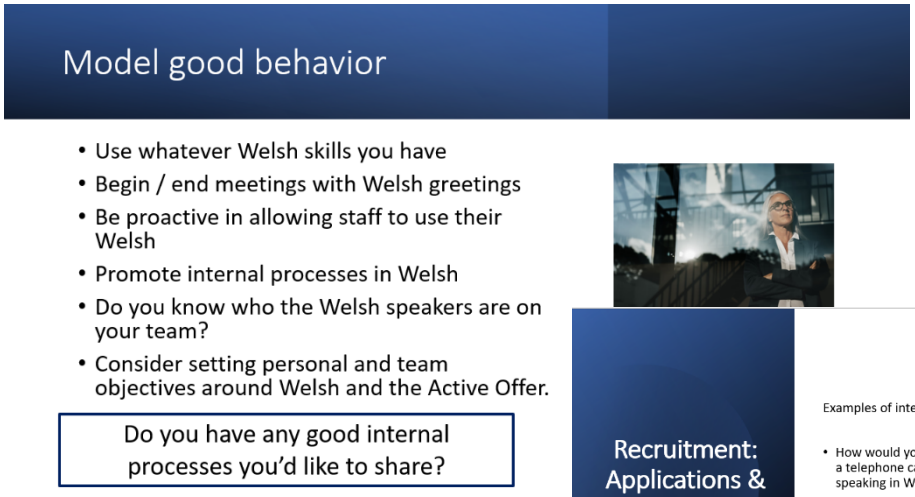
A significant amount of time and effort has been invested during this year in the production of our Strategy for Welsh in Healthcare, and in responding to two Investigations by the Welsh Language Commissioner undertaken during the period.

Strategy for Welsh in Healthcare

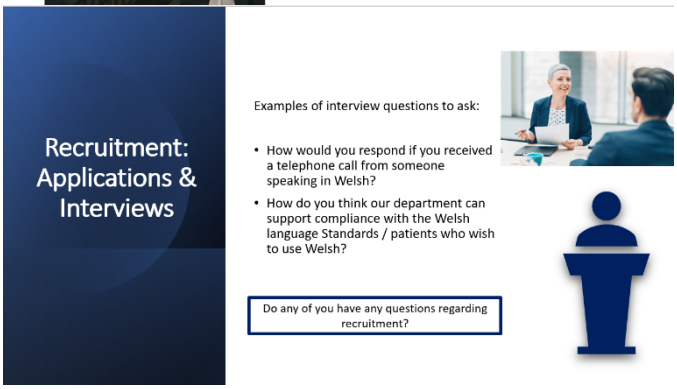
Our main achievement this year has been the design, development, consultation, approval and publication of our Strategy for Welsh in Healthcare 2024-2029. This comprehensive document incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by *More than Just Words*, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the next five years.



Welsh in Healthcare for Managers Training



This new training module has been introduced and integrated into the existing Powys Teaching Health Board Managers' Training Program.



A single session with 11 attendees was held during 2023-24, however this number will increase exponentially in coming years as it is

Pattenden Lee 26/07/2024 10:45:29

now a mandatory part of the training program which is provided to all staff in the health board with leadership responsibilities.

The course covers such subjects as:

- The moral and cultural reasons why providing services in Welsh is a necessary part of good clinical practice, touching on subjects such as Cultural Anxiety, as well as outlining the legislative and strategic requirements.
- How to appropriately consider the Welsh language in recruitment.
- How to access translation and interpretation services and why you need them.

The Welsh in Healthcare for managers training module is a cornerstone of our strategy for compliance with the Standards and *More than Just Words*, helping to ensure the standards become 'business as usual' across the health board.

Investigation into Compliance with Standards 8-10

The health board received notification of the Commissioner's investigation (Ref: CS1124) on 28th March 2023, requiring the health board to agree on a terms of notice for the investigation; subsequent correspondence requested we send evidence for the steps we had previously taken to ensure compliance. On 8th September we received a Final Notification and Report providing full details of the investigation, the evidence we provided, and instructing us to complete an Action Plan by 8th December.

The core of the response centres around the planned infrastructure upgrades, which will enable calls to be redirected around the health board as required. The action plan approved by the Commissioner identified the following seven actions:

1) Implement the required telephony infrastructure upgrades to the PTHB telephone system to allow for call redirection.

2) Develop and implement a call handling process utilising the new system that will ensure compliance with Standards 8, 9, 10

3) Ensure that all future vacancies for roles dealing with initial call handling on main hospital numbers are advertised with Welsh language skills as an essential requirement AND/OR with a commitment to learn a certain level of Welsh if appointed.

4) Carry out a review of existing PTHB guidance around telephony to ensure consistency with the Commissioner's advice and the requirements of Standards 8, 9 & 10, modifying or replacing guidance as required.

5) Deliver awareness/training sessions to all staff with responsibility for call handling on the requirements of the standards in relation to telephony.

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6) Inform all staff with responsibility for call handling of the opportunities available to develop their Welsh language skills within PTHB and beyond.

7) Approve the Welsh in Healthcare Strategy to increase the Welsh language skills of the PTHB workforce

During 2023-24 we have completed actions 3, 4, 6 and 7, and made significant progress with actions 1 and 5. Action 2 is contingent on the completion of Action 1. It is anticipated that all actions will be completed during 2024-25.

Investigation into Compliance with Standards 39 and 41

The health board received notification of the Commissioner's investigation (Ref: CS1205) on 23rd October 2023 into the compliance of the health board with these two standards, which relate to the Website.

The Welsh Language Commissioner's proposed report and decision notice is embedded on the right in English and Cymraeg. The Commissioner has proposed the following enforcement action:

1. The health board must review its translation resources to ensure there is capacity to translate content into Welsh promptly and accurately.
2. The health board must strengthen its quality assurance protocols for translating content into Welsh to minimise errors and inconsistencies.
3. The health board must carry out regular audits of its main website to identify and rectify any errors and inconsistencies between the Welsh language and English language website.
4. The health board must develop (and share with all relevant teams within the organisation) clear protocols and guidelines for creating, translating, and publishing bilingual content on its websites.
5. The health board must review its content management processes to ensure that an (English) page cannot be published on the English language website without also simultaneously publishing a (Welsh) page on the Welsh language website.
6. The health board must provide the Welsh Language Commissioner with sufficient written evidence that enforcement actions 1 to 5 have been completed. Timetable: Within 3 months of issuing the final determination.

The Commissioner was informed that action 5 is not within the direct control of the health board as this relates to functionality of the MURA Content Management System managed on behalf of all NHS health boards by Digital Health and Care Wales (DHCW); however, the other actions have all been since either been completed or are on target for completion by the agreed deadline in May 2024.

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Welsh Language Service Leads Steering Group

This group has continued to meet during the year, providing an opportunity for staff to discuss and share issues relating to compliance with the standards as well as consulting on strategies and developments. This group for example provided an opportunity for staff to provide feedback on and contribute to the development of The Strategy for Welsh in Healthcare.

Welsh Language Awareness Training

The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; it has been completed by 2283 of our 2254 current staff, 90% of the total.

This level of completion is comparable to other mandatory training modules. Because the completion expires after a certain amount of time, and because of staff turnover; we therefore do not anticipate that it will be practical to achieve a significantly higher % than this in future.

Welsh Translation Service

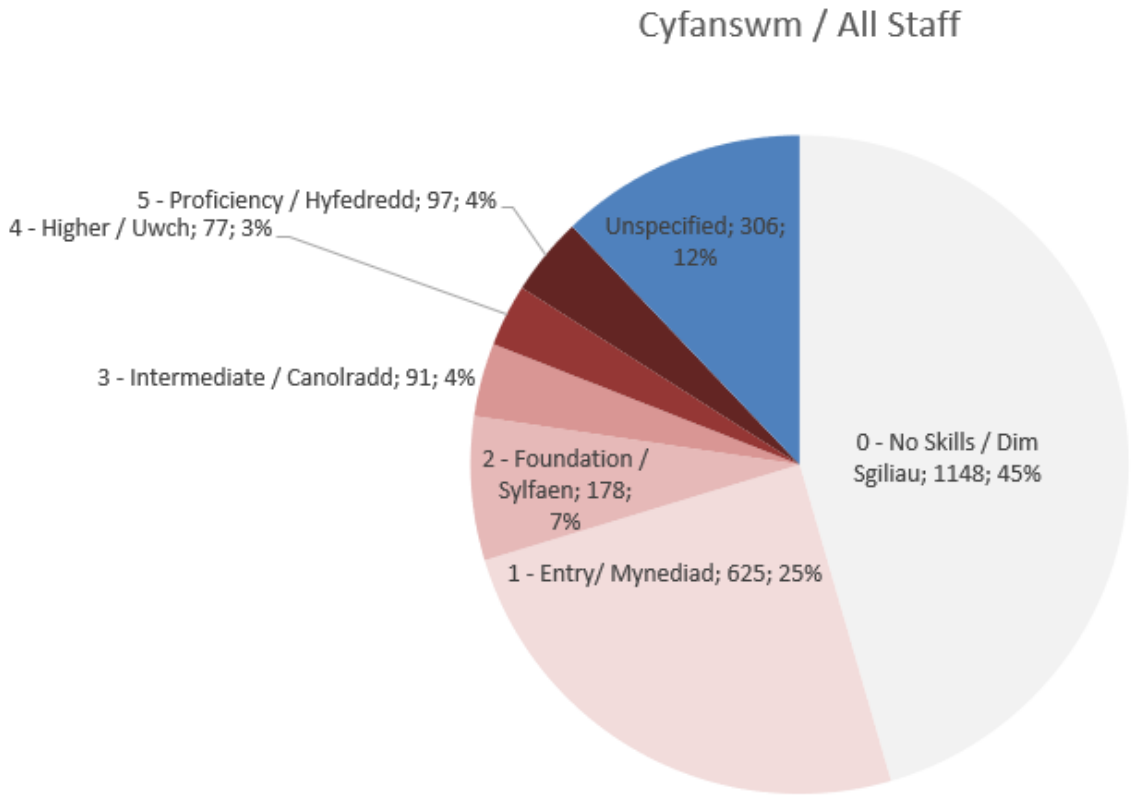
A total of 476,127words were translated internally during 2023-24. Internal analyses have shown demonstrable financial savings from the introduction of this service, with an additional benefit from the use of Translation Memory software. However, the main benefits have been non-financial:

- Improved experience from the point of view of staff, with greater input on the finished product and the ability to consult with the translator in real time.
- Greatly improved turnaround times.
- Improved consistency of terminology.

Current Welsh Language Skill Levels at PTHB

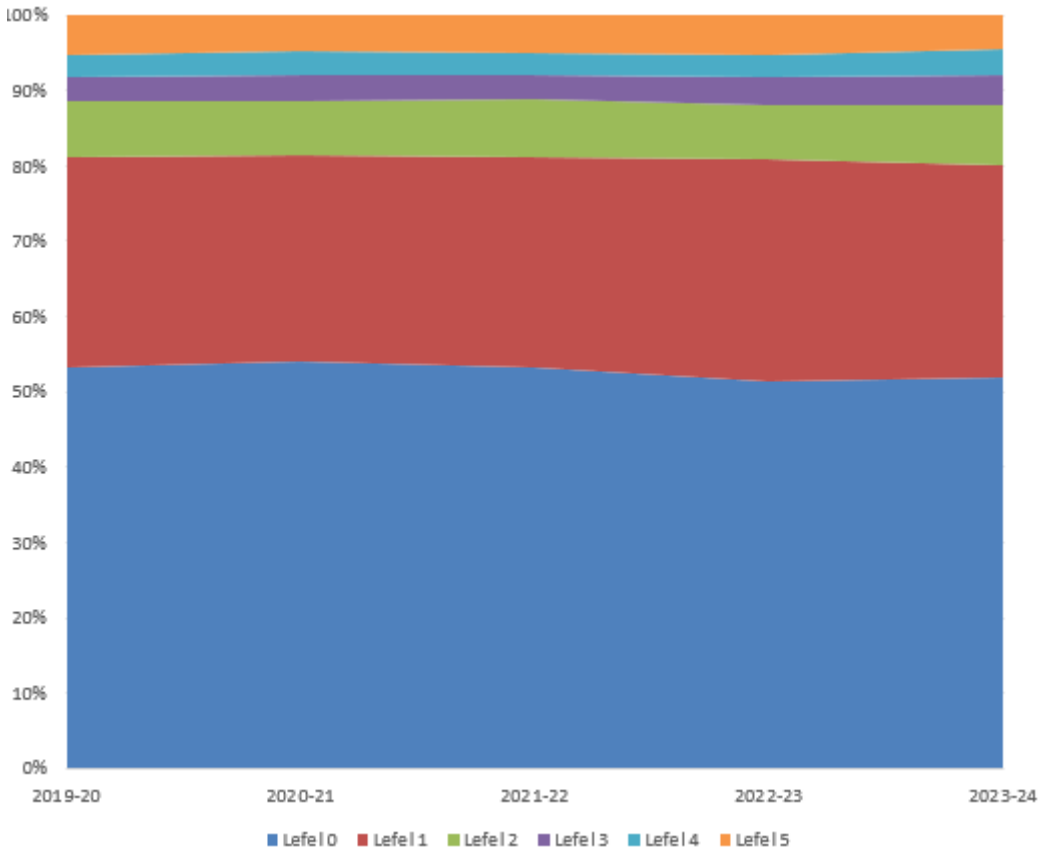
As of 31st March 2024, the 2,522 staff at PTHB staff indicated that their ability to speak Welsh was as follows:

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Welsh Language Skills by Year (Numbers)

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	Unknown	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	TOTAL
2022-23	317	1,140	654	161	79	69	115	2,535
2023-24	306	1,148	625	178	91	77	97	2,522

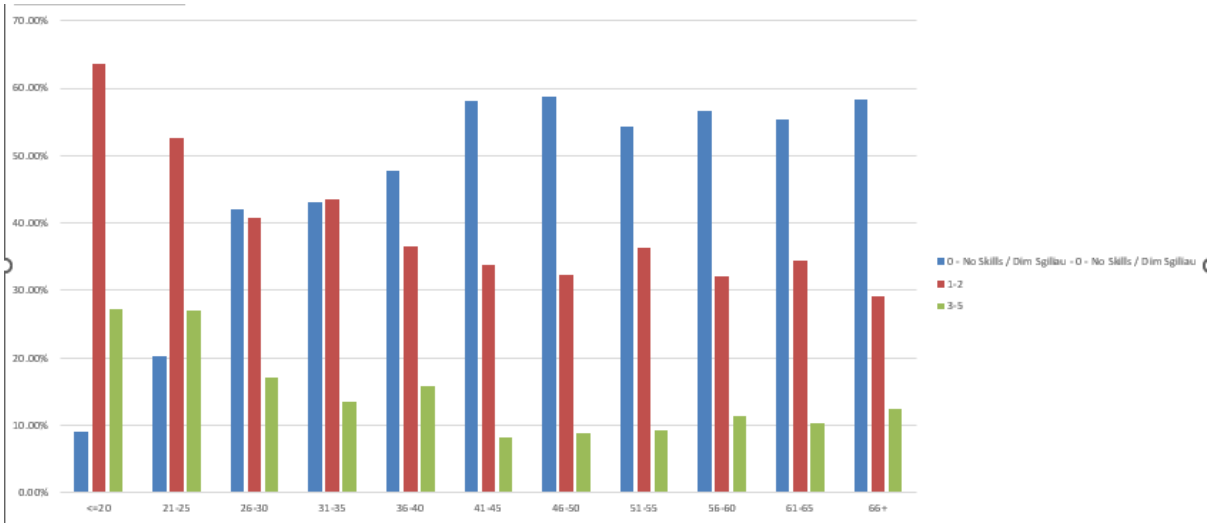
The significant number of 'unknowns' in 2019-20 likely reflects staff on temporary contracts related to Covid-19)

These figures are broadly similar to previous years, with a decrease in the numbers reporting Level 5 and 1 but an increase at levels 2, 3 and 4.

These figures represent the highest ever recorded numbers of staff on levels 2, 3 and 4. This broadly reflects a continual trend of a very gradual increase year on year, though this year the percentage showing any level of Welsh language skill (Levels 1-5) fell slightly.

Welsh Language Skills by Year (Percentage; Unknowns Removed)

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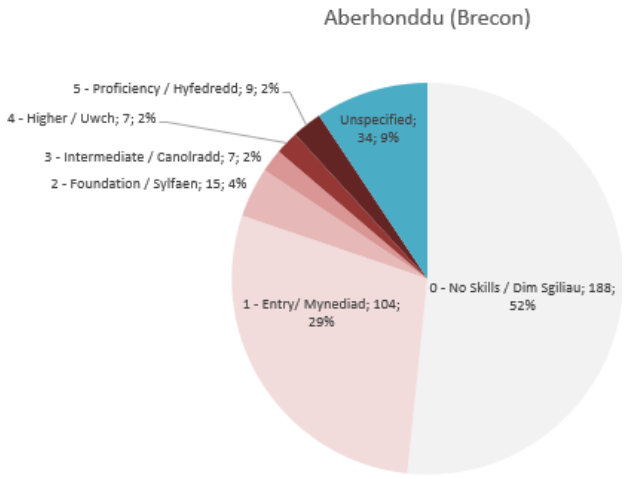


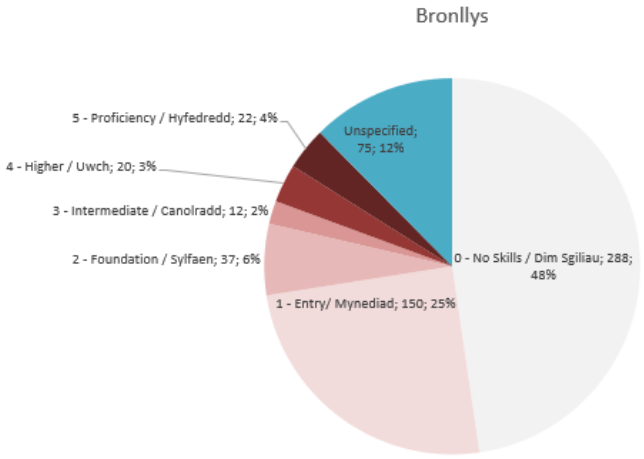
As in previous years, breaking down Welsh language skills by age shows significantly higher levels of Welsh language skills amongst younger employees.

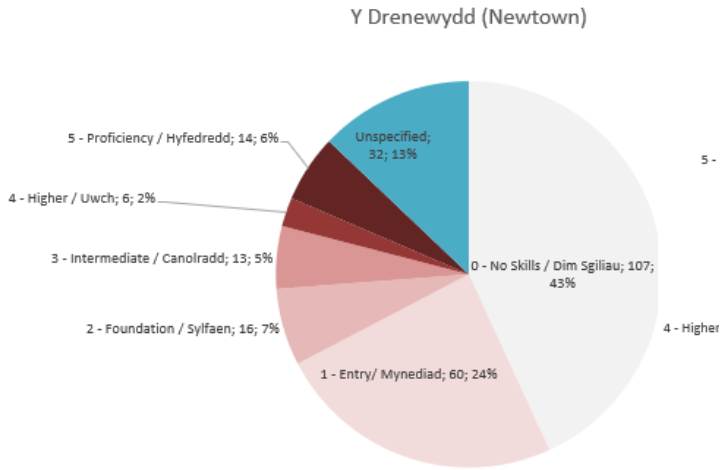
The distribution of Welsh skills amongst PTHB staff is uneven, with two sites in particular (Ystradgynlais and Bro Dyfi (Machynlleth) hospitals) showing significantly higher levels of staff skills than other sites. This is in line with local population statistics on Welsh.

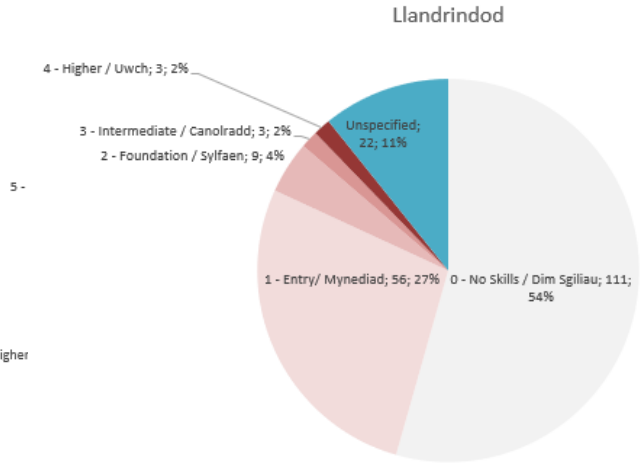
This data has been broken down by base (for the 9 main PTHB hospital sites) on the following page, which shows the statistics for the 9 main hospital sites. The distribution of Welsh skills amongst PTHB staff is uneven, with two sites (Ystradgynlais and Bro Dyfi (Machynlleth) hospitals) showing significantly higher levels of staff skills than other sites. This is in line with local population statistics on Welsh.

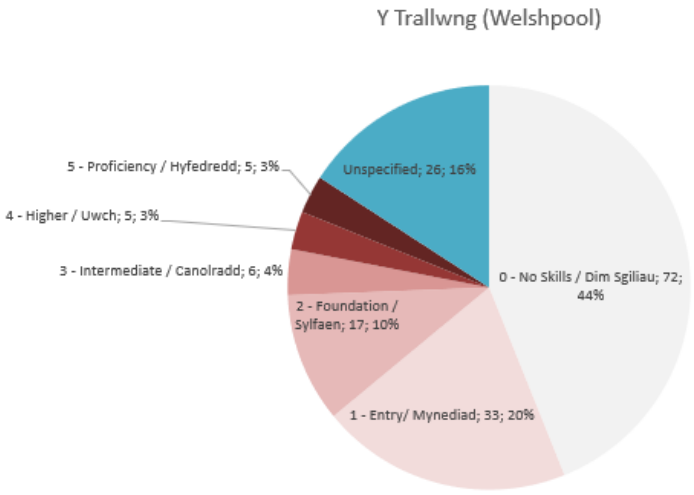
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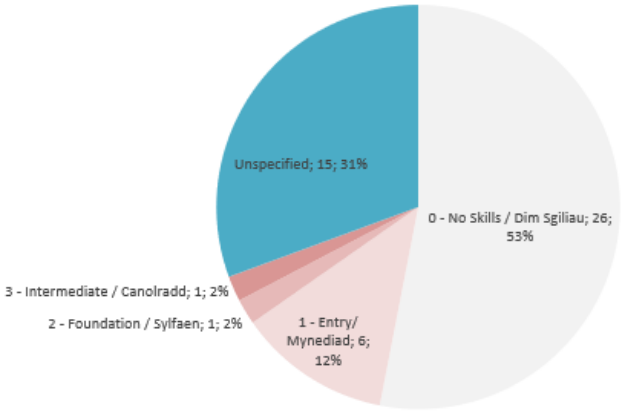




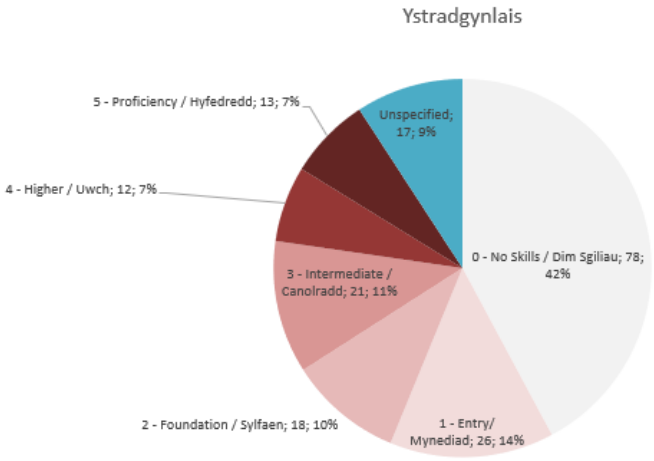








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This variation reflects the prevalence of Welsh in the local population, which varies considerably across Powys. Whilst the 2021 census showed that 16.4% of the overall population was able to speak Welsh – slightly below the Wales average of 17.8% - the proportion locally varies from as low as 7% in Knighton and Presteigne to as high as 33% in Ystradgynlais and 48% in Machynlleth.

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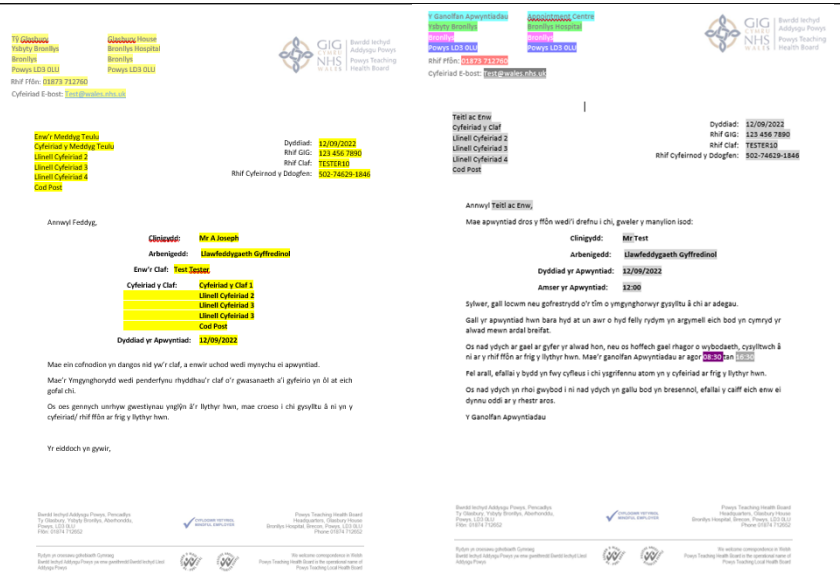
Part 2: Compliance with the Welsh Language Standards

In addition to the examples provided above, the following provide details of steps PTHB has taken to ensure or improve compliance with the Welsh Language Standards during 2021-22:

Service Delivery Standards

Standards	Situation as of 2023-24	Proposed Actions during 2024-25
Standards 1-7 relating to correspondence sent by the health board	As per the standards and our internal PTHB policy, we have continued to proactively ensure standard correspondence is sent out bilingually as a matter of course. Regarding non-standard correspondence, the requirement to deal with this locally on a case-by-case basis is promoted via induction, language awareness courses and internal departmental action plans. A considerable quantity of communication with the health board takes place over social media, which is managed by the communications team who have a Welsh speaker in post able to ensure that any correspondence received using that platform can be addressed in Welsh without recourse to translation.	Continue to ensure that correspondence is proactively translated as required, and to promote compliance with these standards via induction, language awareness courses and internal departmental action plans.

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	 *Some new standard letters drafted in Welsh during 2023-24.*	
Standards 8 – 20 relating to telephone calls made and received by the health board	During 2023-24 PTHB received notification of an investigation into a failure to comply with standards 8, 9, and 10. The investigation was carried out and found a lack of compliance; and PTHB was tasked with developing and carrying out an action plan to ensure compliance in the future. During 2023-24 the process of carrying out the action plan began, with the following steps carried out: • Most call handling staff across the organisation received bespoke training on the requirements of the Welsh Language Standards with regards telephony; the remainder will receive this training during 2024-25.	The new telephony system is expected to come online during 2024-25; call flows will need to be designed to meet the requirement of the standards. The current iteration of the Welsh language Vacancy assessment tool indicates that all call handling roles should be advertised as Welsh essential to improve

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	• All the health board's guidance around responding to telephone calls was verified for accuracy and compliance with the Standards. • The process began of procuring a replacement the health boards decades-old telephony system. Whilst compliance with the standards was not the main motivation for carrying out this work, it has the additional benefit of enabling call diverting which will improve the health board's ability to comply with the standards.	the skill levels of the organisation's staff in this regard.
Standards 20-22CH relating to meetings that are not open to the public	This requirement is promoted on an ongoing basis and individual teams have implemented processes as per their individual requirements. The Manager's Resource and Guidance document includes information on holding meetings with members of the public. Where Welsh speaking staff are not available to attend meetings, staff have access to interpretation services who can assist, and details of the approved interpretation services are available to staff on the intranet and have been promoted to staff. The new Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.	Continue to monitor compliance levels and feedback.
Standards 23-25 relating to in-patients and case conferences	In-patient language choice can be recorded via several channels across PTHB. Our WPAS and WCCIS electronic systems both have capacity to record patient language choice. Many of our service user referral forms also asks patients for their preferred language choice, and case conferences are routinely carried out with the assistance of interpretation.	Ensure any new systems are developed in line with these requirements, including any national systems to which PTHB contributes.

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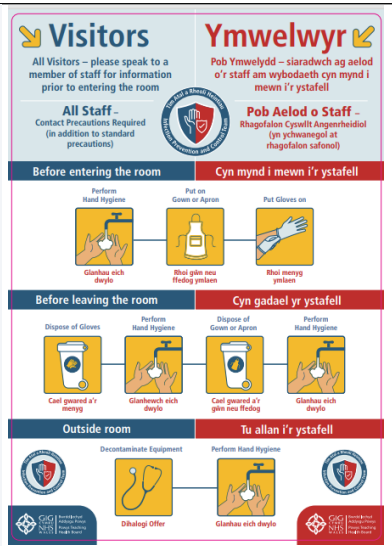
	The new Strategy for Welsh in Healthcare identified that this was unlikely to be a significant issue in preventing patients using Welsh.	
Standards 26-32 relating to meetings and events that are open to the public	The requirement to ask the public if they would like to use Welsh at our meetings is outlined in guidance documentation on holding meetings and events. Uptake of this offer is rare, e.g. Participants at the AGM of the board were invited to use Welsh in questions, and all information provided was in Welsh; however, no questions in Welsh were received. The 'Welsh Language – Communication and Marketing' procedural guidelines which includes information on how to comply with the Standards when arranging meetings which are open to the public continues to be promoted to managers and staff within their teams; the new Welsh in Healthcare for Managers training session covers the requirements of these standards and ensures managers are aware of the need to proactively offer persons invited to meetings the opportunity to use the Welsh language.	Continue to monitor compliance levels and feedback.
Standards 33-38 relating to publicity and advertising, displaying material in public, producing and publishing document and forms. (Standards 47-49 relating to signage; also, Standards 111 – 113 relating to signage)	Periodic site visits have been carried out of the 9 main hospital sites, assessing compliance with a range of standards including those related to signage, information displays and documents or leaflets. Fixed signage has been bilingual as a matter of course long before the introduction of the Welsh Language Standards, and no examples of non-compliance were found with regards fixed signage. A single complaint was received in relation to English only signage at Bro Dyfi (Machynlleth); however, it transpired this was in relation to a photograph of the site during works published on social media in which the Welsh part of a fixed sign had yet to be installed; the site was never in fact open to the public without the Welsh sign in situ.	Continue to visit sites to assess compliance and escalate issues.

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Large quantities of documents, signage and public information is routinely published in Welsh and/or bilingually within the health board. The images in this section show a tiny fraction of the various posters and information leaflets published during 2023-24.

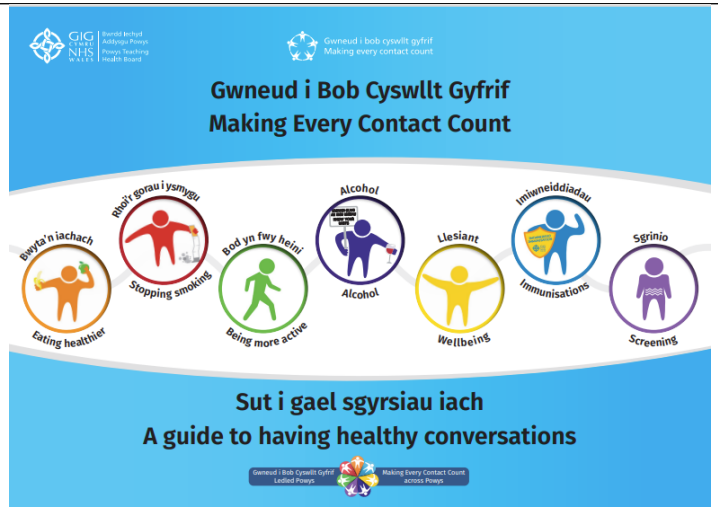
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	  Temporary signage and information displays remain somewhat inconsistent however, and prominence has been given to these	

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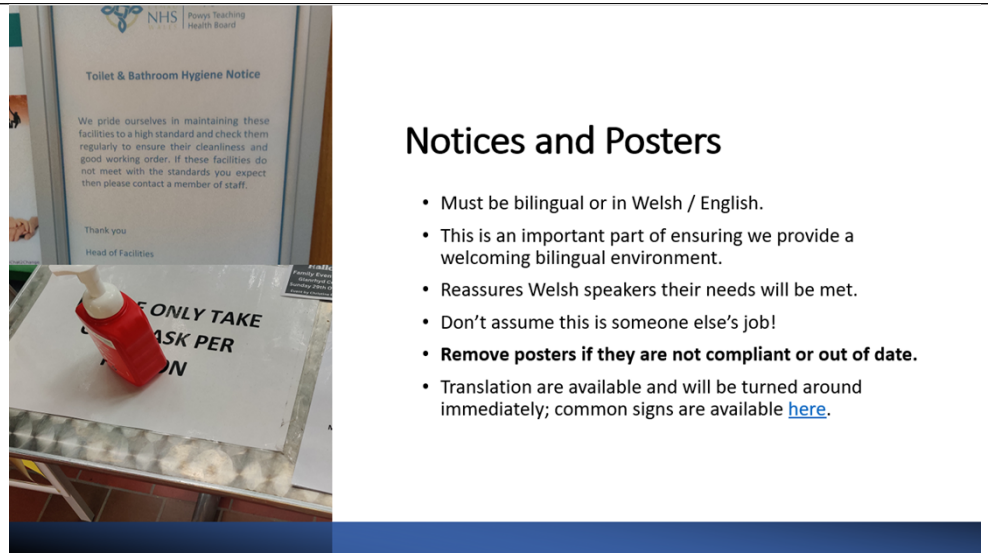
	standards in the Welsh in Healthcare for Managers training.  	

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It should be noted that a significant proportion of information posters on display in PTHB sites come from sources which do not have Welsh language standards and provide information in English only; for example, UK charities such as The Alzheimer's Society, or small local voluntary or charity groups. In line with the Code of Practice for the Welsh Language Standards (No. 7) published by the Welsh Language Commissioner, displaying this information does not consist of a breach of the standards, where PTHB (or another organisation which has received a Welsh Language Standards Compliance Notice) did not produce the information in the first place.

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Standards 39-46 relating to the health board's website, apps and social media	During 2023-24 PTHB received notice of an investigation by the Welsh Language Commissioner into compliance with standards relating to the website. A limited number of pages were found which were not available bilingually.	Comms team to continue to act as gatekeepers for the website and social media, ensuring best practice. As per the new process, teams persistently failing to upload Welsh content will lose the ability to upload to the website without prior approval.

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Cyfleoedd gwych i Hyfforddi, Gweithio, Byw ym Mhowys

As part of the Action Plan in response to this investigation, a new process has been implemented which has strengthened the process and will ensure no content will be uploaded in English only in future. As part of PTHB's own investigations into the situation it was found that most non-compliant pages could be isolated to certain specific teams, suggesting there is not a systemic problem across the whole health board.

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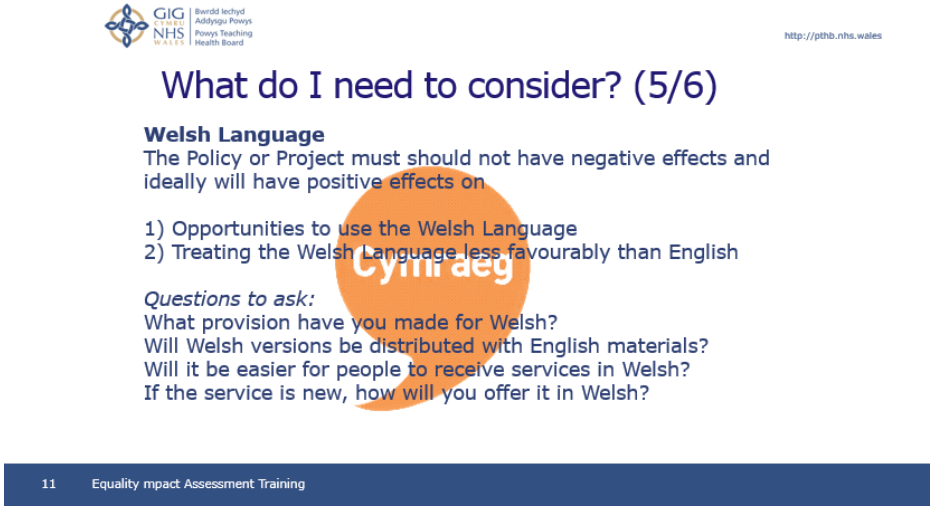
Standards 47-49 relating to signage	*See Standards 33-38 above.*	*See Standards 33-38 above.*
Standards 50-53 relating to receiving visitors	A sign has been provided to each reception area in the health board (where there was not already a sign present), inviting visitors to use the Welsh language (Standard 52); badges/lanyards ware also widely also distributed to Welsh speaking staff (Standard 53). All these standards are covered in the new Welsh language for Managers training.	Once the new telephony system is installed and functioning it will be possible to offer a telephone reception service (as per the Welsh Language Commissioner's code of practice) at all reception areas.
Standards 54-59 relating to grants, tenders and procurement	PTHB remains compliant with these standards as per NHS Wales standard procurement and practice.	Continue to ensure compliance.
Standards 60-62 relating to the organisation's corporate image	PTHB's corporate identity is wholly bilingual, with the Welsh appearing above the English in our logo.	Continue to ensure compliance.
Standard 63 relating to education courses offered by the health board	Managers are informed of this standard as part of the Welsh in Healthcare for Managers training program.	Continue to ensure compliance.
Standard 64 relating to public address systems	As of 31st March 2024, there are currently no public address systems in operation within PTHB.	*N/A*
Standards 65-68 relating to primary care	As per Standard 65, a dedicated area of the website exists to provide the public with information on primary care services able to offer some or all services in Welsh.	Ensure this section of the website remains current.

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	Listen **Gwasanaethau Cymraeg o fewn Gofal Sylfaenol**  Manylion am staff sy'n siarad Cymraeg sy'n gweithio o fewn Meddygfeydd, Deintyddfeydd, Fferyllfeydd ac Optegwyr o fewn Powys ar gael trwy gysylltu â'r Meddygfeydd, Deintyddfeydd, Fferyllfeydd ac Optegwyr perthnasol. Gellir gweld gwybodaeth am Feddygfeydd, Deintyddfeydd, Fferyllfeydd ac Optegwyr o fewn Powys ac ar draws Cymru ar ein gwefan: • Meddygfeydd Teulu - Bwrdd Iechyd Addysgu Powys (gig.cymru) • Gwasanaethau Deintyddol - Bwrdd Iechyd Addysgu Powys (gig.cymru) • Fferyllfeydd - Bwrdd Iechyd Addysgu Powys (gig.cymru) • Optegwyr - Bwrdd Iechyd Addysgu Powys (gig.cymru) The PTHB in-house translation service continues to be offered to primary care providers as per Standard 66 along with the opportunity to order badges / lanyards with the 'Iaith Gwaith' logo free of charge.	

Policy Making Standards

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Standards 69 – 78A relating to policy making decisions	The assessment of policy decisions for their impact on Welsh continues to take place as part of the health board's wider Equality Impact Assessment (henceforth EIA) process. During 2023-24, 1 additional training sessions were delivered on carrying out EIAs. The training session and the corporate template cover the requirements under the Welsh Language Standards. Because the Equality and Welsh Language functions at PTHB are covered by the same staff, the requirement to assess policies and developments for their impact on Welsh is routinely reinforced as a matter of course as part of this broader process. All EIA training sessions are delivered by individual(s) with experience of Welsh Standards Compliance. 	The Equality Impact Assessment Policy is due for review and renewal in 2024-25, as well as being a part of a wider review of processes around written control documents, and the commissioner's research into compliance with these standards. PTHB's internal processes may change as a result.

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Operational Standards

<table>
<tr>
<td>Standard 79 relating to a policy on the internal use of the Welsh language</td>
<td>During 2023-24 Powys Teaching Health board published its Welsh Language in the Workplace policy to meet the requirements of this standard. It is promoted via induction and the Welsh in Healthcare for Managers training session.

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

WELSH LANGUAGE IN THE WORKPLACE POLICY

<table>
<tr><td>Document Reference No:</td><td>PTHB /HR 109</td></tr>
<tr><td>Version No:</td><td>1</td></tr>
<tr><td>Issue Date:</td><td>July 2023</td></tr>
<tr><td>Review Date:</td><td>July 2026</td></tr>
<tr><td>Author:</td><td>Service Improvement Manager for Equality and Welsh Language</td></tr>
<tr><td>Document Owner:</td><td>Service Improvement Manager for Equality and Welsh Language</td></tr>
<tr><td>Accountable Executive:</td><td>Director of Workforce and Organisational Development</td></tr>
<tr><td>Approved By:</td><td>Executive Committee</td></tr>
<tr><td>Approval Date:</td><td>12 July 2023</td></tr>
<tr><td>Document Type:</td><td>Policy | Non-clinical</td></tr>
<tr><td>Scope:</td><td>PTHB-wide</td></tr>
</table>

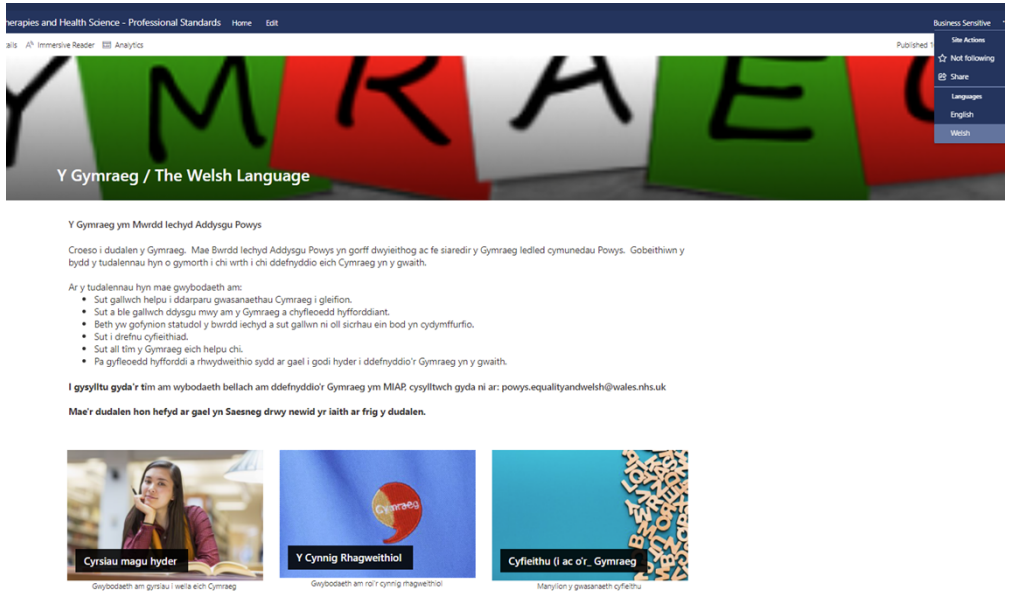
The latest approved version of this document is online.
If the review date has passed please contact the Author for advice.

Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys</td>
<td>Continue to promote the Welsh in the Workplace Policy.</td>
</tr>
<tr>
<td>Standards 80 – 81 relating to</td>
<td>Contracts (Standard 80) are standardised and automatically provided bilingually through the TRAC system.</td>
<td></td>
</tr>
</table>

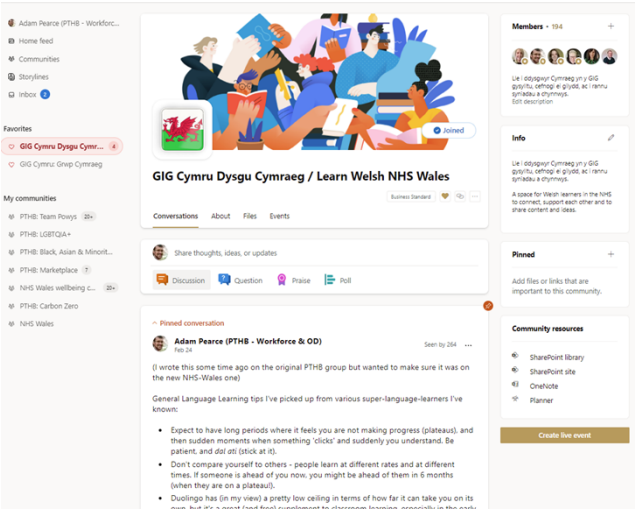
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employment documents	Other Employment documents have been made available in Welsh on the Health Board intranet; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	
Standard 82 - relating to operational policies	A process has been put in place to ensure policies relevant to this standard are made available in Welsh, and where changes are made, these are flagged. Most of the policies covered by Standard 82 are published bilingually already due to being All-Wales policies. Due to capacity limits within the Welsh translation team and the need to prioritise patient-facing information, these policies are being translated as and when they are separately reviewed; this work is ongoing.	Continue to work to ensure all policies under this standard are available in Welsh.
Standards 83-88 – relating to disciplinary, grievance and other internal processes.	All these requirements continue to be met via the existing relevant all-Wales and PTHB policies; awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	Continue to ensure all policies reflect these requirements.
Standard 89 relating to bilingual computer software interfaces	Cysgliad and Welsh interfaces for Windows, Office and ESR remain available to staff. Details on accessing these are available on the health board staff intranet, and awareness of these is promoted via induction and the Welsh in Healthcare for managers training session.	Continue to promote these via staff induction and training/awareness sessions.

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Standards 90 – 95 relating to the intranet	Our internet has been designed from the start to be wholly compliant with the Standards related to the intranet (to the extent that the architecture allows). The Welsh versions of intranet pages (where they exist) can be accessed by clicking 'Welsh' on the languages tab:  As well as the pages relating to the use of Welsh at work (see above), the homepage of the intranet is available in Welsh as are pages relating to OD and clinical education (Training) and all other sites as specified by the Standard 81.	Continue to monitor the intranet to ensure compliance continues as the intranet grows.
Standards 96 – 101 relating to staff	See the section above for staff skills reporting responsibilities. PTHB have continued to promote and, where appropriate, financially support learning of Welsh in line with the standards. These courses	Continue to promote existing and new training options to staff across PTHB. Follow up on the disparity

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Welsh language skills and training	have been popular as ever, with 19 individuals completing the online *Cymraeg Gwaith* courses during 2023-24 and other staff following *Dysgu Cymraeg* courses online and in the community. As of 31st March 2024, 9 individuals at the health board were also attending the *Codi Hyder* Confidence Raising scheme.  The *GIG Cymru Dysgu Cymraeg / Learn Welsh NHS Wales* Yammer group, originally a PTHB-only group but since opened up to staff across NHS Wales, provides a supportive network for staff learning Welsh as well as an opportunity to share tips and ask questions.	between the expressions of interest in the *Codi Hyder* scheme (49) and the number undertaking the course (9).
Standards 102-103 relating to Welsh language awareness training	The online More than Just Words: Welsh Language Awareness module was introduced in December 2022. As of March 2024, a total of **90%** of all PTHB staff had undertaken this mandatory training module.	Continue to monitor and encourage completion of the mandatory training module.

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	In person Welsh Language Awareness training continues to be offered within the health board and primary care, with two departments partaking of this during 2023-24: • Patient Services • Primary Care Team	
Standards 104-105 relating to identifying Welsh speaking staff	Badges and lanyards to identify Welsh speaking staff and Welsh learners are available to all staff. This enables patients to readily identify Welsh speaking staff and increases their confidence in the health board's ability to provide services in Welsh. Bilingual email signature templates are available on the Welsh language resource intranet page and in the Managers Guidance and Resource document.	
Standards 106 – 109 relating to recruitment	The health board's policy is that all vacancies have the Welsh language requirement specified, and are advertised in Welsh as well as English as per Standards 106 and 106A; as a matter of course applicants to all vacancies are invited to apply in Welsh. 107A a-c are all provided in Welsh as a matter of standard practice. The health board does not currently translate all job descriptions (107A ch) due to financial and capacity constraints. During 2023-2024 PTHB advertised 973 vacancies: 1 post was advertised with Welsh language skills as essential. 972 posts were advertised with Welsh language skills as desirable. 0 posts were advertised with Welsh language skills as not required. The roles advertised with Welsh language skills essential was a role in the Health & Social care academy.	Rollout the new mandatory vacancy assessment process and monitor the number of vacancies advertised in the various categories.

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	A new mandatory process involving an online assessment tool that will be required will be provide full accountability for Standard 106 and for the decisions made leading to the statistics advertised in this part of future Welsh Language Standards Annual Reports.	
Standards 110-110A relating to a plan for bilingual clinical consultations	Our main achievement this year has been the design, development, consultation, approval and publication of our Strategy for Welsh in Healthcare 2024-2029. This comprehensive document incorporates the requirement to develop a Five-Year Plan to increase our ability to provide Clinical Consultations in Welsh in accordance with Welsh Language Standard 110 as well as the Workforce Strategy required by More than Just Words, and provide overall direction and targets for the development of our bilingual workforce. The document is available on the PTHB website and sets out how we plan to develop our Welsh language capacity as an organisation over the next five years. The Review of the previous strategy under Standard 110A is included as an appendix to the Welsh in Healthcare Strategy	Ensure the Welsh in Healthcare Strategy is embedded and promoted across the health board.
Standards 111 – 113 relating to signage	(See Standards 33-38 above).	(See Standards 33-38 above).
Standard 114 - relating to recorded workplace messages.	This standard is not applicable to PTHB as there are not recorded workplace announcement systems in place on our sites.	N/A

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Record Keeping and Supplementary Standards

Standard 115 - relating to complaints.	During 2022-2023 PTHB received no formal or informal complaints in relation to the implementation of the Welsh Language Standards. PTHB continues to follow the conditions set out in NHS Wales 'Putting Things Right' policy, which include information on dealing with complaints made in Welsh and relating to Welsh language provision. Copies of these documents can be found here. In late March 2023, the Welsh Commissioner opened an Investigation into the health board relating to non-compliance with Standards 8, 9 and 10 on some hospital switchboard numbers; another investigation was opened in December 2023 around Standard 39 and 41. Details of these are provided above.	N/A
Standards 116-121 relating to Record keeping and supplementary matters.	For Standard 116, see 'current Welsh Language Skill levels at PTHB' above. For Standard 117, see under Standard 106.	N/A

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More than Just Words Framework

The Welsh Government's More than Just Words Framework is separate to the Welsh Language Standards; however, in the interests of simplicity and reduced duplication of reporting, the following update reflects PTHB's progress under the More than Just Words Action Plan.

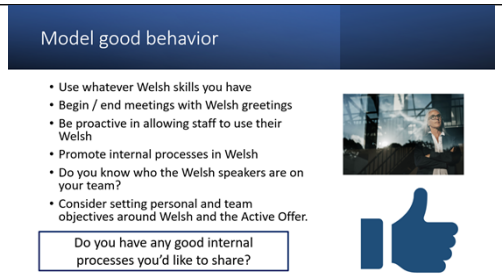
Short Term Actions (by 2023) and Medium Term Actions (by 2025)

NHS Organisation	**Powys Teaching Health Board**

Completed by:	**Service Lead for Equality & Welsh Language**	**Date:**

Ref	Description of Short Term and Medium Term Action	Lead Accountability	Progress Report for 2023/24 (reporting period 1/4/23 – 31/3/24)	Priorities 2024/25	Examples of best practice/ work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). *(Short term))*	All health and social care bodies Welsh Government to lead on objectives for Chairs.	PTHB does not set Chair objectives. The PTHB Welsh in Healthcare for Managers' Training Course suggests that managers consider setting the active offer as a personal or team objective as appropriate.	Members of the Board will be invited to participate in the HEIW-led *Agor y Drws* program for Leaders in Healthcare.	The Welsh in Healthcare for Managers training course, a part of the mandatory PTHB Managers' Training Program undertaken by all individuals in PTHB with line management experience, ensures an additional level of

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					provision for more senior staff over and above mandatory Awareness training.
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime, we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*)	Welsh Government/ HEIW/ SCW	See below regarding Welsh Language Awareness session. All staff also receive information on using Welsh as part of their induction; see also Welsh in Healthcare for Managers training course.	See below regarding Welsh Language Awareness session. All staff also receive information on using Welsh as part of their induction; see also Welsh in Healthcare for Managers training course.	The Welsh in Healthcare for Managers training course, a part of the mandatory PTHB Managers' Training Program undertaken by all individuals in PTHB with line management experience, ensures an additional level of provision for more senior staff over and above mandatory Awareness training.
3	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and	Chairs and Chief Executives of health and social care bodies	This has not been possible due to the course not being run this year and being replaced with *Agor y Drws*.	Members of the Board will be invited to participate in the HEIW-led *Agor y Drws* program	

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	policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*			for Leaders in Healthcare.	
Theme 1: Welsh language planning and policies including data					
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh *(Medium term)*	HEIW/SCW/ DHCW/ health and social care bodies including independent primary care contractors	PTHB provide annual data regarding the Welsh Language skills in their workforce as part of the Annual Reporting under the Welsh Language standards.	PTHB's response to this objective is necessarily reactive.	
9	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different	HEIW/SCW, health and social care bodies	PTHB provide annual data regarding the Welsh Language skills in their workforce as part of the Annual Reporting under the Welsh Language standards. PTHB is happy to provide any data requested by "an appropriate body."	PTHB's response to this objective is necessarily reactive.	

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	contexts e.g. HEIW, SCW, Health Boards (*Short to medium term*)				
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance informs the work of the relevant regulators and inspectorate as appropriate (*Short term*)	HEIW/Social Care Wales	Our Strategy for Welsh in Healthcare 2024-2029 includes new steps to enforce the mandatory assessment of all vacancies with respect to teams' existing ability to provide their services in Welsh. This will ensure that all vacancies are appropriately assessed for their Welsh language requirements and should result in an increase in the number of roles advertised as Welsh essential.	Introducing and embedding the Strategy for Welsh in Healthcare and the Vacancy Assessment tool, and ensuring it is being used correctly and effectively.	The vacancy assessment tool developed by PTHB has had a lot of interest from other health boards; similar tools based on this may be introduced in other Welsh health boards in the near future.
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close	Health and social care bodies, HEIW and SCW	Our Strategy for Welsh in Healthcare 2024-2029 includes new steps to enforce the mandatory assessment of all vacancies with respect to teams' existing ability to provide their services in Welsh. This will	Introducing and embedding the Strategy for Welsh in Healthcare and the Vacancy Assessment tool, and	The vacancy assessment tool developed by PTHB has had a lot of interest from other health boards; similar

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	working with HEIW and SCW. *(Medium term)*		ensure that all vacancies are appropriately assessed for their Welsh language requirements and should result in an increase in the number of roles advertised as Welsh essential.	ensuring it is being used correctly and effectively.	tools based on this may be introduced in other Welsh health boards in the near future.
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. *(Medium term)*	Health and social care bodies	The Welsh Language Awareness ESR module has been a mandatory online training session for all staff; it has been completed by 2283 of our 2254 current staff, **90%** of the total. This level of completion is comparable to other mandatory training modules. Because the completion expires after a certain amount of time, and because of staff turnover; we therefore do not anticipate that it will be practical to achieve a significantly higher % than this in future.	Continue to ensure that the proportion of the health board who have completed this training remains high.	
15	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made	Welsh Government/ National Centre for Learning Welsh	In partnership with the National Centre for Learning Welsh, PTHB have promoted the Codi Hyder confidence raising course. 49 individuals expressed an interest in this course and 9 are currently undergoing group and 1:1 sessions	Continue to promote the course and identify what the reasons were for the significant numbers initially expressing an interest not then taking up the course.	

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	available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (*Medium term*)		through the provider aimed at increasing the confidence of individuals able to speak Welsh but out of practice or otherwise feeling unable to do so actively. We believe these individuals represent a crucial "low hanging fruit" for the organisation.		
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	Health and social care bodies	This is already standard practice in the Health Board.	This is already standard practice in the Health Board.	
17	Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have accessing and recieving health and social care services. By the end of the life of this plan, **all staff** working in health and	Health and social care bodies	We are awaiting the provision of a clear definition of "courtesy level" Welsh from the Welsh Government and the central provision of an appropriately identified training course.	We are awaiting the provision of a clear definition of "courtesy level" Welsh from the Welsh Government and the central provision of an appropriately	

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	social care should have courtesy level Welsh. *(Short term- introduction)*			identified training course.	
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health and social care bodies	This requirement is incorporated into our Strategy for Welsh in Healthcare, approved and published this year.		The Strategy for Welsh in Healthcare combines this with the Five-Year Plan under Standard 110.
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Welsh Government/ Welsh language officers		Contribute to the research and innovation app.	
31	We'll provide the required structured and resourced support for More than just words regional forums and professional networks to have space that enables learning and the sharing of best practice on consistency of care across communities with particular attention to Integration of health and social care *(Medium term)*	Welsh Government and Chairs of Regional Forums, clinical networks, Royal Colleges, British Association of Social Workers	The Powys More than Just Words Forum continues to meet to share updates and best practice across health and social care.	The Powys More than Just Words Forum continues to meet to share updates and best practice across health and social care.	

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32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*	Welsh Government, Health and social care bodies	Welsh language officers at PTHB continue to participate in the relevant All-Wales NHS groups.	Welsh language officers at PTHB continue to participate in the relevant All-Wales NHS groups.	
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)	Welsh Government/ DHCW/ health and social care bodies	These are promoted across the health board as a standard practice in inductions, Welsh language awareness training, Welsh in Healthcare for managers training. PTHB does not directly commission the ICT systems that would enable this (ESR, Office) which are procured on an All-Wales basis.	Continue to promote across the health board as a standard practice in inductions, Welsh language awareness training, Welsh in Healthcare for managers training.	

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37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*	Welsh Government / health and social care bodies	Powys Teaching Health Board's translation unit collaborates with other NHS Wales bodies sharing translation memories; we will participate in an NWSSP-led exercise to procure an All-Wales solution to translation memory software.		
	Additional/general comments (expand box as necessary) PTHB has incorporated the requirements of the More than Just Words Framework alongside Welsh Language Standard 110 into its Strategy for Welsh in Healthcare, approved during 2023-24 and published online shortly after the end of the financial year. This strategy is intended to inform and direct our approach to the Welsh language across the health board.				

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Moving Forward: Priorities for 2024-25

Our new Strategy for Welsh in Healthcare sets out our priorities and targets over the coming five-year period in terms of improving the Welsh language skills of our workforce, which in turn will improve our ability to comply with the standards.

Specific priorities over the coming period include:

- Appropriate establishment of the new telephony system, and the design and implementation of the call flow processes.
- The completion of all other identified actions in response to the two investigations from the Welsh Language Commissioner.
- The continued rollout of the Managers training.
- The introduction of the Vacancy Assessment tool and the monitoring of the outcomes.
- Revisiting the process for assessing policies for their impact on the Welsh language as part of a wider review of both PTHB's Written Document procedures and its Equality Impact Assessment processes.

The 'Proposed Actions during 2024-25' column in the above section suggests further avenues of work during the next financial year.

For further information on the details of this report and for further information on PTHB's implementation of the Welsh Language Standards, please contact the Equality and Welsh Language team by emailing powys.equalityandwelsh@wales.ns.uk.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 5.2

Board	**Date of Meeting: 24th July 2024**
Subject:	**Equalities, Diversity and Inclusion Annual Report**
Approved and presented by:	**Debra Wood-Lawson** **Executive Director of People and Culture**
Prepared by:	Adam Pearce Service Lead for Welsh Language and Equalities
Other Committees and meetings considered at:	Executive Committee – 29 May 2024 who endorsed the report to the Workforce and Culture Committee. Workforce & Culture Committee 5th June 2024 who endorsed the report to the Board for approval.

PURPOSE:
To review and approve the Equality Annual Report for 2023-24 and, in line with the requirements, publish it on the PTHB Website.
RECOMMENDATION(S):
The Board is asked to: • **CONSIDER** the report and take **ASSURANCE** on the progress made against plan; • **APPROVE** the annual report for publication.

Approval	**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	

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	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:

As part of the Statutory Duty under the Equality Act 2010, the health board is required to publish an Annual Report for each financial year outlining the steps it has taken to meet the Public Sector Equality Duty. The statutory deadline for publishing this report is **the end of the 2024-25 financial year.** The health board's annual reports are cross-referenced to the objectives outlined in the Strategic Equality Plan; the plan and annual reports, including the previous report for 2022-23, are published on the health board website.

DETAILED BACKGROUND AND ASSESSMENT:

Each year, the Executive Lead for equality agrees an annual work plan to identify our priority actions for the year. Highlights from our work in 2023-24 include:

- Embedding the Equality for Managers' course into the management training, meaning that all PTHB managers now receive dedicated training on identifying discrimination and how to model good behaviour.
- Delivering Gender Awareness training to over 10% of the PTHB workforce, improving outcomes for patients of all genders including cisgender men and women.
- As part of our ongoing work under *Better Together* (formerly the Accelerated Sustainable Model), we have created new roles within Therapies which enable us to offer services which would formerly have been commissioned from neighbouring health boards/trusts.
- Achieving the Bronze Employer Recognition and Pride in Veterans standard from the MOD.

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- Consulting on, drafting and publishing our new Strategic Equality Plan for 2024-2028.

This Annual Report is an overview of some of the Health Board's key work to promote equality, diversity and inclusion throughout 2022-2023. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities. This report will be the last to relate to the previous Strategic Equality Plan; the new Strategic Equality Plan passed earlier this year covers the period 2024-28 and will be reported against in future Annual Reports.

The approved report will be uploaded in English and Welsh as well as in EasyRead format.

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

IMPACT ASSESSMENT					
Equality Act 2010, Protected Characteristics:					
	No impact	**Adverse**	**Differential**	**Positive**	**Statement**
Age				x	As part of the health board's broader work around Equality, publishing the Equality Annual Report is a key part of our accountability process and will promote better outcomes for all groups.
Disability				x	
Gender reassignment				x	
Pregnancy and maternity				x	
Race				x	
Religion/ Belief				x	
Sex				x	
Sexual Orientation				x	
Marriage and civil partnership				x	
Welsh Language				x	
Risk Assessment:					
	Level of risk identified				

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	None	Low	Moderate	High	
Clinical	x				There is no risk associated with the publishing of this report. Failing to publish could represent a compliance risk.
Financial	x				
Corporate	x				
Operational	x				
Reputational	x				

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Powys Teaching Health Board Equality, Diversity & Inclusion Annual Report 2023-2024

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Foreword

In healthcare, equality isn't just a noble aspiration—it's a fundamental requirement. It's about ensuring that everyone, regardless of race, gender, age, disability, sexual orientation, or socioeconomic status, has equitable access to healthcare services. It's about creating an environment where all voices are heard and respected, where diversity is celebrated, and where everyone feels valued and supported.

We are proud of the progress we have made in an increasingly challenging environment; this report provides an overview, but only that, of the many hundreds of hours our dedicated staff have devoted to striving towards this goal.

I extend my sincere appreciation to everyone who has contributed to the work described in this report and to our ongoing dedication to equality. Together, we are creating a healthier, more inclusive future for all.

Hayley Thomas, CEO

As we present our Equality Annual Report, I'm proud to share the strides we've made toward building a healthcare system that values and respects every individual within our community. At Powys Teaching Health Board, we are committed to fostering an environment of equality, diversity, and inclusion in all aspects of our work.

This report reflects our dedication to ensuring that everyone, regardless of background or circumstance, receives the highest standard of care. It showcases our achievements and outlines our vision for the future. I'm particularly excited to announce the launch of our new Strategic Equality Plan (SEP) for 2024-2028, which will guide our efforts over the coming years to further embed equality and inclusion into our practices.

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Our SEP and this report are a testament to our ongoing commitment to diversity and fairness. It represents a collaborative effort, reflecting the input of our staff, patients, and community partners. With this plan, we aim to continue building a healthcare system where everyone feels valued, heard, and respected.

Debra Wood-Lawson
Executive Director of People and Culture and Board-level lead for Equality, Diversity and Inclusion

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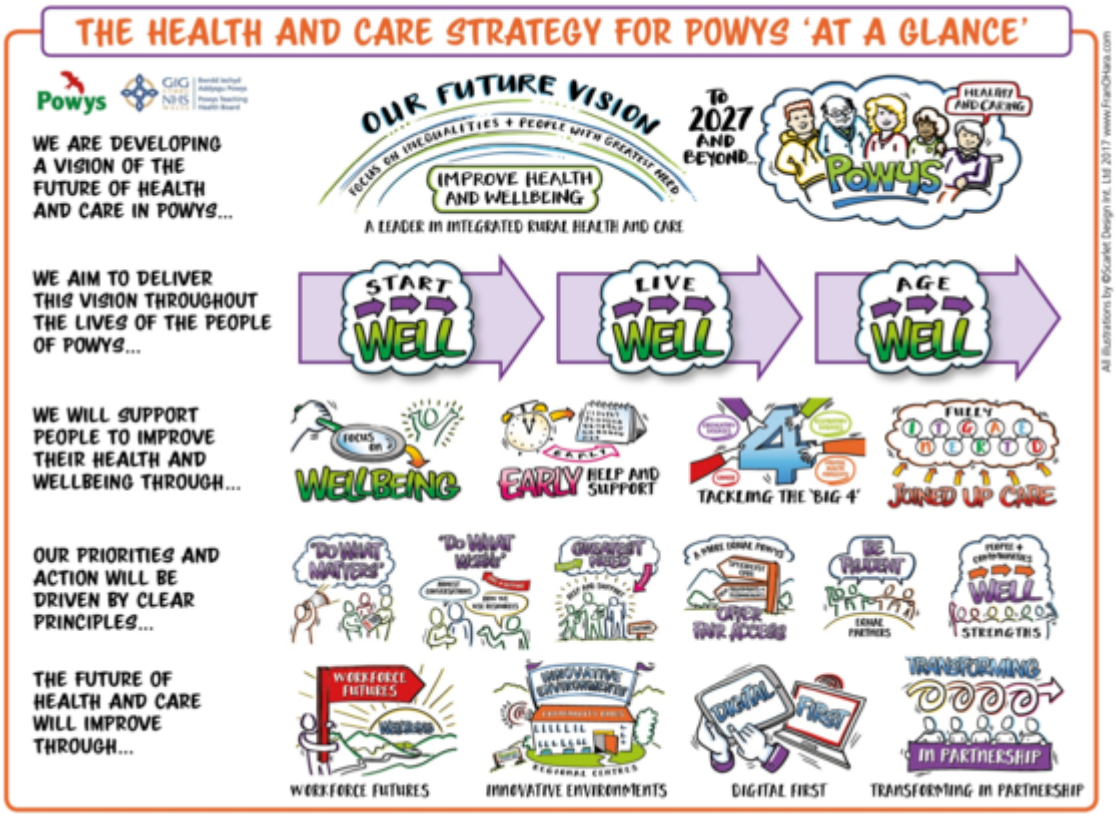
An Overview of 2023-24

Powys Teaching Health Board (PTHB) is committed to putting people at the centre of everything we do. Our vision is to create an organisational culture and environment that is accessible and inclusive for everyone. This includes our staff, those who receive care including their families and carers, as well as partners who work with us whether this is statutory organisations, Third sector partners and our communities.

Fairness & Equality represents one of the six core organisational values developed by our staff. Our values are the things that we believe are important in the way we live and work and represent the "guiding principles" behind our actions.

As a UK public sector organisation, we are also subject to the requirements set out in Public Sector Equality Duty and outlined in the Equality Act (2010) which, among other things, sets out our General Duty to reduce inequality of opportunity and foster good relations between groups of people.

Our Strategic Equality Plan (SEP) for 2020-2024 and objectives has been designed to sit alongside our 10-year Health and Care Strategy and our Integrated Medium Term Plan (IMTP) .



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Each year, the Executive Lead for equality agrees an annual work plan to identify our priority actions for the year. Highlights from our work in 2023-24 include:

- Embedding the Equality for Managers' course into the management training, meaning that all PTHB managers now receive dedicated training on identifying discrimination and how to model good behaviour.
- Delivering Gender Awareness training to over 10% of the PTHB workforce, improving outcomes for patients of all genders including cisgender men and women.
- As part of our ongoing work under *Better Together* (formerly the Accelerated Sustainable Model), we have created new roles within Therapies which enable us to offer services which would formerly have been commissioned from neighbouring health boards/trusts.
- Achieving the Bronze Employer Recognition and Pride in Veterans standard from the MOD.
- Consulting on, drafting and publishing our new Strategic Equality Plan for 2024-2028.

This Annual Report is an overview of some of the health board's work to promote equality, diversity and inclusion throughout 2023-2024. It also outlines our intentions for the future to build upon the work already undertaken to continue to improve the health and wellbeing for individuals and reduce inequalities.

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About the Powys Teaching Health Board Area

Powys Teaching Health Board occupies the same borders as the Powys County Council (PCC) area. At the time of the 2021 census there were 133,200 people living in Powys - a large, rural county of approximately 2000 square miles. This population density of 26 individuals per square kilometre is the lowest by far of Wales's local authority areas.

The rural nature of Powys means that whilst many services are provided locally through our community hospitals and services, there are no District General Hospitals within the health board area. This means that a significant proportion of secondary healthcare functions for Powys residents are commissioned from adjacent health boards, including over the border in England. A very significant proportion of PTHB's funding allocation is spent on commissioned services taking place outside of the health board, and the services that are offered directly are disproportionately concentrated in fields such as community care (compared to other Welsh health board areas).

A consequence of this is that the health board as an organisation is smaller than would be expected allowing for population alone, employing 2,522 staff (as of 31 March 2024), alongside volunteers. This total staff count represents fewer than a typical District General Hospital in other Welsh health boards. It reflects a very different mix of staff in terms of roles and specialisms, with a much greater proportion of allied healthcare professionals and correspondingly fewer medical and nursing staff. This needs to be borne in mind when comparing PTHB practice and performance with other health boards in Wales. Our operating model is different as it focuses on a mix of primary care, community / tertiary care and commissioned care. Due to the lack of centralised sites, the staff body is also quite disparate, and many staff live outside the county.

Partly as a response to our unique context, we have forged strong partnerships with colleagues in other sectors, such as Powys County Council, Dyfed-Powys Police and Powys Association of Voluntary Organisations (PAVO).

Information on how we intend to improve services for the people of Powys can be found on our website under the Key Documents section which includes copies of our annual reports, annual quality statements, strategies and plans.

Diversity within Powys

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PTHB appreciates the diversity of our population and the need to treat one another with dignity and respect. Alongside our values we have specific legal obligations as a service provider and employer. In line with the Public Sector Equality Duty, this report focuses on the health board's activity in relation to promoting equality and tackling discrimination for our patients and wider population on the basis on the relevant protected characteristics of Age, Disability, Pregnancy and Maternity, Race and Ethnicity, Religion and Belief, Sex, Sexual Orientation and Gender Reassignment.

In keeping with the area's rural character, the demographic profile of Powys' population is quite different to the Wales average for some figures:

- Age – 27.8% of the population of Powys are aged 65 and over. This is the highest of any local authority area in Wales, where the average proportion in this group is 21.3%.
- Disability – 18.1% identified as having a disability, lower than the Wales average of 21.1%. 7.6% described their disability as limiting their day-to-day activities 'a lot'; this figure was the joint lowest in Wales.
- Race – 94.9% of the population described their Ethnicity as White (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups); these figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just 2.2%, compared to 6.2% for the whole of Wales.

A sparse population spread across a large rural land mass, means that PTHB faces many challenges when seeking to address inequality of access, inequality of opportunity and ultimately, tackling health inequalities for people who live within Powys. We have a particular challenge around understanding and addressing socio-economic inequalities and ensuring that that people in lower income brackets who are particularly feeling the impact of the current cost of living crisis, are able to access the services they need. This has been acknowledged by reports from Public Health Wales and the Nuffield Trust. Our SEP includes more details about these challenges and outlines our aims and objectives to reduce inequality, which are aligned to our IMTP.

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SEP Objectives 2020-2024

In the development of its SEP, PTHB agreed a set of Strategic Equality Objectives for 2020-2024 which include 3 broad long-term aims each with an overarching equality objective. These are:

Long-term Aim 1: Engagement

To ensure strong and progressive equality and human rights protections for everyone in Powys.

Equality Objective:

We will promote a positive attitude towards equality and diversity across our organisation. Our processes of continuous engagement to develop and deliver services will be informed by local needs, with the aim of improving access to healthcare services and reducing inequalities.

Long-term Aim 2: Service Delivery

The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of our healthcare services.

Equality Objective:

We will work with our population, staff and partners to shape the design and delivery of our services.

Long-term Aim 3: Workforce

PTHB is a leading, exemplar, inclusive and diverse organisation and employer.

Equality Objective:

We will have an engaged workforce who have positive working relationships with their managers and colleagues in an environment where they feel safe and are supported to manage their own wellbeing.

The activity taking place during in 2022-23 and described in this plan has been mapped against each of these Equality objectives. As the period covered by these objectives is now coming to an end, we have developed a new SEP for the 2024-2028 period which we will report against in future Equality Annual Reports.

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Activity during 2023-2024

The following activity has taken place during 2023-2024, and in each case the activity has been cross-referenced to one or more of the Long Term Aims/Equality Objectives outlined in our SEP (see above):

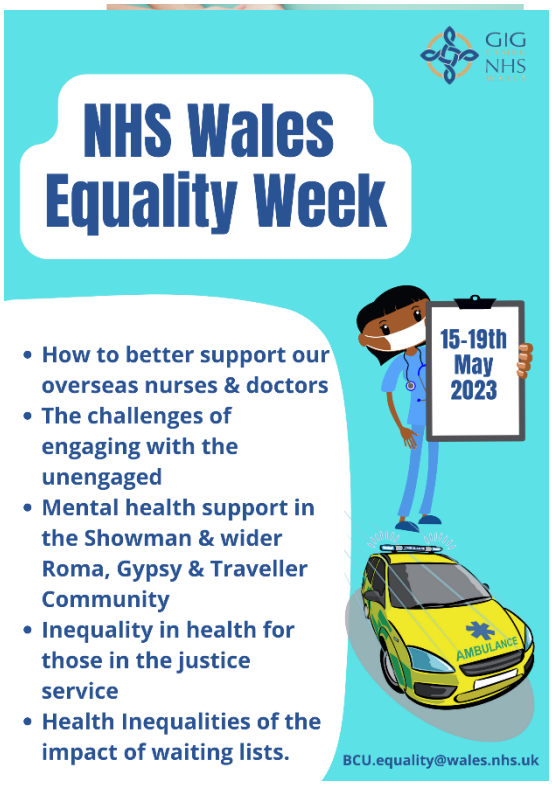
Communication of Key Messages, Information and Staff Development Sessions (Objectives 1 and 3)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, as part of a regular Equality calendar to ensure that particular dates are recognised and promoted.

We have promoted a series of Equality-relevant events, development opportunities and messages for our staff such including, but not limited to:

- Celebrating Equality Week as NHS Wales with a range of lunchtime sessions (May 2023)
- Refugee Week Q&A session with Hamed Amiri, author of *The Boy with Two Hearts* (June 2023).
- Promoting the "I am not Hard to Reach" '#Privilege Cafe session on Engagement with "hard to reach" groups (June 2023)
- Powys Council Webinar on working with adults exiting prostitution (September 2023).
- Digital Skills Framework sessions aimed at developing the digital competence of older adults, including staff.
- Black History Month (October) & the #MyNameIs campaign
- International Pronouns Day (18th October)
- Sensory Loss Awareness Month (November)
- Transgender Awareness Week (November)
- LGBTQ+ History month: Virtual screening of "I Shall be Whiter than Snow", an award-winning film about the experience of LGBTQ+ patients made in collaboration with NHS Wales staff.
- BSL Week (18th-24th March)

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These events have typically been held in collaboration with other organisations across NHS Wales, providing opportunity for staff to share experiences and network with their colleagues in other health boards. This is particularly important for a smaller organisation like PTHB.

Public Events and Engagement (Objective 1)

In addition to these online events Staff Members of the Health Board attended events across Powys throughout the year in person; these included the Ghurkha Parade in Brecon in July 2023 (a focal point for the local Nepalese community which is centred around the Ghurkha barracks there), as well as Pride events in Hay and Brecon.

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The Health Board believes that supporting these events is an important part of its place in the Powys community; our stands during the Pride events enabled us to promote the Health Board as an employer as well as promoting services which may not have been familiar to the public. However, participation at these events also formed part of the consultation process for our new Strategic Equality Plan 2024-25, with flyers distributed inviting members of the public to participate (see below).



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Strategic Equality Plan 2024-28: Public Engagement and Consultation (Objective 1)

As part of the process of developing our new Strategic Equality Plan for 2024-28, PTHB participated in a region engagement and consultation exercise in collaboration with other Mid and West Wales public sector organisations, including Hywel Dda University Health Board, Dyfed-Powys Police, Mid & West Wales Fire & Rescue and Bannau Brycheiniog National Park, and others. This consultation exercise invited the public to share their views on inequality to help organisations identify their priorities for the next five-year Strategic Equality Plan cycle. More details of this consultation exercise are available as part of the SEP itself, published on the PTHB website.

Gender Awareness Training (Objectives 2 and 3)



The development and provision of a training course in this area was identified as a priority during 2021-22 following not only due to an increase in the number of patients whose gender identity differed from the sex they were assigned at birth, but also in response to issues highlighted around the treatment of male and female patients accessing our services. Accordingly, a training session was developed in collaboration with the health board's LGBTQ+ staff network and incorporating the lived experience of members of LGBTQ+ communities. The resulting Gender Awareness Training has been extremely popular and was delivered to a total of 318 members of staff (12.6% of Health Board staff).

Equality for Managers Training (Objectives 2 and 3)

All Managers in PTHB now undergo mandatory Equality training as part of the Management Training Program. This two-hour session led by the PTHB Equality team provides staff who are new to PTHB or new to management with a range of skills in identifying workplace harassment and discrimination. A total of 34 staff undertook this training in 2022-23; however, as the training is now a routine part of this course the figure will rise significantly in coming years.

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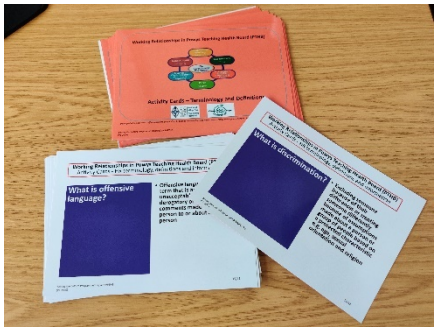
Pride in Veterans Standard (Objective 2 and 3)

PTHB is proud to have achieved the Pride in Veterans standard from the MOD, a certification which recognises the positive impact of our policies and procedures as an employer on ex-armed forces personnel from LGBTQ+ communities. It also shows our commitment to ensure our services have awareness and understanding of the findings of the Independent Review into the service and experience of LGBT veterans who served prior to 2000, and the impact that both serving during this time and the publication of the review may have had on them.

PTHB have also been awarded the Bronze Employer Recognition Scheme, again from the MOD. This certificate recognises positive impact of our policies and procedures as an employer on ex-armed forces personnel, current serving personal and their families. This is to help both the transition from the forces into civilian life with guaranteed interviews as well as supporting those who wish to service in a reservist role or require support whilst partners are service away from home.

These awards provide evidence of our duty of due regard with respect to the Armed Forces Covenant that we are looking after those who have and do service to protect our county to the best of our ability. PTHB is hoping to improve on both awards over the next few years.

Working Relationships in Powys Teaching Health Board (Objective 3)



As part of our ongoing commitment to promoting good management practice, manager managers across the health board have been distributed a pack of activity cards to stimulate professional discussion of issues such as workplace discrimination and inclusive language alongside other areas of professional practice.

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Health Disability Activity Pathway (Objective 2)

PTHB has continued to promote positive messages internally and on social media relevant to the broader Equality agenda, as part of a regular Equality calendar to ensure that particular dates are recognised and promoted.

Repatriation of Therapies Specialisms (Objective 2)

As part of our ongoing work under *Better Together* (formerly the Accelerated Sustainable Model), we have created new roles within Therapies such as a Consultant Clinical Psychologist for Neurological Conditions. These new roles enable us to offer services which would formerly have been commissioned from neighbouring health boards/trusts. This brings services closer to Powys residents, making them easier to access for all our patient with reduced travel and waiting towns. The benefit is particularly likely to be felt by older individuals, those from poor socio-economic backgrounds and those with disabilities and their carers, as these are the patient groups most impacted by poor travel accessibility.

Primary & Community Care Academy (Objectives 2 and 3)

As part of the ongoing development of Primary Care services in the PTHB area, the PTHB Primary Care team has run a development program providing primary care staff with a range of professional development opportunities. These have included training on Equality-related fields, such as Deaf Awareness, Autism Awareness, Dementia Awareness and Chaperoning as well as a range of other subjects, with over 30 individuals undertaking at least one Equality-relate session on the program so far.

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Primary & Community Care Academy Powys

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Digital Capability Framework (Objective 3)

In collaboration with Health Education Improvement Wales, PTHB has promoted the Digital Capability Framework to promote Digital Inclusion support staff with developing digital skills; this is of particular use to our older staff members who may not have had the opportunity to develop digital skills as part of their initial education.



Powys Council Libraries Collaboration (Objectives 2 and 3)

This is an exciting collaboration with Powys County Council whereby a range of public libraries across the county have been set up to facilitate the public to attend healthcare appointments carried out via AttendAnywhere or other online systems. This is a vitally important service supporting older people who may not use the Internet at home, or individuals who may not be reliably able to do so due to their domestic or financial situation.

Website Accessibility Improvements (Objectives 1 and 2)

A random audit by the Government Digital Service highlighted several issues relating to accessibility on the PTHB website. As part of the response to this audit an action plan was developed and carried out, completing several accessibility improvements such as updating the Standard Operating Procedure on document accessibility, improvements to the accessibility of Board papers, and rejecting documents prior to upload online which fail to meet a certain level of accessibility.

More than Just Words Framework (Objectives 1, 2 and 3)

Highlights of our Welsh Language development work include developing a Welsh language for managers' training course and the development of a new Welsh in Healthcare Strategy; full details of our work on *More than Just Words* and the Welsh Language Standards is detailed in the PTHB Welsh Language Standards Annual Report 2023-24.

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Anti Racist Wales Action Plan: 2023-24 Update

The Welsh Government's Anti-Racist Wales Action Plan was launched in June 2022. It includes several actions which public bodies, including PTHB needs to undertake in support of the government's ambition for an Anti-Racist Wales.

During 2023-24 the Health Board carried out the following actions:

Priority Action 1: Leadership

- All board members now have personal objectives related to anti-racism, ensuring that they incorporate anti-racism into their roles.
- The board have formally appointed an Executive Equality Champion in the form of the Executive Director of People and Culture.
- The PTHB Board undertook a half-day development session on Equality, Diversity, Inclusion and the Welsh Language incorporating Anti-Racism and
- Via Staff and Patient Stories, the experiences of people of colour are being brought to the attention of the board; one staff story featured included a staff member describing their experiences of racism in the Welsh NHS.

Priority Action 2: Workforce

- We have incorporated learning around Anti-Racism into the PTHB Equality for Managers Training program, including sections on microaggressions and an explanation of how Anti-Racism differs from other approaches to inequality. This is empowering our managers to adopt an anti-racist approach to their own professional practice.

Priority Action 3: Data

- Through a targeted information campaign, we have worked hard to encourage staff completion of Equality data, including ethnicity, on ESR. This effort has borne fruit, with Ethnicity data now available for 90.2% of our staff as of March 31st 2024, an increase from 86% from the previous year. The number of staff from non-White ethnic groups in our statistics has risen disproportionately, suggesting that these groups were less likely to have completed their Ethnicity data than their white peers, although PTHB also underwent overseas recruitment exercises in 2023-24.
- We have carried out an analysis of Ethnicity in relation to staff pay (see Appendix B).

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- We have contributed to the development of the Workforce Race Equality Standard; we will be reporting against this standard during 2024-25 via the appropriate channels and in the next Annual Report.

Priority Action 4: Access to Services

Maternity and Neonatal Support Program

As part of our Equality, Diversity and Inclusion progress within Powys maternity services, we have signed up and committed to the Diverse Cymru Cultural Competency scheme to assist us on this journey. We have formed an EDI improvement team in maternity which is led by our Interim Head of Midwifery and our Maternity & Neonatal SSP Champion. We have regular team meetings and one to one support with our link in Diverse Cymru to develop our cultural competencies action plan. Later in the year, Diverse Cymru are providing us with 2 face to face training days for staff. Diverse Cymru have also presented at our Shire Meeting in February and informed us about the service they provide and the support they can offer us as part of this scheme.

We are currently focused on the following points as part of our action plan:

- Ensure we improve our maternity ethnicity data to have an accurate picture of our maternity population.
- A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community.
- Review of our social media, information and leaflets to ensure inclusivity.
- Language line app has been installed on staff's phones and laptops to ensure we provide visual interpretation services.
- 5 members of our maternity workforce attended the RCM Wales St Davids Day conference on the 1*st* March – focused on inclusivity in maternity.
- Education - Diverse Cymru are providing us with 2 face to face sessions on EDI this year to increase staff awareness.
- Regularly linking with the local equality team within PTHB to progress our work and access any training/support that could be provided.
- Communication - Quarterly EDI Maternity Newsletter released with 'hot topic' areas to share good practice and EDI updates.

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- Ensure we align with PTHB strategic equality plan 2024-2028.

Other

PTHB are awaiting further developments from the Welsh Government around other aspects of the Anti-Racist plan such as the Aspiring Board Members program and the Anti-Racist Education program.

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Moving Forward: Priorities for 2024-25

Our new SEP outlines nine new strategic priorities for the next planning / reporting cycle:

1. As part of Better Together (formerly the Accelerated Sustainable Model), we will design and develop our services according to the principle of providing services as close as possible to people's homes, decentralising services, using online technologies and other approaches to avoid needing to send patients out of county where possible.

2. Work to address known health inequalities within our population and take steps to identify and address others.

3. Improve access to our services and sites for individuals whose needs are different from others.

4. In accordance with the Better Together Model / Workforce Futures, ensure that Powys Teaching Healthboard is an employer of choice for individuals with diverse needs.

5. Improve the health board's ability to accommodate the religious needs of its staff and patients.

6. We will develop an organisational culture that is inclusive and supportive of all our staff and has a zero-tolerance approach to the harassment of staff by patients or others, including sexual harassment.

7. Ensure that our feedback mechanisms collect the views of staff and patients of all groups.

8. Carry out the actions identified in the local PTHB Anti-Racist Action Plan.

Our initial intention as a Health Board is to focus on objectives 3 and 4 during 2023-24, however this is subject to change should new opportunities or challenges arise which cause us to prioritise other areas.

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Further information

More information on Equality, Diversity and Inclusion at Powys Teaching health board can be obtained by contacting the team (powys.equalityandwelsh@wales.nhs.uk). Please also contact the team if you have any queries about individual activities touched on in this report.

Further information on the health board's broader initiatives and achievements throughout 2023-2024 can be found in the Annual Reports section on the health board's website.

For further information on the health board's OD Framework, please contact the health board and ask to speak to a member of the WOD team who will be able to assist you further.

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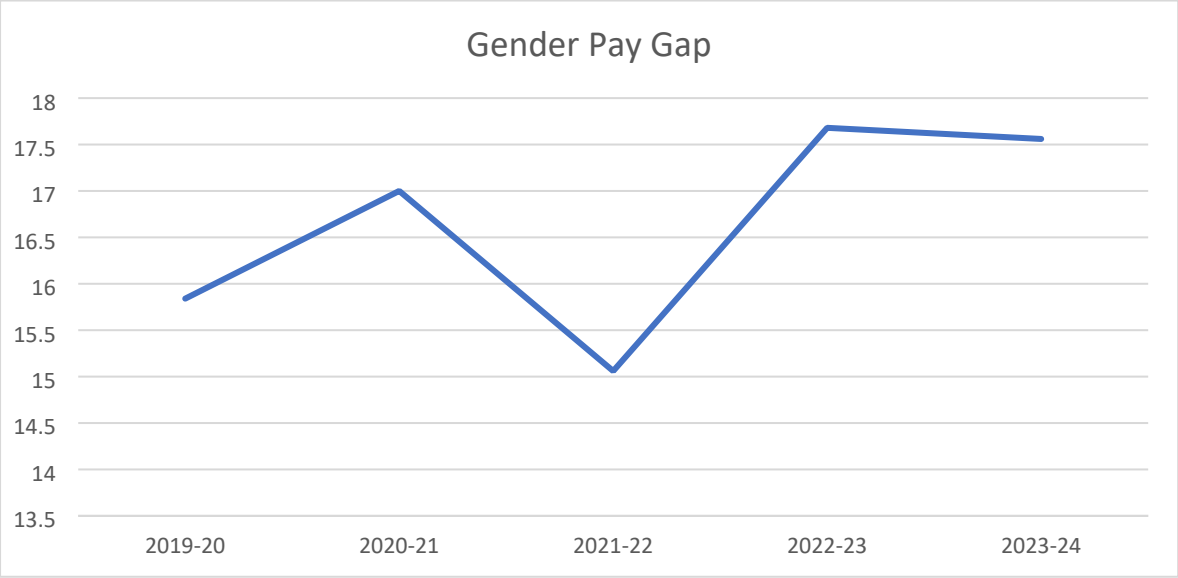
Appendix A: Gender Pay Gap Reporting & Analysis

Note: All the information in this section reflects the situation as of 31st March 2024.

As per UK legislation, as an organisation with over 250 employees PTHB is obliged to report on its Gender Pay Gap including the average and median hourly rates earned by men and women.

As of 31st March 2024, the Gender Pay Gap in Powys Teaching Health Board was as follows:

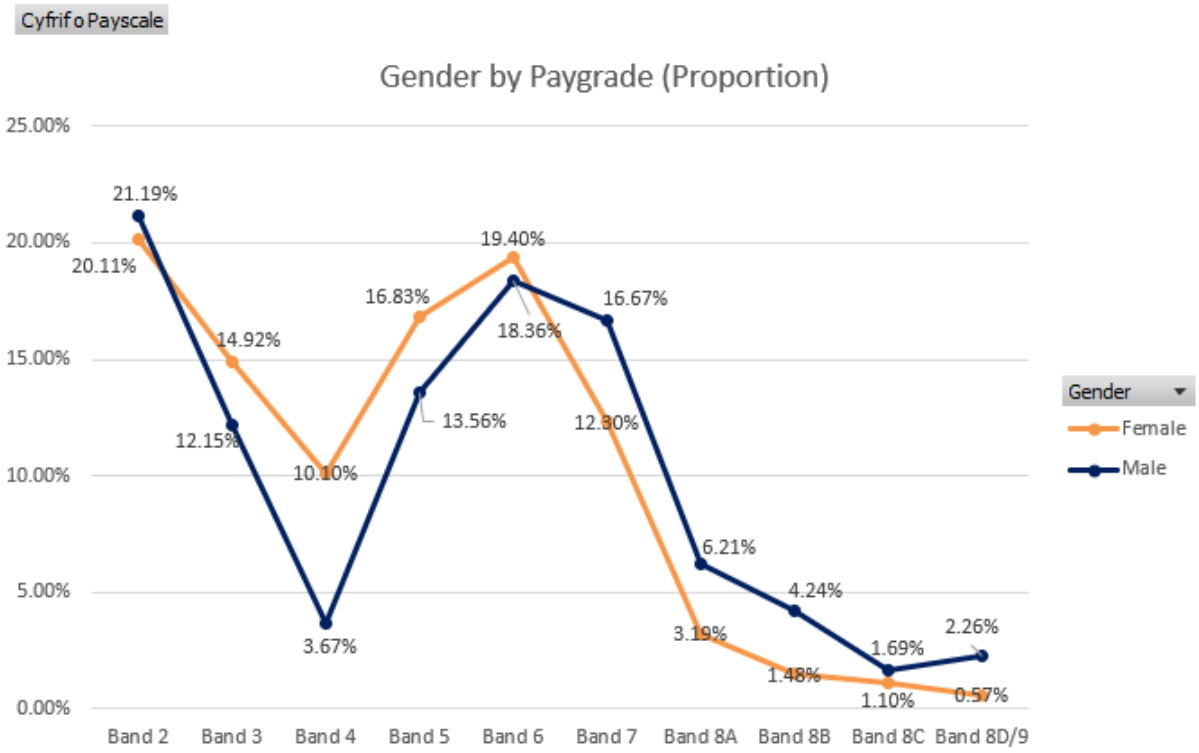
Gender	Avg. Hourly Rate	Median Hourly Rate
Male	22.5713	19.3878
Female	18.6067	17.1896
Difference	3.9646	2.1982
Pay Gap %	17.5648	11.3382



PTHB first reported on the Gender Pay Gap in 2019-20. Since then, the figures each year have been relatively similar. This year's figure of 17.5% is almost the same as last year (17.7%). Of our 2,522 staff, 2,137 are women (85%) and 385 are men (15%). This is very similar to other NHS Wales organisations; however, our gender pay gap of 17.5% is a little above the UK average (14.3% in 2022) but compares favourably to other NHS Wales organisations.

(note: due to small numbers, in the following graph Bands 8D and 9 have been merged)

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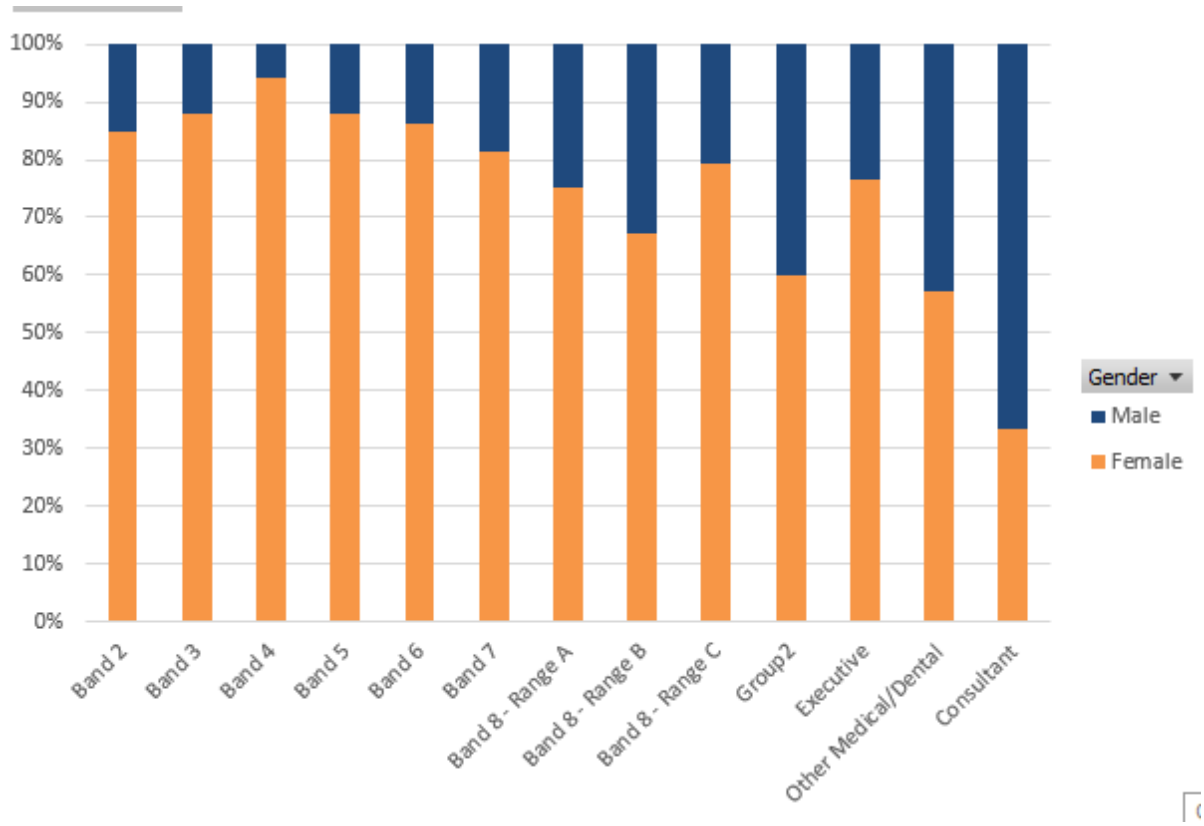


Graph A: the proportion of men and women at each AFC Pay Band, as a % of all men and women at PTHB. For example, 21.19% of men employed by the health board are in Band 2 and 12.3% of women are in Band 7.

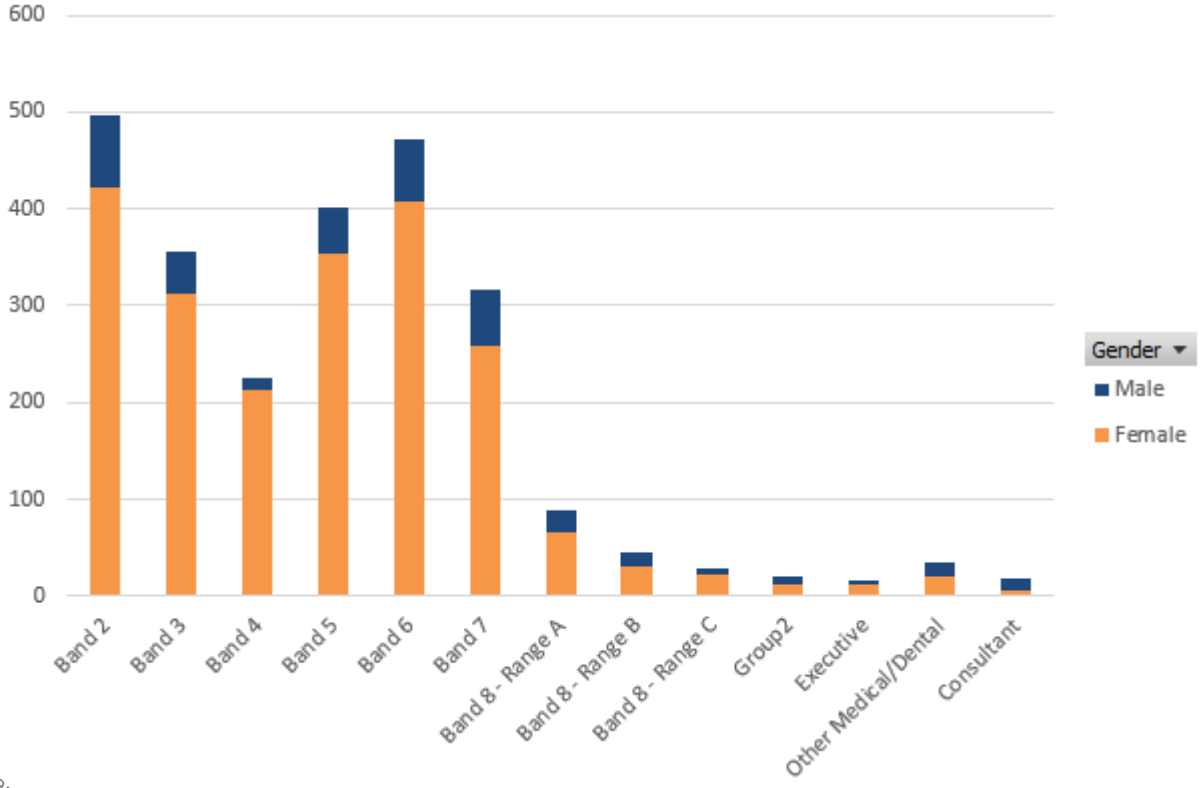
Because the salaries and terms and conditions of almost all staff are dictated by Agenda for Change and other frameworks with strictly delineated roles and pay bands, there is no reason to suggest that Equal Pay (women being paid less than men to do the same work) is an issue in PTHB.

Instead, the gender pay gap is the consequence of the difference in the kind of roles occupied by men and women in the health board, as shown by graphs B & C below. Whilst women are well represented at all levels of the organisation, the fact that men are comparatively better represented at higher levels of the organisation causes the gender pay gap observed. Some of the less well-paid roles within the organisation are stereotypically associated with women e.g. healthcare support worker, catering assistant, domestic assistant. However, in the lowest pay band (Band 2), men are in fact proportionately more represented than women (Graph A).

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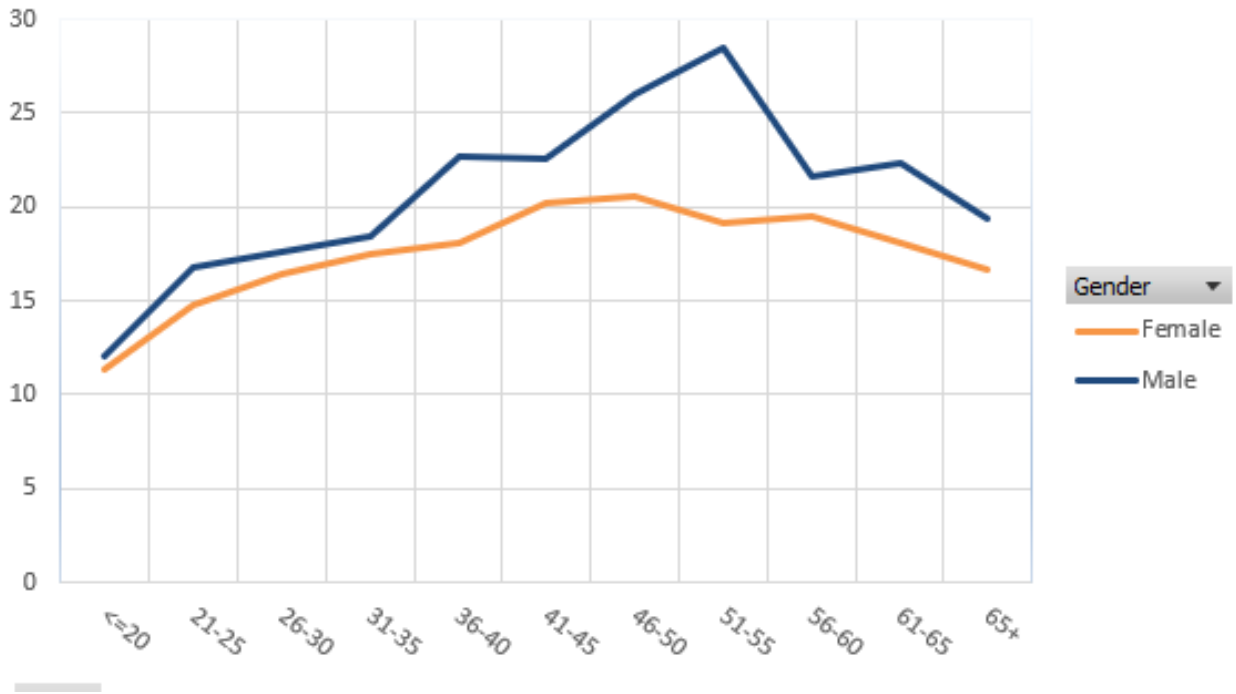


Graph B: Gender by pay grade (proportions of total)



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Graph C: Gender by pay grade (absolute numbers)



Graph D: Average hourly rate of pay for men and women, plotted by age.

PTHB collects data via the recruitment system *Trac* which shows the number of men and women applying for roles at PTHB, their relative success at being invited to interview and subsequently being appointed:

	% of Applications Invited to Interview	% of Interviewees successfully appointed.
Men	9.8%	21.6%
Women	16.0%	39.4%

This shows that a given female applicant for a role at PTHB is more likely to be invited to interview, and more likely to be successfully appointed at interview, than their male counterpart. This is counter-intuitive, given the gender pay gap, but mirrors findings in similar organisations; it may be evidence for a "confidence gap" (documented in various sources) which suggests men are more likely than women to apply for roles when they are less confident they will be successful.

Concluding Remarks about the PTHB Gender Pay Gap

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- The fact that women are well represented at all levels of the organisation (Graph B e.g. over 70% of the executive, including the CEO) may suggest that a lack of senior female role models is unlikely to be a factor.
- The same fact, taken with the Trac data, may suggest that *systemic* sex discrimination at an *organisational* level is unlikely to be a cause of the gender pay gap: the majority of interviewees and successfully appointed applicants are women as are the majority of interview panel members. Of course, this does not preclude sex discrimination from being a factor in individual cases.
- It is notable (Graph D) that the gender pay gap is negligible for the youngest staff groups (20-35), but jumps significantly afterwards, peaking at 51-55 before falling somewhat, though largely due to male income falling (presumably due to retirements).
- This may suggest that the gender pay gap would be expected to fall in the future. However, it is also possible that the above can be explained by differing approaches to career and other considerations (e.g. family commitments). The average age of a first time mother in the UK is now 30.9 (ONS) and a CPP paper found that women are significantly more likely than men to see their careers impacted by caring responsibilities.
- The gender pay gap of 17.7% is lower than other (generally larger) Welsh health boards. This contrast is likely to reflect the lower proportion of the PTHB workforce from medical professions.

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Appendix B: Ethnicity Pay Reporting & Analysis

Note: All the information in this section reflects the situation as of 31st March 2024.

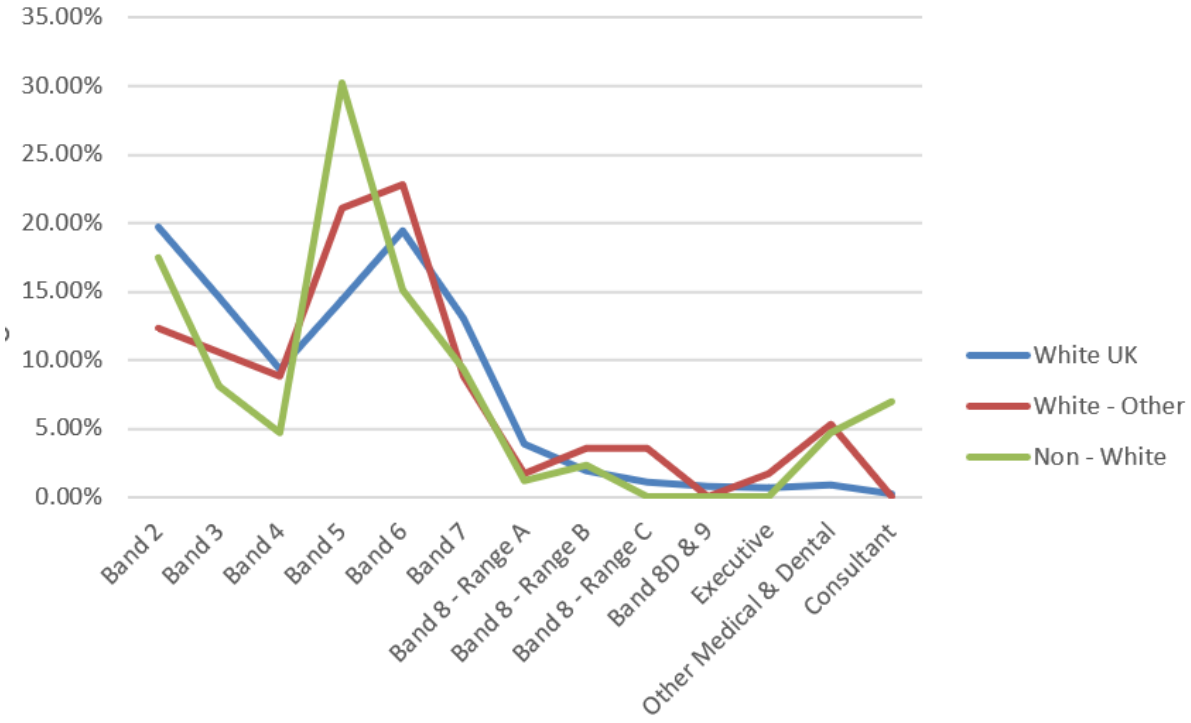
There is no statutory requirement to report on ethnicity and pay. However, PTHB has committed to reporting this voluntarily as per our local Anti-Racist Action Plan (see above).

Ethnicity	Avg. Hourly Rate
White - UK	18.84737307
Non - White	21.22246208
White - Other	21.37277064

Out of a total of 2,522 staff, 2,190 described their Ethnic Group as White and 86 as a non-White group; a further 246 are unknown (either because they have not filled in the form, or because they chose not to provide this information).

With the unknowns removed, this shows that **3.78%** of the staff body are from minority ethnic groups, with the remainder being white.

These groups break down by pay grade as follows:



Graph shows the proportion of White versus Minority Ethnic staff at each AFC Pay Band, as a % of the total of White or Minority Ethnic staff.

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As shown in the above graph, minority ethnic staff are more likely than their white peers to be in Band 2 and Band 5, and significantly more likely to be in medical roles and consultants. This all likely reflects overseas recruitment of nursing and medical staff and migration of others on care worker visas: removing these staff groups from the data produces a very similar pay profiles between different ethnicities, though it should be borne in mind that doing this reduces the non-white group to a very small number, with individuals having significant effects on statistics.

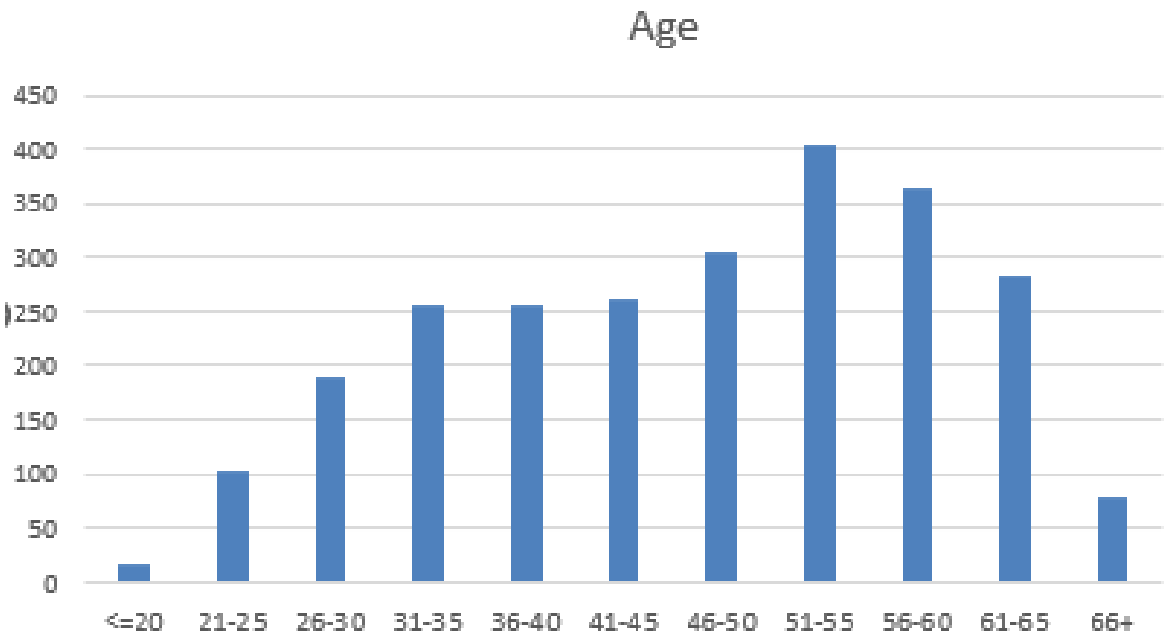
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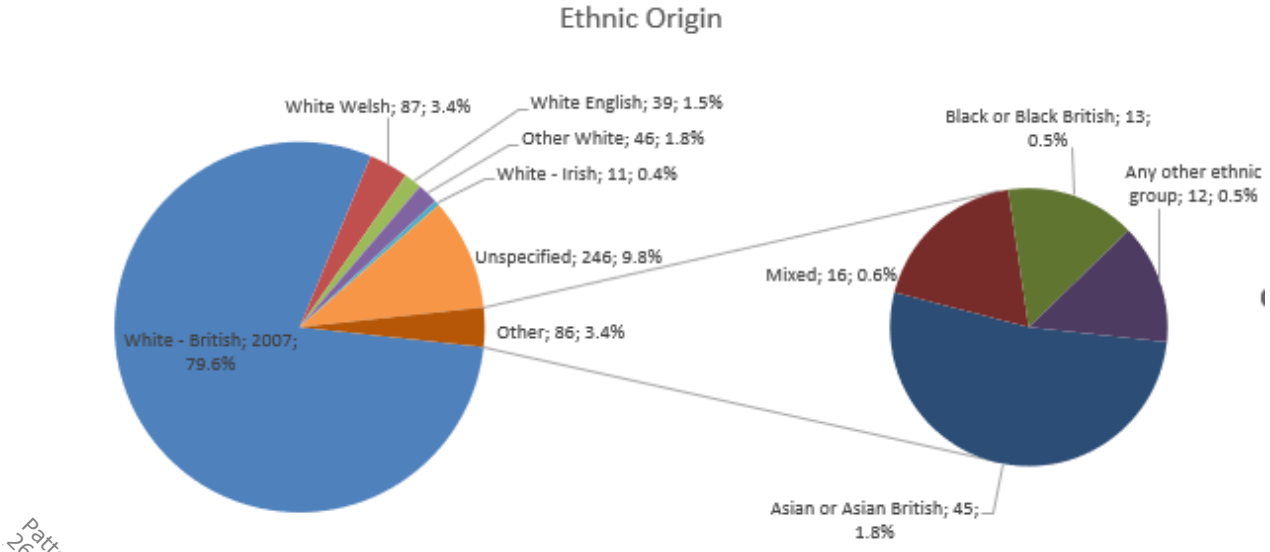
Appendix C: Workforce Data

Note: All the information in this section reflects the situation as of 31st March 2024.

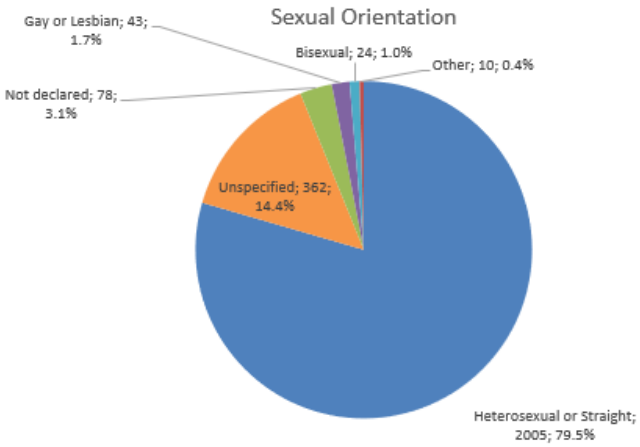
Powys Teaching Health Board employs 2,522 substantive individual members of staff—a decrease of 16 since March 2023, ending an upwards trend over the last few years. In this section, these staff are broken down by Relevant Protected Characteristics (see above for Sex/Gender).

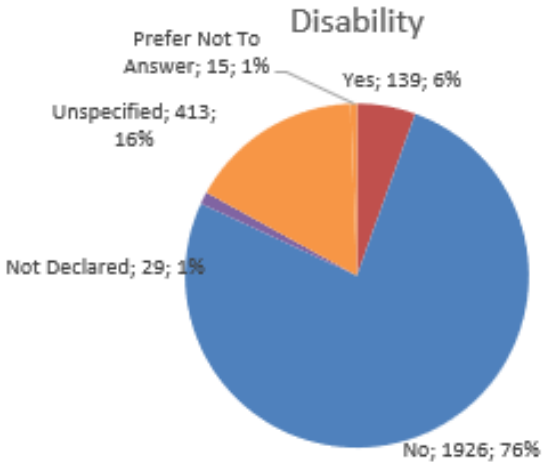
Some small groups may be merged or hidden in the following graphs to preserve anonymity.



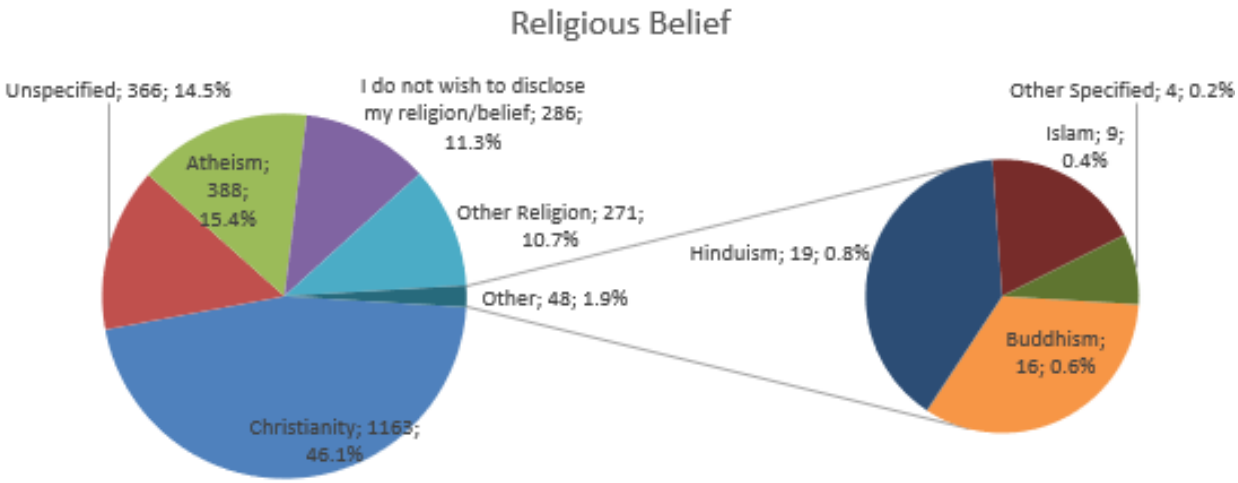


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In the above graphs, *Unspecified* means no information is held on that individual (they did not fill this element of the form); *Not declared* means that the individual was asked but declined to provide a response.



In the above graph, *Unspecified* means that no information is held on that individual (they did not fill in that part of the form). *Other Religion* means

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that they chose to describe their religion as 'Other'. *Other (Specified)* means the individual chose a specific named religion from among the options, but too few individuals chose these religion, and to preserve anonymity these groups have been merged.

Compared to last year, there has been a noticeable decrease in the number and percentage of "unspecified" returns in all categories:

Category	2022-23		2023-24	
Ethnic Origin	334	13.2%	246	9.8%
Disability	632	25%	413	16%
Sexual Orientation	516	20.3%	362	14.5%
Religious Belief	518	20.4%	366	14.5%

This is likely due to efforts during the year to increase data completion rates as part of the Anti-Racist action plan (although these efforts were targeted those whose ethnicity was unspecified it is likely these individuals would have had other data missing also and would then have filled all missing data fields).

Compared to 22-23, the PTHB workforce is slightly younger. The numbers reporting the largest categories for each characteristic grew, but by less than smaller categories. Therefore, it could be said that the PTHB workforce is less likely to be white, heterosexual or Christian compared to one year ago.

Note on Data:

Powys Teaching Health Board uses the ESR system to collect and store this data, which does not hold data on Gender Reassignment or Pregnancy and Maternity. The data is also very likely influenced by the structure and limitations of the ESR system. For example, the ability to specify one's Ethnicity as 'White Welsh/English/Scottish' is a comparatively recent addition; staff who have been in the organisation for a long time may not have been prompted with these options. This likely explains the significantly higher proportion identifying as 'White British' compared to the figures in other sources e.g., Census information.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda Item: 5.3

BOARD MEETING	**DATE OF MEETING: 24 July 2024**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and Presented by:	Hayley Thomas, Chief Executive
Prepared by:	Interim Head of Corporate Governance
Considered by Executive Committee on:	Various aspects covered in Executive Committee business
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

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 Commissioning Committee (JCC).

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

RECOMMENDATION(S):

It is recommended that the Board:

- 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
✘	✓	✘

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

EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

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

DETAILED BACKGROUND AND ASSESSMENT:

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held virtual meetings on 21 May and 16 July 2024. The papers for these meetings are available at **Meeting Dates and Papers - NHS Wales Joint Commissioning Committee**

The briefing report from the meeting held on 21 May 2024 is attached at **APPENDIX 1.**

Mid Wales Joint Committee for Health and Social Care

There have been no further updates for the Mid Wales Joint Committee for Health and Social Care since the last meeting of Board.

NEXT STEPS:

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

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JOINT COMMISSIONING COMMITTEE (JCC)
MEETING BRIEFING – 21 MAY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 21 May 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 JCC meeting held on the 23 April 2024 were **approved** as a true and accurate record of the meeting, subject to a minor amendment to the list of attendees.

2. Action log and matters arising
Members **noted** the progress on the actions outlined on the action log.

3. Chairs Report
Members received the Chair's Report and **noted**:

- **JCC Induction Programme –** introductory meetings had been held with key personnel and partners, including Lay Members, JCC Directors, HB Chairs and CEOs, and a local induction session had commenced in tandem with the Welsh Government (WG) NHS Wales Induction Programme for Independent Members (IMs) taking place on 23 April, 4 June and 11 June 2024.
- **Appointment of Lay Members -** In order to establish the new JCC the Welsh Government Public Appointments Unit undertook a public appointments recruitment process to appoint a new Chair and 3 independent lay members in readiness for 1 April 2024. Now that the JCC had been established and we are into the transition process it has been agreed to proceed with recruiting the final two lay members in accordance with the National Health Service Joint Commissioning Committee (Wales) Regulations 2024 and the JCC Standing Orders and Welsh Government has commenced this process. It was agreed that Dr Paul Worthington was assigned as the interim Audit and Finance led for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies; and that Susan Elsmore was assigned to the role of Chair of the Quality and Patient Safety Committee (QPSC) for the JCC for an interim period until the full complement of 5 lay members were appointed; and
- **Key Meetings attended by the Chair.**

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Members **noted** the report.

4. Appointment of Vice Chair

Members received a report proposing that a Vice Chair is appointed to the Joint Commissioning Committee (JCC) from the Lay Members to ensure business continuity should the Chair be absent due to leave or for other reasons. It was agreed that Nia Roberts, Lay Member, be appointed to the role of Vice Chair of the JCC for 2 years until 30 April 2026, in accordance with section 6.1.4 the JCC Standing Orders (SO's). It was noted that the role does not attract additional remuneration.

5. Interim Chief Commissioners Report

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

- **Deep Brain Stimulation (DBS) Service -** DBS services for people in South Wales with Parkinson's disease and movement disorders have been provided by the North Bristol NHS Trust (NBNHST). However, the JCC (previously WHSSC) was made aware of concerns relating to these services, particularly relating to communication regarding post-surgery care. Following several discussions with NBNHST, these were unable to be brought to a timely resolution. As a result, WHSSC needed to identify a temporary solution to ensure new patients from South Wales had access to high quality DBS services moving forward. Within this context the JCC (previously WHSSC) determined an urgent temporary service change was deemed necessary. This was discussed with Llais Wales who supported this decision. A 'designated provider process' was undertaken and an additional service provider had been designated (St Georges University Hospitals NHS Foundation Trust). To minimise disruption and maintain continuity for those patients who were already in the pathway or who had undergone DBS in NBNHST, it had been agreed they would continue to receive follow-up care as planned. The report also confirmed that commissioning discussions regarding the re-establishment of access to the NBNHST.
- **JCC Integrated Medium Term Plan (IMTP)** - The Interim Chief Commissioner outlined proposals for the development of the 2025/2026 JCC Integrated Medium Term Plan (IMTP) that recognises that 2024/2025 is a transition year as the JCC becomes fully established. It is proposed that the plan is developed with an overarching corporate and aligned strategic intent section, and single financial plan, with three implementation plans ('chapters') for:
  - Ambulance Commissioning,
  - Specialised Services Commissioning; and
  - Mental Health and Vulnerable Groups Commissioning (and NCCU)

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With the intention that there will be further integration from 2026/2027 onwards. Work is being undertaken with the NHS Wales Directors of Planning peer group to identify any lessons learned from the process for this years plans, and a Finance Working Group is being established by the JCC Director of Finance and Information. A more detailed report on the development of the JCC's IMTP will be presented at the JCC on 16 July 2024.

- **Non-Emergency Patient Transport Service (NEPTS) workshop -** In December 2023, EASC endorsed the development of a new future vision for Non-Emergency Patient Transport Service (NEPTS), following the formal closure of the 2016 NEPTS Business Case. On 20 April 2024, the JCC Team held a NEPTS Future Vision Event. This event was the first phase in working in collaboration with NHS Wales organisations and external partners, to shape a new vision for the NEPTS in Wales. The work will be brought into the JCC for consideration at key decision points and key milestones.
- **111 Update -** responsibility for the commissioning of 111 call handling and clinical advice transferred to the JCC on 1st April 2024. The transfer went smoothly and there remains close liaison with the former 111 team now part of the urgent and emergency care 6 goal support team in the NHS Executive. The implementation of the new Call Answering System (CAS) in the last 10 days went well and service continuity was maintained, although some temporary dips in performance have been noted. The new CAS will offer opportunities to enhance existing services and members will be kept up to date with progress,
- **Adult Specialised Rehabilitation Services Commissioning Strategy** - The JCC is responsible for commissioning Specialised Rehabilitation Services for neurological conditions on behalf of the seven Health Boards. Services are delivered by tertiary centres across NHS sites in Wales and England. The commissioning strategy for adult specialised rehabilitation services will set out the JCC overall vision and priorities for the next five years to improve equitable access to high quality specialised rehabilitation services for the adult population of Wales. The draft strategy was considered by the WHSSC Management Group in February 2024 and was supported for consideration by the WHSSC Joint Committee in March 2024, however this was delayed due to the transition to the new JCC. The draft strategy is currently being finalised and will be brought to the JCC later in the year and will be issued for stakeholder stakeholder feedback. The final strategy will be brought to the JCC in the final quarter for approval to be reflected in the 2025/2026 IMTP; and
- **NHS Wales Joint Commissioning Committee establishment -** The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final WG Oversight Board

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meeting was 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. As recommended in the Q1 transition plan, a Transition/Transformation Director is being appointed to work with the Chair, Chief Commissioner, JCC and JCC directors to support the development of the JCC Operating Model which will bring the governance framework into operation and ensure delivery of the commissioning plans for 2024/2025. Assurance reports will be reported to the JCC as appropriate.

Members **noted** the report.

6. Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review Update on Implementation Plan

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

Members noted that the JCC at its meeting on 23 April 2024, agreed to support the recommendations set out in the EMRT Service Review report, and had requested that additional detail on the implementation plan for the bespoke road-based response service be brought back to the May meeting outlining key milestones.

Members noted that the Wales Air Ambulance Charity Trust (WAACT) had welcomed the decision of the Committee to accept the recommendations of the Review. As a result of the decision, the Charity had begun active engagement with their stakeholders on the implementation of the recommendations, and continued to monitor the public and stakeholder reaction to the decision and the impact on their income and funding position and will provide regular updates on any emerging risks to the Charity's operation to the Committee.

Members noted that as a result of the decision the Charity and its staff had been subject to difficult and inappropriate comments and behaviours and that the Charity were providing additional support to its staff in response to this.

Members noted that the EMRTS leadership team had welcomed the certainty the decision brought for them and their operational teams. The leadership team were focused on the development of the operational implementation plan and supporting its staff across Wales through the changes required as part of the implementation.

Members noted that initial discussions had been held with the Chief Executive of the Welsh Ambulance Services University NHS Trust (WAST) and the Clinical Director of EMRTS on the development of a bespoke road-based service and they had confirmed their organisational support for the development and implementation of such a service. A task and finish group will lead a delivery plan on the development of the commissioning

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requirements for the bespoke road-based model and will provide update briefings and recommendations for approval to the JCC following each meeting against the milestones. In addition, routine updates on progress against the project plan and communication and engagement plan will also be provided. The JCC will receive the outcome of this work at its October meeting.

Members (1) **Discussed** and **approved** the timeline for the delivery of the commissioning approach for the bespoke road based model,
(2) **Discussed** and **approved** the proposed membership and chair of the Task and Finish Group, (3) **Discussed** and **noted** the public and stakeholder position in relation to the decision of the JCC, (4) **Discussed** and **noted** the WAACT position in relation to the decision of the JCC; and
(5) **Discussed** and **noted** the EMRTS Leadership team position in relation to the decision of the JCC.

7. Neonatal Transformation Programme Phase 2

Members received a report providing an update on the agreed Neonatal Transformation Programme Phase 2 review to undertake strategic planning on the service model and designation of cots to ensure an efficient and sustainable model is in place to support optimal outcomes for the mothers and babies in Wales. It was noted that it had previously been agreed that this review would be undertaken jointly between the JCC and Health Boards due to the need to consider neonatal and maternity services together.

Members noted the engagement which had been undertaken with the NHS Wales Directors of Planning Executive Peer Group (DoPs) and other Executive Peer Groups in the course of designing the Neonatal Phase 2 Programme, including the scope and indicative timescales for the programme, and the request for the resources required to successfully deliver the programme. Members discussed the importance of effective engagement and the need to liaise with Llais early in the process. The proposal to secure additional independent advice and support in respect of the engagement work stream was also supported. The need to reflect issues of equity and diversity in the work was also emphasised. Nicola Prygodzicz agreed to take on the Senior Responsible Officer role for the programme. It was agreed that a Programme Initiation Document would be produced and brought back to the JCC for approval.

Members (1) **Noted** the previous agreement by the then WHSSC Joint Committee to undertake a Phase 2 Transformation Programme for Neonatal Services, (2) **Noted** the pre-planning engagement that had taken place to design the Programme and develop the Case for Change, (3) **Approved** the scope, remit and high-level design of the Programme; and (4) **Approved** the financial resource requirements to support the successful delivery of the Programme.

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8. Performance Report:

- **Specialised Services – Feb 2024**
- **EASC Performance (incl Ambulance Service indicators) – March 2024**

The Interim Chief Commissioner introduced the report and set out that the sections of the report reflected the style and content developed in the predecessor bodies. Work would be undertaken with the JCC to determine how the integrated performance report should be developed overtime to reflect the full remit of the JCC.

Members received the report on performance up until 31 March 2024 for the former Emergency Ambulance Services Committee (EASC) and the former Welsh Health Specialised Services Committee (WHSSC) and noted the additional key performance indicators for 2024/2025 recently introduced by Welsh Government (WG).

Members noted the ambulance performance indicators, the ambulance performance dashboard, the immediate release requests and the Integrated Commissioning Action Plan (ICAP) actions aligned to the goals of the Six Goals for Urgent and Emergency Care Programme.

Members noted the integrated overview of the performance of specialised services commissioned by the former WHSSC up to the end of February 2024.

Members noted that the NHS Wales Chief Executive had written to all health boards, WAST and Velindre University NHS Trust (VUNT) on 7 May 2024 in relation to Key Performance Indicators and that there was an expectation that all organisations set out a clear improvement trajectory against each to achieve milestones by December 2024, and March 2025.

Members noted that for Ambulance and 111, whilst some improvements were being made, within the ASIs and the Performance Dashboard there were a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care.

Members agreed to develop a revised red performance indicator action plan in conjunction with WAST, and agreed to discuss the ICAP with each HB with a view to focussing on the following priorities

- Flow in hospitals,
- Targeting patients with breathing difficulties and individuals who have fallen to avoid unnecessary hospital attendances and admissions – use Care Homes as a start point,
- Targeting mental health patients to avoid an increase in demand from changes to regulations,
- Understanding the impact and potential of all of the above,
- Collating and sharing best practice; and
- Developing trajectories for approval by the JCC.

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Members agreed that a longer term strategy should be the focus for a future JCC development session. It was also agreed that a deep-dive on ambulance services commissioned by the JCC would be undertaken in the July meeting.

Members (1) **Noted** the former EASC performance report and Ambulance Service Indicators (ASI) for month 11 2023/2024, (2) **Noted** the former WHSSC performance report for month 11 2023/2024; and (3) **Noted** the Welsh Government additional targets for 2024/2025.

9. Financial Performance Reports Month 12 – EASC and WHSSC
Members received the financial performance reports for month 12 2023-2024 for EASC and WHSSC for information and completeness.

Members noted the outturn position for both predecessor committee's as being a small overspend for EASC of £0.026m and an underspend for WHSSC of £6.121m as per the anticipated forecasts reported through the committees throughout 2023/24.

In addition, ST briefly updated that for Month 1 of 2024/25, the financial position for the new NWJCC reflected the latest activity information where received (that being month 12 for most provider contracts) or the financial plan position that had been agreed at the previous Joint Committee's. ST highlighted that the team were actively working with provider finance teams to assess the provider proposals against the commissioner funding available, with the aim of approving Heads of Agreement by the 28th June. This is not without risk but ST updated that she will keep the committee sighted as discussions progress.

Members (1) **Noted** the 2023/24 financial year-end position of EASC; and (2) **Noted** the 2023/24 financial year-end position of WHSSC.

10. Gender Identity Services for Children and Young – Final Report of the Cass Review
Members received a report providing an update on the final report on the independent review led by Dr Hilary Cass OBE which was, commissioned by NHS England and NHS Improvement in 2020 to make recommendations on the services provided to children and young people who were exploring their gender identity or experiencing gender incongruence.

Members noted that the aim of the Cass Review was to ensure that children and young people who were questioning their gender identity or experiencing gender dysphoria, and who needed support from the NHS, received a high standard of care that met their needs and was safe, holistic and effective. It was noted that services for children and young people are commissioned from providers in England.

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Members noted that the JCC commissions CVUHB to provide gender identity services for adults (non-surgical) through the Welsh Gender Service (WGS), and whilst this service is commissioned in Wales, in light of the Cass Review it was proposed that the NHS Wales JCC work with NHS England in the review of the service specification for adult services (non-surgical) rather than a single site approach.

Members discussed the recommendations of the review, and agreed that further information was required and that a further report be brought back to the next meeting.

Members (1) **Noted** the recommendations of the Cass Review and the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan, (2) **Noted** the Cabinet Secretary's direction that the Welsh Gender Service fully co-operates in the delivery of the data linkage study, (3) **Noted** the implications for CAMHS which may require additional resources outside of the commissioned service, (4) **Noted** that the NHS Wales Joint Commissioning Committee had written to Health Education and Improvement Wales (HEIW) to set up a working group to consider current training available for gender care. This work will include linking with the work being undertaken by NHS England to ensure consistency of approach and access to training materials.

11. Work Plan and Performance Update for Mental Health and Learning Disabilities

Members received a report highlighting the work to date and outlining the programme of work for 2024/25 for the former National Collaborative Commissioning Unit (NCCU).

Members **noted** the Work Plan / Performance Update for Mental Health & Learning Disabilities previously part of the National Collaborative Commissioning Unit.

12. Corporate Governance Report

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report, (2) **Approved** the JCCs Annual Plan of Committee business for 2024-2025, (3) **Approved** the Annual Governance Statements 2023-2024 for EASC and WHSSC, and the Annual Compliance Statement for the NCCU 2023-2024, (4) **Reviewed** the responses prepared for the EASC and WHSSC Annual Audit Enquiries Letter responses for 2023-2024 and, subject to any required amendment, endorse for onward submission to Audit Wales; and (5) **Noted** the update on the development of the JCC hosting agreement and memorandum of understanding.

Patterson, Liz
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13. Other Reports

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

- CTMUHB Audit and Risk Committee (ARC) Assurance Report,
- Management Group Briefing,
- Individual Patient Funding Request (IPFR) Panel,
- Welsh Kidney Network (WKN),
- South Wales Trauma Network Delivery Assurance Group,
- Neonatal Transport DAG; and
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Action Notes.

Patterson,Liz
26/07/2024 10:45:28

AGENDA ITEM: 5.4

BOARD MEETING	DATE OF MEETING: 24 July 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: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
✘	✓	✘

Patterson,Liz 26/07/2024 10:45:26

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 16 May 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)**

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The PSB is scheduled to meet on 18 July 2024 with the following items on the agenda:

- Updates on:
  - Undertaking a whole system approach to healthy weights
  - Evidence and insight
  - Responding to the climate emergency
- PSB Annual Report
- Brecon Town Council Annual Report
- Ystradgynlais Town Council Annual Report
- Public Health Wales Shaping Places verbal update
- Automatic Fire Alarm Response
- Centre for digital public services

The next meeting is scheduled for 26 September 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 scheduled for 12 November 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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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	James Quance, Assistant Director of Corporate Services
Date of meeting	16 May 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on her activities since the last meeting and forthcoming events. This includes:

- RadioPharmacy developments;
- Consultation with JQ in his new role supporting the SSPC's continued development and improvement;
- The all-Wales Chairs' meeting due to take place at the end of May;
- The Welsh Risk Pool Committee due to meet in June and an update would be received at the July SSPC meeting; and
- The SSPC autumn development workshop would be held on 11 October 2024. TM reminded Committee Members to diarise in advance to ensure good attendance and participation.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The 2023/24 financial year finished with a small surplus of £12,000. This includes a confirmed return of £1m of funding to Welsh Government and £2m distribution to NHS Wales organisations and capital expenditure of under £8million, which was positive position.
- The report from the Infected Blood Inquiry would be published on 20 May and would be of interest to NWSSP as host to the Welsh Infected Blood Support Scheme on behalf of Welsh Government.
- DHCW had notified NWSSP that there was a contracting issue with the audit software used to check records by the Post Payment Verification team in

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Primary Care Services. Options were being explored to mitigate the impact and a contract extension was being explored.

- The Medical Examiner Service would go live on a statutory basis from September, covering 95% of deaths in acute settings (around 30,000 deaths in the last 6 months). The stages to be worked through would increase the coverage which was circa 50% of GP practices, with the remaining 50% being managed practices within Health Boards. Contingency planning was to be agreed and NWSSP would deliver training to update Health Boards as to the changes.

In respect of RadioPharmacy, there was a need to procure three production isolators at a cost of £1.5m for the safe preparation of Radioactive medicines in sterile conditions and the equipment meets an urgent operational need, following the closure of the Radio-pharmacy unit at University Hospital Wales in October 2023. The procurement forms part of the project to provide a replacement RadioPharmacy unit for South and South East Wales, located in IP5 in Newport, hosted by NWSSP, and delivery is being managed by the Transforming Access to Medicines Programme (TRAMs), which has an endorsed Programme Business Case. The funding had been confirmed in the past 24 hours and the Committee were asked to support an urgent Chairs Action for commitment of expenditure for the programme, which would then be taken to Velindre University NHS Trust Board for approval by inclusion within its meeting papers being issued this week, and a report would be received for ratification by the Committee at its next meeting in July 2024.

NWSSP Finance colleagues were working with colleagues in other organisations to understand the revenue implications of the RadioPharmacy Business Justification Case (BJC) which were not anticipated to be of a high level. NF re-iterated that this request relates to RadioPharmacy only, not the TrAMS project as a whole. The intention was for NWSSP to provide the required information to enable each organisation to take the BJC through their governance processes which would likely vary depending upon the revenue implications. There would be a further Business Case for the Hub, which covered two suites of clean rooms, with costs to be confirmed to NWSSP by the working group.

The comments received were in terms of the revenue implications of the RadioPharmacy BJC and the need to establish written communication of the governance to be considered within organisations; outlining the timescales, draft BJC, and details of the finance group overseeing the project. A paper would be circulated with key milestones and key dates of different groups and programmes with arrangements to support this workstream and anticipated that some initial figures would be ready to be shared around mid-June with the overall aim of submitting the BJC to Welsh Government by the end of July.

The Committee **NOTED** the update.

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Deep Dive – Recruitment Modernisation

Positive progress continues to be made in implementing the Recruitment

Modernisation Programme. NWSSP has been working with organisations to implement agreed actions to streamline the recruitment process and reduce time to hire.

In recent months the impact of the actions taken is coming through in greatly improved performance, with the time from vacancy creation to ready to start date at April 2024 standing at 59.4 days against the target of 71 days.

The Committee **NOTED** the information provided in the Deep Dive session.

Items Requiring SSPC Approval/Endorsement

NHS Resolution Service Level Agreement

The Committee considered the 3 year renewal of the existing NHS Resolution Service Level Agreement which is an invaluable service to clinical colleagues which is hosted by NWSSP.

The Committee **APPROVED** the Service Level Agreement.

2024/25 Service Level Agreements

Service Level Agreements are annually updated and submitted to SSPC for approval. It was confirmed that the Single Lead Employer and associated KPIs would be discussed under cover of a separate meeting.

The Committee **APPROVED** the Service Level Agreements.

Proposed Changes to Scheme of Delegation

Amendments to the Scheme of Delegation are required in order to provide greater clarity in financial delegation arrangements and to ensure that approval levels are appropriate for the size and complexity of NWSSP operations today. In addition, an update to the matrix of delegated powers for warnings, suspension and dismissal in the Disciplinary Policy and Procedure for NWSSP was proposed in order to ensure that it covers all possible fair reasons for dismissal aligned to employment policies.

The Committee **APPROVED** the proposed changes to the Scheme of Delegation and Disciplinary Policy and Procedure.

Procure to Pay (P2P) Governance Update

At the November 2023 Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives. This was agreed following the closure of the Finance Academy All Wales P2P Forum in September 2023. An update on the proposed governance arrangements was provided to the Committee.

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The Committee **NOTED** the progress made to establish new P2P governance arrangements.

P2P Invoices on Hold Not on Statement Clearance Proposal

A new process was proposed under the above temporary governance arrangements in order to clear invoices on hold which are not on supplier statements with a review of the procedure after 6 months.

The Committee **APPROVED** the process.

Items for Noting

Duty of Quality Annual Report

The inaugural draft report on Duty of Quality highlighted how the story of quality within NWSSP was being told and the work that had been done so far. The report, when published, will be a public facing document and it would also be integrated into the Velindre Report, for completeness.

The Committee **NOTED** the progress made.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported a small surplus of £0.012m for the 2023/24 financial year. Savings achieved during the year led to the final 2023/24 distribution to NHS Wales and Welsh Government of £3m. Welsh Risk Pool 2023/24 DEL expenditure is £135.966m compared with £136.727m in 2022/23. The small increase of £0.037m above the IMTP forecast was agreed with and funded by Welsh Government. The value of stock held in stores at 31 March 2024 was £24m. NWSSP continue to await a Welsh Government decision regarding the level of PPE stock to be held in the longer term.

People & OD Update – The sickness absence rate remains very low with the average for the last 12 months being 3.07%. Statutory and Mandatory training compliance remains good at over 93% and PADR compliance continues to improve with the current reported level being 84%.

Performance – The in-month March performance was generally good with 40 KPIs achieving the target against the total of 43 KPIs. The three that missed the target were CTeS which very marginally missed the 90% customer satisfaction index with 89%, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses.

IMTP Quarter 4 Update Report – A total of 74% of NWSSP's objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in year across divisions. For those objectives not completed and not completed due to external factors, targeted actions for 2024/25 are in place with a view to bring

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them back in line or to complete and close within the year.

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 – In addition to the three red risks remaining on the Register relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and the development of the TrAMS project, a further risk was added regarding the lack of availability of capital funding and its potential impact on the achievement of objectives.

Annual Report Concerns and Complaints 2023/24 – During 2023/24, 26 formal concerns were received and recorded by Corporate Services. This compares with 35 concerns received in the same reporting period during the 2022/23 financial year. 60% of the complaints received were responded to in full within the 30-working day target. Additionally, there were 20 matters that were categorised as early resolution complaints during 2023/24, which were locally resolved within 24 hours, thus negating the requirement for a formal concern to be made. 33 early resolution complaints were received during 2022/23.

The Committee **NOTED** the above reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Month 12 2023/24 and Month 1 2024/25);
- PPE Report;
- NWSSP Audit Committee Assurance Report - April 2024;
- Internal Audit Plan & Charter 2024-25;
- Audit Wales Audit Assurance Arrangements 2023-24; and
- 2024/25 SSPC Forward Plan.

AOB

The Committee was reminded to diarise the Development Day planned for 11 October 2024. The Chair requested that any topics of particular interest to Committee members that could be explored in the Development Day be submitted to the Assistant Director of Corporate Services.

Part B (Private Session)

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Legal & Risk Case & Document Management System Procurement

The Committee was asked to approve the contract award following the tender for

the implementation of a case management system for Legal and Risk Services. The Committee **NOTED** and **APPROVED** the paper to be submitted to Velindre University NHS Trust Board.	
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	18 July 2024

Patterson,Liz
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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA ITEM: 5.5

BOARD MEETING	**DATE OF MEETING: 24 July 2024**
Subject:	**Summary of Activity of the Board's Local Partnership Forum**
Approved and Presented by:	Debra Wood-Lawson, Executive Director People and Culture
Prepared by:	Corporate Governance Manager
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 the update report appended to this report.

Approval/Ratification/Decision	**Discussion**	**Information**
✖	✓	✖

Patterson,Liz
26/07/2024 10:45:28

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 04 July 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 25 September 2024

Patterson,Liz
26/07/2024 10:45:58

Reporting Committee:	**Local Partnership Forum (LPF)**
Committee Chair	Cathie Poynton
Date of last meeting:	04 July 2024
Paper prepared by:	Senior Administrator

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Local Partnership Forum took place on 04 July 2024.

The Board is asked to note that the following matters were discussed at the Local Partnership Forum that took place on 07 July 2024.

- Financial Performance Report – Month 01/02
- Director of Workforce and OD Summary Report
  - Workforce analysis report
- Implementation of the non-pay parts of the 2022-2024 collective agreement
- Temporary Services Changes Update including Route Map to sustainability
- NHS Survey Results
- Section 33 – Lessons Learnt

The following matter was received for information:

- Chief Executives Report from Board; May 2024

A summary of key issues discussed on the 04 July 2024 is provided below:

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COMMITTEE ACTION LOG

The Committee received and discussed the Committee Action Log.

***F*inancial Performance Report – Month 01/02**

The Committee received a high-level summary of the financial position. A revised plan with a deficit of just under £23m had been submitted to Welsh Government. Within the £23m was a requirement to deliver circa £9.9m cost reduction improvements.

As of month two, the plan was broadly on track, with a variance of £400,000 against the plan. As it was month three the risks and opportunities had been managed to hold the deficit forecast. The main cost pressure areas continued to be agency spend, commissioned services and complex care (Continuing Health Care (CHC).

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

The Committee received an update on activity since the previous report in the following areas:

Transformation and Sustainability – Work had continued with the Internationally Educated Nurses, 15 nurses have been retained within the organisation. Additional national funding of £260,000 had been secured to bring in an additional 18 nurses including some additional nurse recruits for Mental Health.

Three International Educated Medics had been recruited and are currently going through the onboarding process.

Funding for 24/25 from HEIW, had been confirmed for a further 35 Aspiring Nurses.

Great Place to Work – The Speaking up Safely Group had met on a regular basis, 'Your Voice portal' had been launched, this enables individuals register any matters of concern. This will continue to be reviewed in-line with the 'Chat to Change' refresh.

The Nursing Action Plan had been submitted to Welsh Government, funding has been received from HCIW for a resource.

Patterson Liz 26/07/2024 10:47:32

The Manager's Charter had been reviewed at Executive Committee; some adjustments will be made based on the feedback to ensure everybody understands the expectations.

Staff Health and Wellbeing – The Compassionate Leadership programme continued to be rolled out and had evaluated well with both the Health Board and partner organisations.

The new Occupational Health system had been implemented and provided improved, timely data on themes, trends and waiting times within the service.

Equality Diversity, Inclusion and Welsh Language – The Anti-racism plan had been updated to align to the Workforce Race Equality Standard.

WORKFORCE ANALYSIS REPORT

The Committee received the report, attention was drawn to:

- lowest level of nursing vacancies over the past two years
- pressures remain with variable pay and agency use
- improved retention rate
- improved PADR rates (81%)
- improved statutory and mandatory training level (87%)
- downward trend in absence levels with continued reduction in long term absence
- new Occupational Health system gave an overview of the support available through Occupational Health and Viv-Up
- final Staff Survey results

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

The Committee was referred to the Welsh Health Circular (WHC) released in March 2024, which was a three-part framework reporting on the non-pay element of the pay award. Attention was drawn to;

- Part one – a paper, draft plan and a response to certain parts in the framework as required, had been submitted. This was signed by both sides and the plan was developed in partnership throughout.
- Part two – An agreed and finalised draft plan with priority areas is required by the end of July.

Patterson,Liz 26/07/2024 10:47:32

The Committee noted the large number of actions required and took assurance that a forward programme would be developed.

TEMPORARY SERVICE CHANGES UPDATE INCLUDING ROUTE MAP TO SUSTAINABILITY

The Committee noted a programme board had been established to look at temporary service changes; the focus was on areas where previously there have been issues with safety, staffing and financial sustainability. The three key areas of focus were:

- Minor Injuries Unit – the opening hours and overnight activities were inconsistent across Powys. This had been reviewed in detail and a case for change developed to regularise these for implementation in the Autumn. There were also significant safety issues with lone working.
- Concerns around maintaining quality of service in Older Adult Mental Health, due partially to being a rural Health Board and the use of agency staff to maintain cover. There were also issues regarding the length of stay for mental health patients, which were not conducive to good mental health and wellbeing. The importance of the proximity of mental and physical health had been explored as an area of possible benefit by change of arrangements.
- Patient stays in the organisation's nine units varied from 30 to 75 days. It had been determined there was a need to separate people with simplex and complex discharge arrangements. A case for change had been developed to ensure all the correct elements security, stability and sustainability have built in, for discussion with both staff and the public to have the right arrangements in place for all concerned.

The aim was to have the Cases for Change signed off next week, followed by a rigorous process to engage with colleagues across the organisation.

NHS STAFF SURVEY RESULTS

The Committee received the results and noted the HEIW commissioned an external organisation to undertake the staff survey, the data was received in two phases and had been analysed internally.

The Committee received a high-level summary of the findings, and it was confirmed the next steps include conversations with Assistant and Deputy Directors to present the Health Board's findings and the

Patterson
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Directorate findings and agree action plans. There will be a series of themed action plans for the Health Board itself.

The next national NHS Wales survey is anticipated to run in October 2024, by which time there is a need to have responded as much as possible to these findings.

SECTION 33 – LESSONS LEARNT

The Committee received the report and were advised that the aim had been to reduce stress and uncertainty for employees. A legal process had been followed, supported by the Health Board and Powys County Council which helped streamline the process.

The initial approval process was lengthy, this was a necessary governance process. An oversight group was established which overcame issues with the timescales and enabled the necessary workstreams to have regular update.

The Section 33 was extended by one month as the new financial year impacted on workstream availability. The TUPE was completed on the 1 May 2024.

Information Items

- Chief Executives Report from Board; May 2024

NEXT MEETING

The next meeting of LPF will be held on 07 October 2024

Patterson,Liz
26/07/2024 10:47:32



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

Agenda item: 5.6

BOARD	**24 July 2024**
Subject:	**Board Committee Governance – Committee Annual Reports**
Approved and presented by:	Helen Bushell, Director of Corporate Governance
Prepared by:	Liz Patterson, Head of Corporate Governance
Other Committees and meetings considered at:	Each 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 the** Annual Report from the Workforce and Culture Committee (noting other annual reports were received in Many 2024)
- Take **ASSURANCE** that the committee is operating effectively in fulfilling its 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	

Patterson,Liz
26/07/2024 10:45:28

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

The 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.

The Board received at its May 2024 meeting, 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)

Attached to this report (24 July 2024) is the annual report for the Workforce and Culture Committee (W&C).

The Board will receive the Remuneration and Terms of Service Committee (RaTS) at its In-Committee meeting (24 July 2024).

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.

Patterson,Liz
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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					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.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

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

RISK ASSESSMENT:

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

Patterson,Liz
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Workforce and Culture Committee

Annual Report

2023 - 2024

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1. Introduction

The Workforce and Culture 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 Workforce and Culture 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 Workforce and Culture Committee were reviewed and agreed by the Board in September 2021. The purpose of the Workforce and Culture Committee ("the Committee") is to:

Provide accurate, evidence based (where possible) and timely assurance to the Board and its committees on all matters relating to staff and workforce planning of the Health Board;

- Enhance the environment that supports and values staff in order to engage the talent and encourage the leadership capability of individuals and teams working together to drive to delivery of safe, improved healthcare;

In respect of the development of the following matters consistent with the Board's overall strategic direction:

- advise the Board on all compliance with legislation, guidance and best practice;
- to provide assurance to the Board the Organisational Development Framework, Work Futures Strategic Framework and Strategic Equality Plan are consistent with the Board's overall strategic direction and with the requirements laid out by NHS bodies in Wales;

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- to provide assurance to the Board on the organisation's ability to create and manage strong, high performance, culture and values;
- the Committee is responsible for providing advice to the Board and Committees on:

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
Ian Phillips	Independent Members (ICT) and Committee Chair	3/4
Chris Walsh	Independent Members (Local Authority)	4/4
Jennifier Owen Adams	Independent Member and Committee Vice Chair (Third Sector)	4/4
Cathie Poynton	Independent Member (Trade Union)	4/4

2.2 Others in Attendance

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

Name	Role	Attendance
Debra Wood-Lawson	Director of Workforce and OD (Executive Lead)	3/4
Pete Hopgood	Director of Finance, Information and IT	4/4
Claire Roche	Director of Nursing and Midwifery	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. The Chief Executive attended two meetings during the year.

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The Chair of the Board, Carl Cooper, attended two 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 four times and was quorate on all occasions.

Under the terms of reference, the Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

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3. Activity in 2023/24

3.1 Main Areas of Committee Activity 2023/24

Assurance	
Director of Workforce and OD Report	May 2023, December 2023, March 2024
Workforce Performance Report	May 2023, December 2023, March 2024
Workforce Futures: Partnership and Citizenship highlight Report • Joint Health and Care Joint induction Framework • School of Volunteers and Carers Progress	May 2023
Workforce Futures: Workforce Planning overview report • Sustainable Workforce Model • Implementation of the All-Wales Workforce Planning Toolkit • Recruitment Programmes Progress • Accelerated Learning Routes	May 2023
Medical Job Planning Annual Report	May 2023
Organisational Development Strategic Framework	May 2023
Equality Diversity and Inclusion Annual Report	July 2023
Welsh Language Annual Report	July 2023
Workforce Futures: Partnership and Citizenship Highlight Report	December 2023

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Workforce Futures: Staff Health and Wellbeing	December 2023
Workforce Futures: Transformation and Sustainability	March 2024
Workforce Futures: Great Place to Work	March 2024
Communication and Engagement Programme relating to Workforce and Culture Committee matters	March 2024
Agile Working	March 2024
Items for approval	
Strategic Equality Plan 2023-27	March 2024
Welsh Language Strategy in Healthcare	March 2024
Items considered In-Committee	
Director of Workforce and OD Update	May 2023
Escalated Items	
Corporate Governance	
Committee Risk Register	May 2023, March 2024
Committee Work Programme	To each meeting
Annual Assessment of Committee Effectiveness	Provide a summary of the responses received to the Committee Effectiveness questionnaire; and is provided to stimulate discussion within the Committee to support the identification of what works well, learning and actions for improvement. Undertaken in March 2024.
Review of Committee Terms of Reference	For Committee to consider the Terms of Reference of the Committee in order to ensure that they remain fit for purpose. Undertaken in March 2024.

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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 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.

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- 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.

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