



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.2**

<b>BOARD</b>		<b>DATE:</b> <b>25 September 2024</b>
<b>Subject:</b>	Powys Teaching Health Board Integrated Quality & Performance Report – Month 4 (July 2024)	
<b>Presented by:</b>	Executive Director of Planning, Performance and Commissioning	
<b>Approved by:</b>	Executive Director of Planning and Performance, Performance and Commissioning Assistant Director of Performance and Commissioning	
<b>Prepared by:</b>	Head of Performance Administrative Officer, Integrated Performance	
<b>Other Committees and meetings considered at:</b>	Executive Committee - 18 September 2024	
<b>PURPOSE:</b>		
This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position by exception for Powys Teaching Health Board against the NHS Wales Performance Framework 2024/25 up until the end of July 2024 (month 4).		
<b>RECOMMENDATION(S):</b>		
The Board is asked to:		
<ul style="list-style-type: none"> <li>• <b>DISCUSS</b> the content of this report; and</li> <li>• Take <b>ASSURANCE</b> that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

Patterson, Liz  
23/09/2024 17:28:36

**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	

Patterson, Liz  
23/09/2024 17:28:36

## EXECUTIVE 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 4 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 for Month 4

Performance compliance is maintained in month 4 across key metrics although service elements of planned care within the provider remain especially fragile. Key challenges include diagnostics which report slightly reduced pathway breaches (155) at the end of July. Breached pathways include 127 for echocardiograms, 14 for endoscopy and a further 14 for non-obstetric ultrasound.

For the three referral to treatment (RTT) pathway measures one is compliant for patients waiting more than 52 weeks for treatment where breaches reduced to 21 in July in line with the national reduction target. However, three patients have been reported waiting over 104 weeks for orthopaedic treatment as a result of out of county complex diagnostic pathways (a current challenge for the Orthopaedics service) and additionally one patient waited over 52 weeks for a new outpatient appointment in Podiatric Surgery another fragile service. Themes of provider planned service challenges remain the same 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 continue to be taken and operationally private insource capacity remains key and is confirmed until the end of quarter two. Other key actions include ongoing pathway validation and efficiencies work, and use of weekend clinics and theatre sessions.

Positively therapies continue to report 100% of under 18s seen within 14 weeks in July 2024 and reported only 1 patient waiting longer than 14 weeks for the all-age measure.

Patterson, Liz  
23/09/2024 17:28:36

Mental health performance continues to broadly improve with under 18s-part 1a assessments, interventions, and part 2 care treatment plans (CTP) achieving required targets. Part 1a adult assessments sees ongoing improvement reporting 74.0% in July (target 80%), whilst adult interventions achieved 95.1% compliance. Adult patients who have a valid CTP reports 90.1% this meets both target and health board set trajectory. Adult psychological therapy waiting times remain challenging with improved but not compliant reported performance of 76.9% (target 80%). The Womens & Children neurodevelopment measure for children waiting to start assessment remains challenging with slightly improved performance reported of 42.0%, however this is significantly below the 80% target and remains escalated internally at level 3. Finally, it should be noted that as a service Mental Health remains under internal 2a escalation for inpatient services, work is underway to provide a timescale and process to achieve de-escalation.

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 in July 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. It should be noted that there is a visible and increasing challenge of demand across planned care services with the number of Powys residents waiting to increase and forecasting showing an early potential for higher numbers of 52-week treatment target breaches towards year end in key specialties.

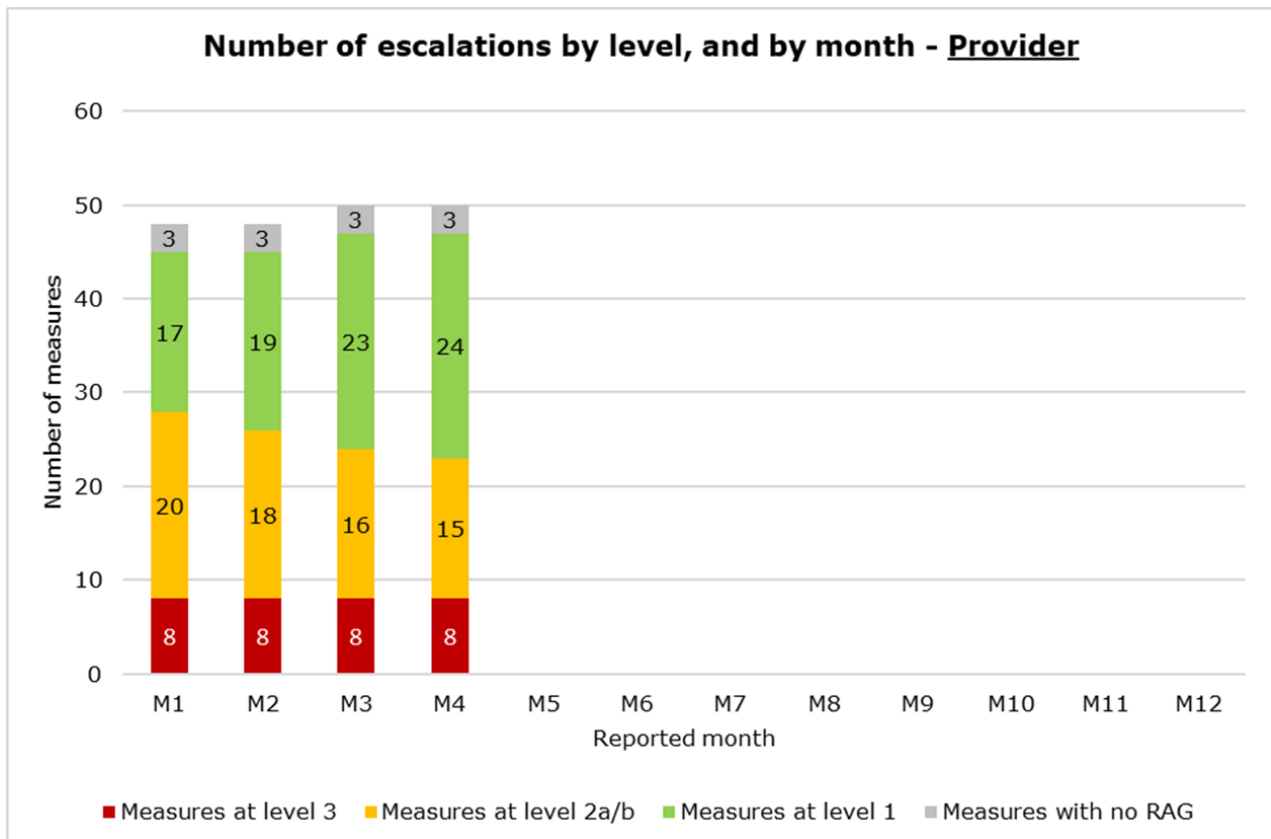
Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics, there is a significant challenge with Powys cancer pathways and related Bowel Screening diagnostic pathway which is currently at level 3 internal escalation. Demand remains above average in July, but positively the percentage of patients who are told that they don't have cancer within 28 days (NICE guidance) in the provider has continued to improve reporting 53.5% in July.

For emergency care Welsh Ambulance performance times remain poor and performance falls in July to 44.7% for the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. In July MIU's which fall well within national targets with patients being triaged reported at 5-minutes, and assessment by senior clinician reported at a 6-minute. Welsh performance in emergency departments remains better than their English counterparts for Powys residents, but all major units are extremely challenged to provide timely care with delays in ambulance handover times.

**Month 4 measures by escalation level**

There are a total of 50 reportable measures, 8 currently remain rated level 3, 15 are rated at level 2a, and 24 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.



**Key performance indicators 2024/25 (Health Board submitted trajectories)**

For July 2024 the Health Board reports compliance on 4 of 6 Powys applicable submitted key performance indicator trajectories. The measures unable to meet trajectory are for patients waiting over 104 weeks for treatment (RTT) where 3 patients breach in this period, and patients waiting over 8 weeks for a diagnostic which misses trajectory of 75 with 155 breaches reported.

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:

*Liz  
23/09/2024 17:28:36*

- Value cell shading is red/green and 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 (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
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
				Actual	✓ 0	✓ 0	✓ 0	✗ 1
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
				Actual	✓ 0	✗ 1	✗ 2	✗ 3
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
				Actual	✗ 140	✗ 171	✗ 157	✗ 155
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
				Actual	✓ 0	✓ 0	✓ 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%
				Actual	✗ 80.0%	✓ 86.5%	✓ 83.70%	✓ 93.10%
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%
				Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.10%

Of the key mental health improvement trajectories submitted by the health board 5 of the 9 performance orientated measures have achieved the health board aimed compliance.

Patterson, Liz  
23/09/2024 17:28:36

Age Group	Policy Lead Priority Measures			Month			
	Measure	Target		Apr-24	May-24	Jun-24	Jul-24
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%
			Actual	✔ 98.0%	✔ 98.1%	✔ 100.0%	✔ 94.6%
	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%
			Actual	✘ 80.0%	✔ 86.5%	✘ 83.7%	✔ 93.1%
	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%
			Actual	✔ 94.1%	✔ 93.9%	✔ 90.8%	✔ 91.0%
	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%
			Actual	✘ 45.4%	✘ 45.8%	✘ 39.6%	✘ 42.0%
	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%
			Actual	✔ 98.0%	✔ 92.7%	✔ 93.8%	✔ 100.0%
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%
			Actual	✘ 44.1%	✘ 54.1%	✘ 69.2%	✘ 74.0%
	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%
			Actual	✔ 95.2%	✔ 95.3%	✔ 93.0%	✔ 95.1%
	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%
			Actual	✘ 83.3%	✘ 87.1%	✘ 87.5%	✔ 90.1%
	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%
			Actual	✘ 75.1%	✘ 69.4%	✘ 75.2%	✘ 76.9%

### 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, and include measures linked to the Chair's objective meetings that are not within the National Framework.
- Integrated Quality and Performance Group is planned to go live from the start of Q3 with intermediary Performance and Business groups to continue to be run through the summer period of July and August and September to ensure service engagement continuity.

Patterson, Liz  
23/09/2024 17:28:36

## IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

### QUALITY:

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

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

### EQUALITY:

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

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

### RISK ASSESSMENT:

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

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

Patterson, Liz  
23/09/2024 17:28:36

# Powys Teaching Health Board

## Integrated Quality and Performance Report

Month 4  
Updated on 11/09/2024

Version – level 2 & level 3 escalation measures for Board September 2024

Peterson.Liz  
23/09/2024 17:28:36

Delivery Area	Report section
	<a href="#"><u>Introduction</u></a>
	<a href="#"><u>Executive Summary</u></a>
Provider National Focus (NHS Performance Framework)	<a href="#"><u>Level 3 Performance Challenges</u></a>
	<a href="#"><u>Level 2a/2b Performance Challenges</u></a>
	<a href="#"><u>Level 1 Achievements</u></a>
	<a href="#"><u>Quadruple Aim 1</u></a>
	<a href="#"><u>Quadruple Aim 2</u></a>
	<a href="#"><u>Quadruple Aim 3</u></a>
	<a href="#"><u>Quadruple Aim 4</u></a>
Provider/Commissioned service assurance	<a href="#"><u>Provider Cancer &amp; Quality &amp; Safety</u></a>
	<a href="#"><u>Planned &amp; Emergency Care Inc. Cancer</u></a>
	<a href="#"><u>Appendix</u></a>

Peterson.Liz  
23/09/2024 17:28:36

# 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 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.

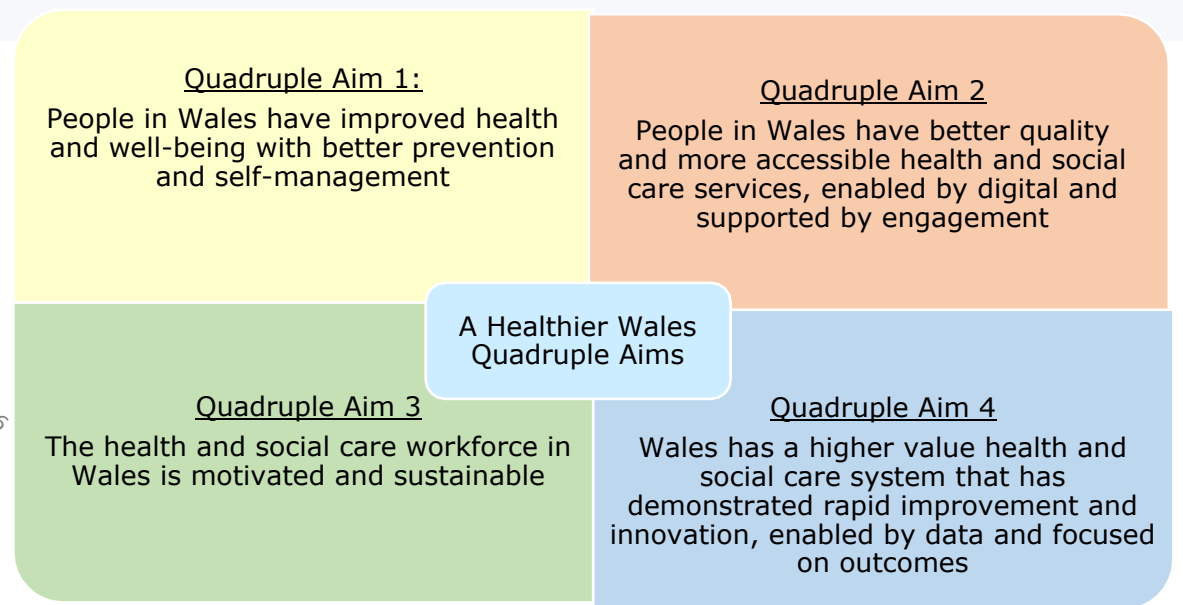
As part of the operationalisation of the IQPF there is an expected element of exception or escalation either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will 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](#)

## 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.



Patterson, Liz  
23/09/2024 17:28:36

# Summary of Performance – Month 4

The IQPR update for July 2024 (Month 4) is measured against the 2024/25 NHS Performance Framework and contains extra information around the elements in line with the Duty of Quality.

Performance compliance is maintained in month 4 across key metrics although service elements of planned care within the provider remain especially fragile. Key challenges include diagnostics which report slightly reduced pathway breaches (155) at the end of July. Breached pathways include 127 for echocardiograms, 14 for endoscopy and a further 14 for non-obstetric ultrasound.

For the three referral to treatment (RTT) pathway measures one is compliant for patients waiting more than 52 weeks for treatment where breaches reduced to 21 in July in line with the national reduction target. However, three patients have been reported waiting over 104 weeks for orthopaedic treatment as a result of out of county complex diagnostic pathways (a current challenge for the Orthopaedics service) and additionally one patient waited over 52 weeks for a new outpatient appointment in Podiatric Surgery another fragile service. Themes of provider planned service challenges remain the same: 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 continue to be taken and operationally private insource capacity remains key and is confirmed until the end of quarter two. Other key actions include ongoing pathway validation and efficiencies work, and use of weekend clinics and theatre sessions.

Positively therapies continue to report 100% of under 18s seen within 14 weeks in July 2024 and reported only 1 patient waiting longer than 14 weeks for the all-age measure.

Mental health performance continues to broadly improve with under 18s-part 1a assessments, interventions, and part 2 care treatment plans (CTP) achieving required targets. Part 1a adult assessments sees ongoing improvement reporting 74.0% in July (target 80%), whilst adult interventions achieved 95.1% compliance. Adult patients who have a valid CTP reports 90.1% this meets both target and health board set trajectory. Adult psychological therapy waiting times remain challenging with improved but not compliant reported performance of 76.9% (target 80%). The Womens & Children neurodevelopment measure for children waiting to start assessment remains challenging with slightly improved performance reported of 42.0%, however this is significantly below the 80% target and remains escalated internally at level 3. Finally, it should be noted that as a service Mental Health remains under internal 2a escalation for inpatient services, work is underway to provide a timescale and process to achieve de-escalation.

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 in July 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. It should be noted that there is a visible and increasing challenge of demand across planned care services with the number of Powys residents waiting to increase and forecasting showing an early potential for higher numbers of 52-week treatment target breaches towards year end in key specialties.

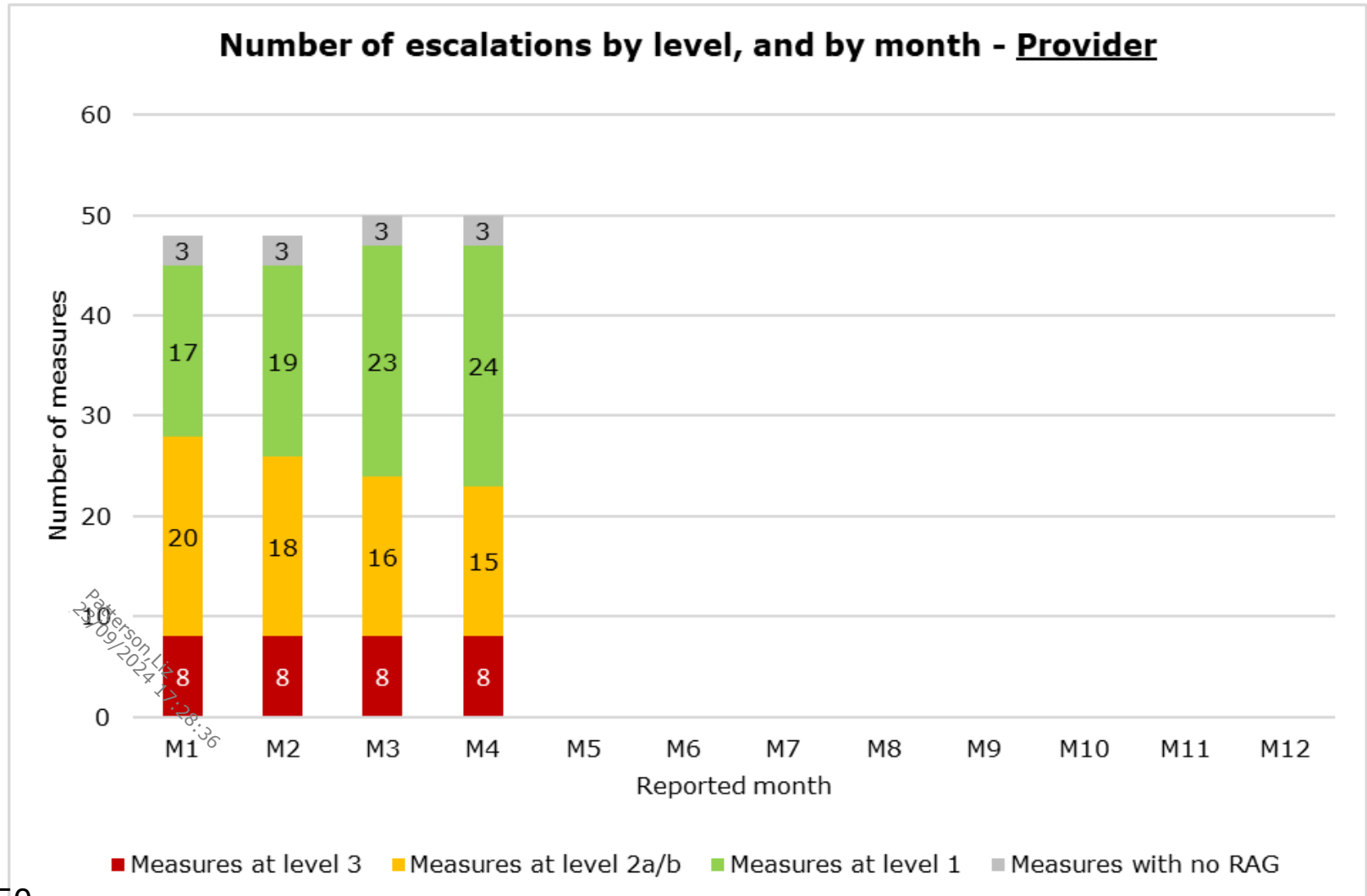
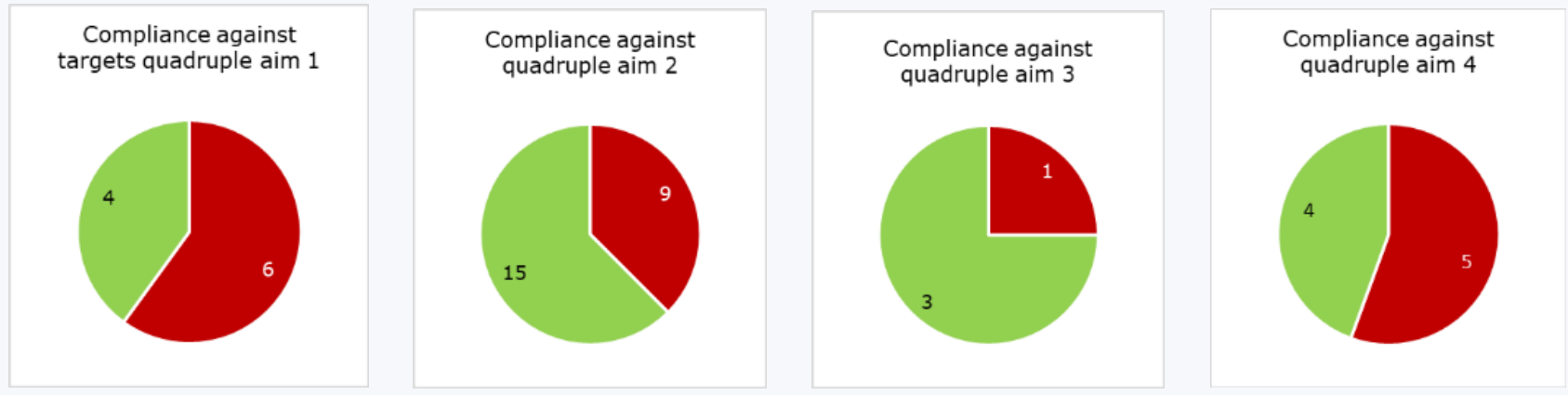
Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics, there is a significant challenge with Powys cancer pathways and related Bowel Screening diagnostic pathway which is currently at level 3 internal escalation. Demand remains above average in July, but positively the percentage of patients who are told that they don't have cancer within 28 days (NICE guidance) in the provider has continued to improve reporting 53.5% in July.

For emergency care Welsh Ambulance performance times remain poor and performance falls in July to 44.7% for the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. In July MIU's which fall well within national targets with patients being triaged reported at 5-minutes, and assessment by senior clinician reported at a 6-minute. Welsh performance in emergency departments remains better than their English counterparts for Powys residents, but all major units are extremely challenged to provide timely care with delays in ambulance handover times.

# Visual summary of performance at month 4 (July 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 4 by quadruple aim area.



- 50 quantitative measures as a provider are reportable of the 52 total in the NHS Performance Framework with the inclusion from June of median emergency unit wait times.
- 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 IQPR.
- 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.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
8	<b>Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment</b>								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. 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. Further support requested via CQPRM for additional capacity. Ongoing workstream with regional partners. Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q3.
	Period	May-24	Target	90%	Actual	0.0%	SPC icon				
17	<b>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</b>								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. Substantial shortfall of administrative capacity in the South.	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. Historic data back to April 2023 is now available. Improving performance with planned full recovery by Autumn 2024. Temporary uplift in south administrator capacity – south.
	Period	Jul-24	Target	80%	Actual	74.0%	SPC icon				
26	<b>Number of patients waiting more than 8 weeks for a specified diagnostic</b>								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.	Key challenge within Echo-cardiograms because of in-reach fragility of ABUHB. Patients are also now sent straight to test by consultant prior to first outpatient appointment increasing demand. Endoscopy challenged primarily through in-reach service capacity in South Powys. Increased demand and urgency. NOUS challenge linked to North Powys in-reach from BCUHB.	Cardiology in-reach service escalated via CQPRM with ABUHB. Use of PTHB employed technician to support demand. Review of clinical practice change. Key endoscopy actions include in-reach private capacity until end of Q2 and ongoing CQPRM discussions with CTUHB. Key use of agency to support NOUS.
	Period	Jul-24	Target	0	Actual	155	SPC icon				
30	<b>Number of patients waiting more than 52 weeks for a new outpatient appointment</b>								This metric remains escalated as the service is not meeting PTHB set recovery trajectory. Service remains escalated as a result of general fragility.	1 breach reported in Podiatric Surgery at the end of July, pathway has since been seen and discharged. General capacity challenge across key specialties and in-reach fragility.	Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation, Speciality Clinical Networks and Regional Programmes continues. Use private in-source to end of Q2.
	Period	Jul-24	Target	0	Actual	1	SPC icon				
31	<b>Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%</b>								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.	Service pressure and demand to prioritise urgent and cancer pathways reducing FUP capacity. Ongoing data quality and validation challenges including patient administration system problems which are being resolved working with national team.	Ongoing validation work with Performance, Service, and Data & Business Intelligence (D&BI) department led by an Executive escalation group. SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
	Period	Jul-24	Target	< same month pre. year	Actual	1175	SPC icon				

Patterson, Liz  
23/09/2024 17:28:36


Serious concerns on quality and governance or continued and consistent failure to meet agreed performance improvements and trajectories.

No.	Measure description, target, performance and other information								Reason for escalation level	Key Performance Drivers	Key Actions
<a href="#">32</a>	<b>Number of patients waiting more than 104 weeks for referral to treatment</b>								This metric remains escalated as the service remains under significant pressure with a very fragile service compliance. Pathways breach PTHB set recovery trajectory.	Delays in DGH diagnostics (soft tissue & nerve conduction in particular). Histology/Pathology risk timeliness of pathways including USC.	Key actions are the same as measure 30
	Period	Jul-24	Target	0	Actual	3	SPC icon				
<a href="#">33</a>	<b>Number of patients waiting more than 52 weeks for referral to treatment</b>								This metric has been escalated as the service remains under significant pressure with a very fragile service capacity although the measure is compliant against the national target of reduction.	Capacity challenges across key specialties linked to historic and ongoing in-reach clinical fragility, delays in DGH complex diagnostics including pathology and histology. Vacancies and sickness.	Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues. Recruitment into key roles.
	Period	Jul-24	Target	Month on month reduction towards a target of 0 by June 2025	Actual	21	SPC icon				
<a href="#">34</a>	<b>Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment</b>								Poor compliance & system challenges with service agreement.	Referral demand on service has changed significantly post COVID. ND service in receipt of non-recurrent funding. Challenge on RTT backlog not resolved as expected.	Whole system review in progress to inform a sustainable business case for a future model of care. Internal waiting list is being prioritised to ensure timely completion of pathway when children are removed from RTT, this will impact future performance in the short term whilst robust pathways are being developed.
	Period	Jul-24	Target	80%	Actual	42.0%	SPC icon				

Patterson.Liz  
23/09/2024 17:28:36





# 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
2	<b>Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks</b>								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
	Period	Q4 2019/20	Target	40% Annual target	Actual	37.3%	SPC icon	N/A			
4	<b>Percentage of children who are up to date with the scheduled vaccinations by age 5</b>								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
	Period	Q4 2023/24	Target	95%	Actual	94.5%	SPC icon	N/A			
5	<b>Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15</b>								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
	Period	Q4 2023/24	Target	90%	Actual	77.4%	SPC icon	N/A			
6	<b>Percentage uptake of the influenza vaccination amongst adults aged 65 years and over</b>								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
	Period	Mar-24	Target	75%	Actual	69.9%	SPC icon	N/A			
7	<b>Percentage uptake of the COVID-19 vaccination for those eligible</b>								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. Vaccine fatigue anecdotally reported across Wales.	Cleansing of priority groups over the summer to ensure more accurate denominator is used for Autumn campaign. Ongoing targeted interventions on immune suppressed. Increase in local clinics allowing improved access.
	Period	Jun-24	Target	75%	Actual	62.8%	SPC icon	N/A			
12	<b>Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes</b>								Measure not meeting target	GP practices are challenging data accuracy.	Ongoing data investigation with NHS England and the Welsh DHCW.
	Period	Jun-24	Target	> same month pre. year	Actual	48.4%	SPC icon	N/A			
19	<b>Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes</b>								Measure not meeting target	Commissioned service with limited actions available to resolve. 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	National drive to improve flow in system reducing handover delays. Actions around return footprint for Powys crews. All Wales urgent care system escalation calls being held daily (often more than once per day)
	Period	Jul-24	Target	65%	Actual	44.7%	SPC icon				







# 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
28	<b>Number of patients (all ages) waiting more than 14 weeks for a specified therapy</b>								Measure not meeting target	No challenges raised for July.	Weekly management of waiting lists by Heads of Service. Caseload review across all therapies, each head of service to have plan in CSG excluding paediatrics OT/Physiotherapy.
	Period	Jul-24	Target	0	Actual	1	SPC icon				
35	<b>Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health</b>								Measure not meeting target	Increase in long term sick leave therefore the clients of certain practitioners have required re-allocation. Introduction of the new allocation process. Performance drivers are expected to be short term with recovery going forward.	Locum psychologist agreed from July 2024 for 3 months to improve capacity.
	Period	Jul-24	Target	80%	Actual	76.9%	SPC icon				
39	<b>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)</b>								Measure not meeting target	Ongoing pressures via staff absence (sickness), vacancies, and operational pressures continue to impact of timely 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
	Period	Jul-24	Target	85%	Actual	82.4%	SPC icon				
42	<b>Percentage of calls ended following WAST telephone assessment (Hear and Treat)</b>								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.
	Period	Apr-24	Target	17% or more	Actual	10.3%	SPC icon	N/A			
43	<b>Number of Pathways of Care delayed discharges</b>								Measure not meeting target	<ul style="list-style-type: none"> <li>Increased deconditioning following extended stays.</li> <li>Increased assessment delays trending upward.</li> <li>Limitations of domiciliary care market and wider social care provision market capacity &amp; responsiveness.</li> <li>Increasing community demand.</li> <li>Delayed social care allocation and assessment.</li> </ul>	<ul style="list-style-type: none"> <li>Increased discharge liaison officers in post.</li> <li>Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge.</li> <li>Working with PCC to facilitate improved Domiciliary care market capacity and better understand demand.</li> <li>Proposed test of change for several Community Hospital sites operating model (RTGU and Rehabilitation)</li> </ul>
	Period	Jul-24	Target	12-month reduction trend	Actual	64	SPC icon	N/A			
46	<b>Number of service user feedback experience responses completed and recorded on CIVICA</b>								Measure not meeting target	Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system	<ul style="list-style-type: none"> <li>Leads defined within all teams to develop and promote the use of CIVICA.</li> <li>Share good practice from Wellbeing service where use of CIVICA has enabled change and development of the service.</li> <li>Commenced proactive use of SMS for those residents in receipt of commissioned care.</li> </ul>
	Period	Jul-24	Target	Month on Month improvement	Actual	297	SPC icon	N/A			
51	<b>Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)</b>								Measure not meeting target	In-reach fragility impacts available capacity for specialty. Local staffing challenges, and industrial actions impacted in Q1 in England which impacted PTHB in-reach from WVT.	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	Jul-24	Target	95%	Actual	73.8%	SPC icon				
54	<b>Number of National Reportable incidents that remain open 90 days or more</b>								Measure not meeting target	Complex NRI's with complexity outside PTHB as a provider resulting in inflated timescales. 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. The Quality and Safety Team are currently revising the Incident Management Framework, Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs
	Period	Jul-24	Target	12-month reduction trend	Actual	13	SPC icon	N/A			

# 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
1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q4 2023/24	5% Annual target	5.41%	N/A
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Q1 2024/25	4 quarter improvement trend	70.5%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	May-24	90%	93.7%	N/A
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Jun-24	95%	97.1%	
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)	Jul-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	23.5%	N/A
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Jul-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 <u>under 18 years</u>	Jul-24	80%	94.6%	
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 <u>under 18 years</u>	Jul-24	80%	93.1%	
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 <u>18 years and over</u>	Jul-24	80%	95.1%	
20	Median emergency response times to amber calls	Jul-24	12-month reduction	00:53:26	
21	Median time from arrival at an emergency department to triage by a clinician	Jul-24	15 minutes or less	5	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Jul-24	60 minute or less	6	N/A

Patterson, Liz  
23/09/2024 17:28:36

# 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
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	Jul-24	Improvement compared to the same month in the previous year, towards the national target of 95%	99.9%	
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	Jul-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	Jun-24	100%	100%	
29	Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology	Jul-24	0	0	N/A
36	Percentage of sickness absence rate of staff	Jul-24	12-month reduction trend	5.12%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Apr-24	Rolling 12-month reduction against a baseline of 2019/20	9.7%	N/A
38	Agency spend as a percentage of the total pay bill	Jun-24	12-month reduction	8.3%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	May-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	Jun-24	90%	100%	
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	Jul-24	90%	91.0%	
45	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged 18 years and over	Jul-24	90%	90.1%	
47, 48, 49	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Jul-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)	Jul-24		2.23	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Jul-24		29.05	

Patterson, Liz  
23/09/2024 17:28:36

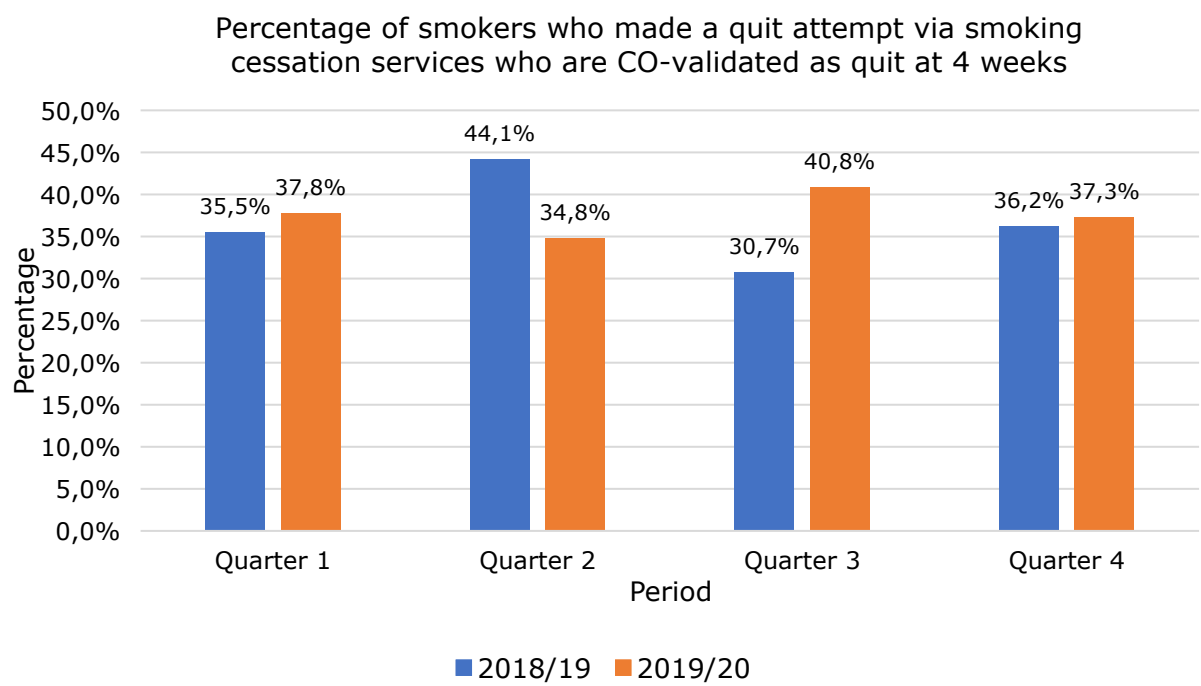
## Smoking - Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Principal Public Health Practitioner</b>
-----------------------	--	---------------------	---

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?			

### Challenges

Many clients are choosing telephone support, so it is 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

Drop-in CO validation clinics offered in Welshpool and Brecon to support increasing CO validated quits; further scoping undertaken regarding offering other opportunities for drop-in sessions.

2 local pharmacies in Llanidloes and Newtown have agreed to offer CO validation to community clients. Smoking Cessation team to work in partnership to facilitate this.

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.

### 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.**
- Self-reported quit rate for Q1 in Powys Community Service is 66%**

## 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)

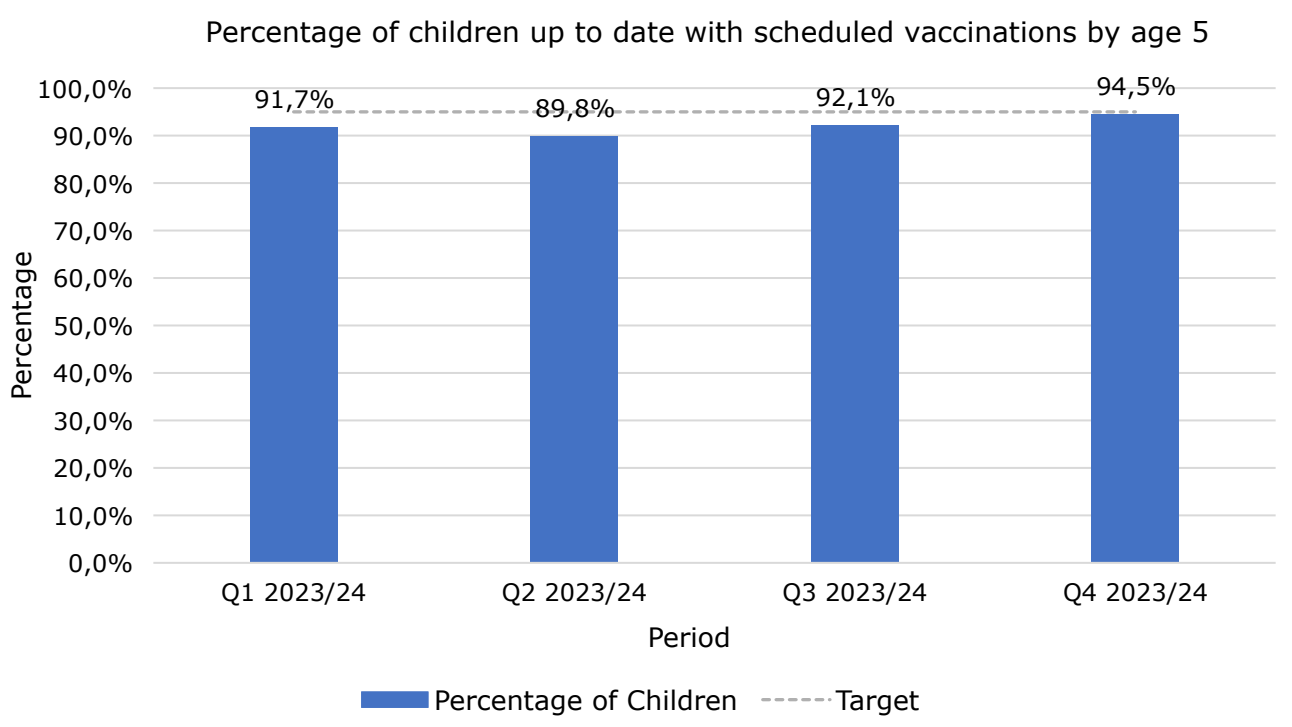
<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Consultant in Public Health</b>
-----------------------	--	---------------------	------------------------------------

Latest available	Q4 2023/24	Status of measure	Level 2a
Reported performance	94.5%	Benchmark position (Wales)	1 <sup>st</sup> (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		

Challenges
<ul style="list-style-type: none"> <li>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.</li> <li>Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care &amp; Child Health.</li> </ul>

### 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) 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 and shared with Child Health System.
- MMR Catch-up being delivered targeting those under vaccinated, including a focus on school-aged population. This includes walk-in clinics available through vaccination centres at Bronllys and Newtown which are promoted weekly through the communication channels.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.



### What the data tells us

- Reported uptake performance for Q4 (94.5%) remains just 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%

## Vaccinations - Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Consultant in Public Health</b>
-----------------------	--	---------------------	------------------------------------

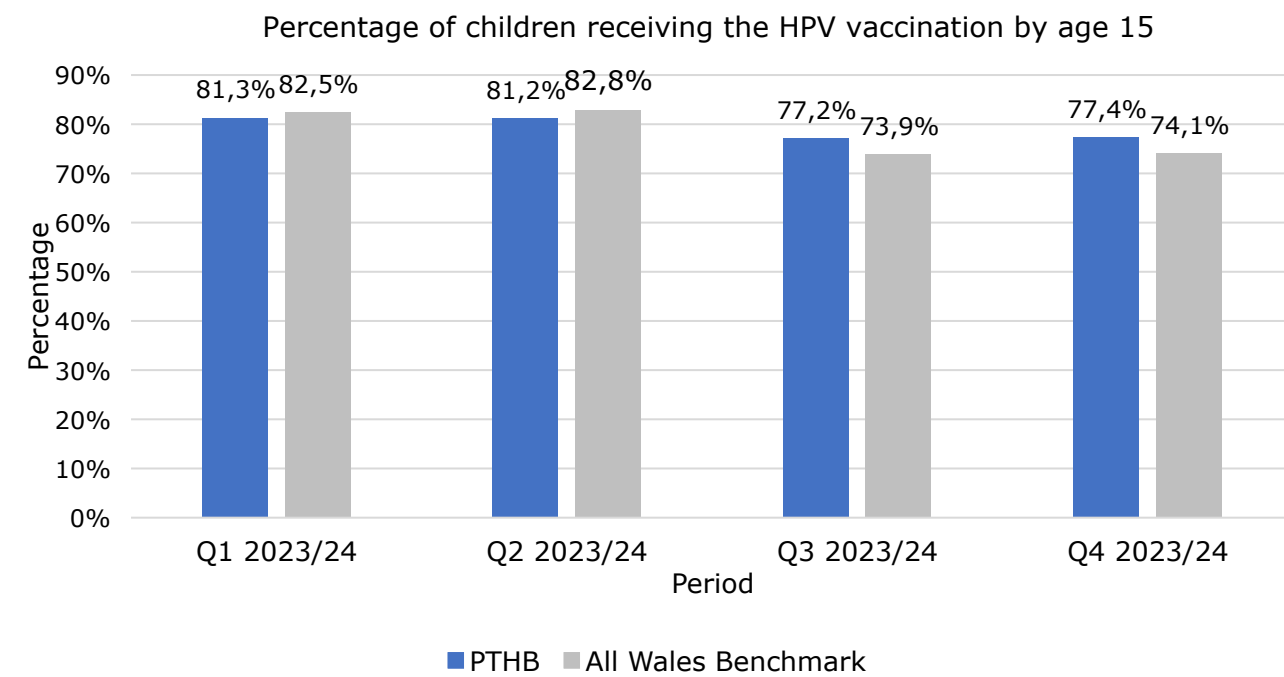
Latest available	Q4 2023/24	Status of measure	Level 2a
Reported performance	77.4%	Benchmark position (Wales)	3 <sup>rd</sup> (74.1%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		

### 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.
- HPV vaccine is delivered in Powys schools during the quarter 1 (school summer term); uptake data for Quarter 1 2024 not yet available.



### What the data tells us

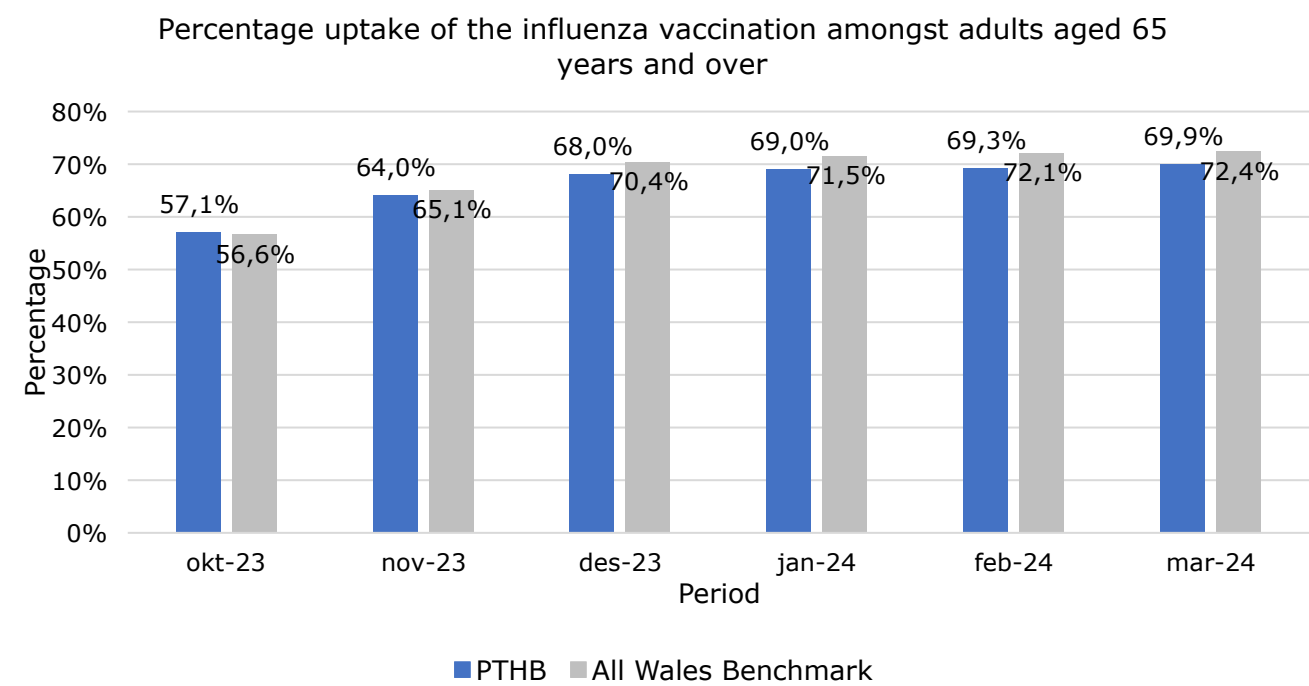
- Reported uptake fell slightly at the end of 2023/24 with Q4 reporting 77.4% against the new 90% target for HPV vaccinations by age 15.
- Liz Peterson 23/09/2024 17:28:36*

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

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Consultant in Public Health</b>
-----------------------	--	---------------------	------------------------------------

Latest available	Mar-24	Status of measure	Level 2a
Reported performance	69.9%	Benchmark position (Wales)	5 <sup>th</sup> (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		

Challenges
<ul style="list-style-type: none"> <li>Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.</li> <li>Powys GPs also reported an increase in declined appointments this year in a flu delivery survey.</li> <li>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.</li> </ul>



### Actions & Mitigations

- Actions implemented in quarter 3 & 4 of 2023/24:-
  - 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 2024 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.

### What the data tells us

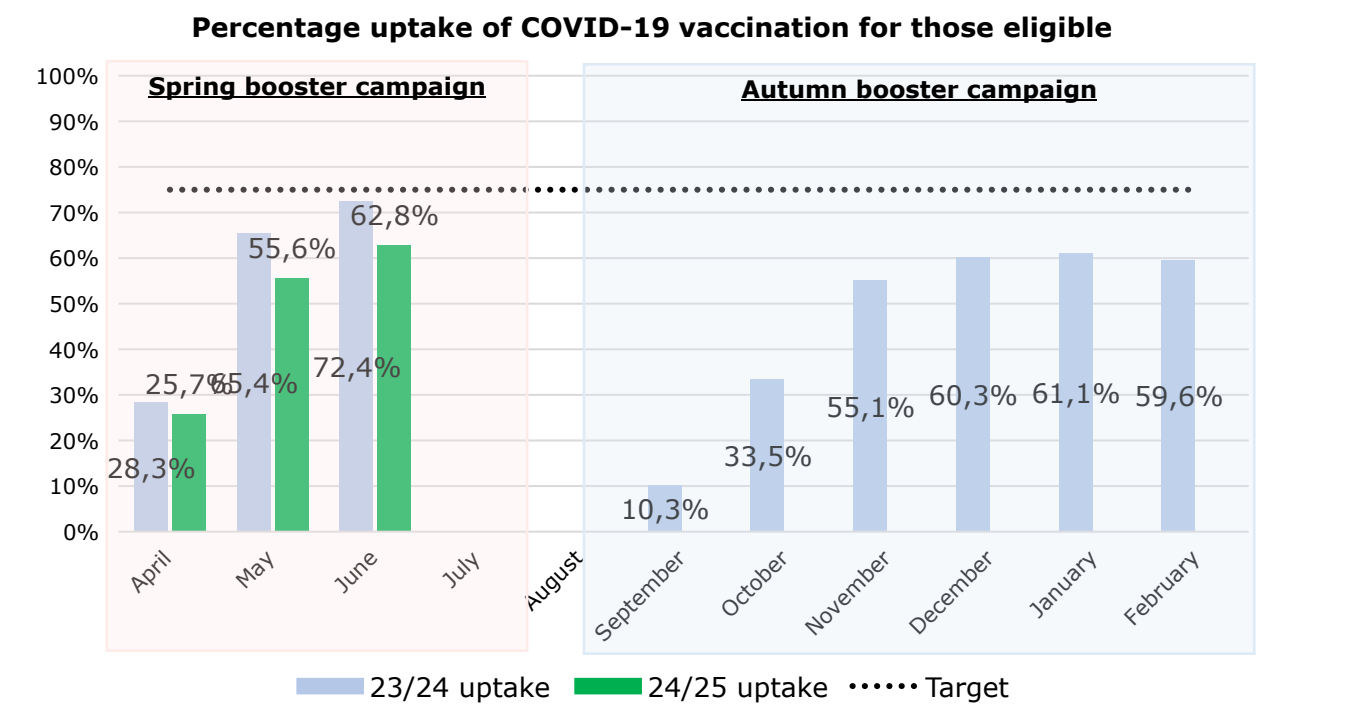
- To note this is a cumulative measure and will only be updated during active influenza vaccination period.
- The reported position in March for the uptake of influenza vaccine has increased to 69.9% for PTHB.
- PTHB ranked 5th against the All-Wales benchmark of 72.4%, Aneurin Bevan University Health 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%.

## Vaccinations - Percentage uptake of the COVID-19 vaccination for those eligible - Spring and Autumn Booster 2024: All eligible people

<b>Executive lead</b>	<b>Executive Director of Public Health</b>	<b>Officer lead</b>	<b>Programme Manager - Vaccination</b>
-----------------------	--	---------------------	--

Latest available	Jun-24	Status of measure	Level 2a
Reported performance	62.8%	Benchmark position (Wales)	1 <sup>st</sup> (58.5%)
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?			

Challenges
<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Vaccination service underwent a second organisation change process (OCP) from February-March 2024, which had an impact on staffing morale and created vacancies within the service.</li> <li>Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.</li> </ul>



Actions & Mitigations
<ul style="list-style-type: none"> <li>Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.</li> <li>Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.</li> <li>Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.</li> <li>Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.</li> <li>Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.</li> <li>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.</li> <li>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</li> </ul>

What the data tells us
<p><b>Autumn booster campaign</b></p> <ul style="list-style-type: none"> <li>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%.</li> <li>The campaign ran from 11<sup>th</sup> September 2023 until 31<sup>st</sup> 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.</li> </ul> <p><b>Spring booster campaign</b></p> <p>As of June 2024, 62.8% were reported to have been vaccinated close to the 75% cumulative target for this campaign.</p>

## Screening - Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment

<b>Executive lead</b>	<b>Interim Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director Community Services</b>
-----------------------	--	---------------------	--

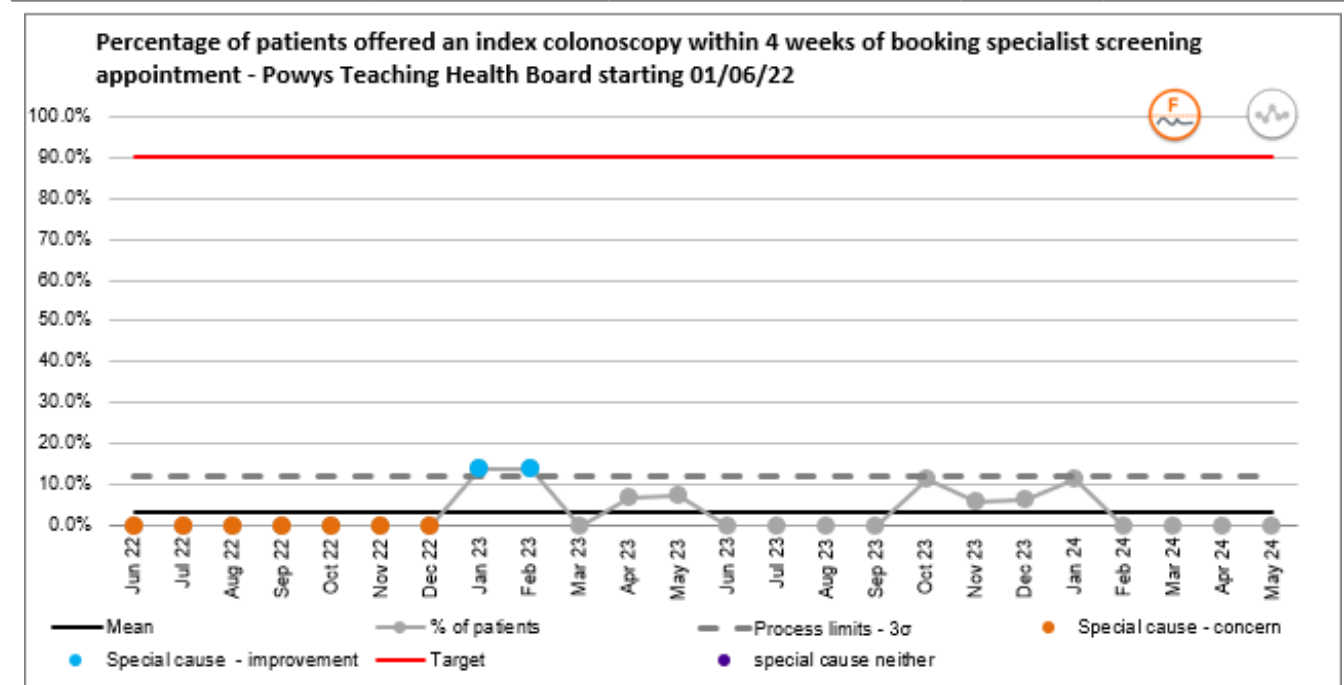
Latest available	May-24	Status of measure	Level 3
Reported performance	0.0%	Benchmark position (Wales)	7 <sup>th</sup> (16.4%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		

### 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.
- 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

- Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q3.
- 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.



### What the data tells us

- Powys performance against this measure is challenged reporting 0% in May 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 to level 3.

# 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 – 12

### Primary Care - Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

<b>Executive lead</b>	TBC	<b>Officer lead</b>	TBC
-----------------------	-----	---------------------	-----

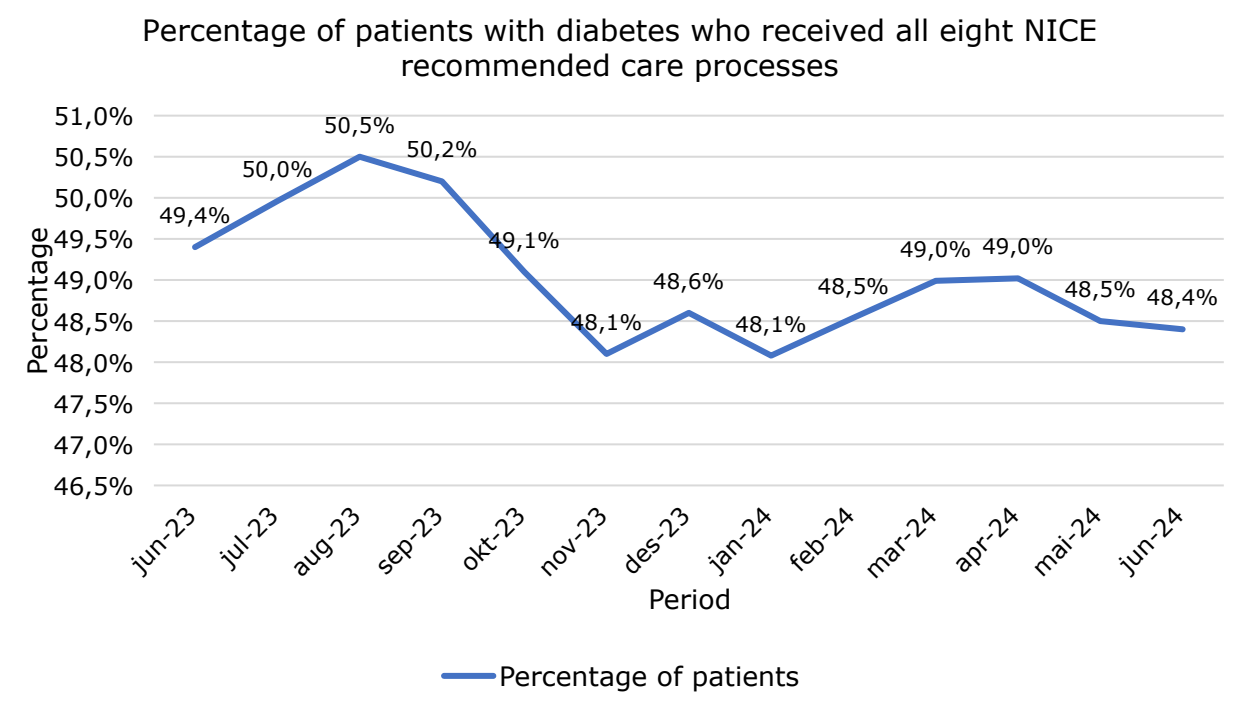
Latest available	Jun-24	Status of measure	Level 2a
Reported performance	48.4%	Benchmark position (Wales)	1 <sup>st</sup> (42.3%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

#### Challenges

- GP practices are challenging data accuracy.

#### Actions & Mitigations

- Ongoing data investigation with NHS England and the Welsh DHCW.



#### What the data tells us

- This is a new measure for the 2024/25 Performance framework
- Reported performance for June is 48.4% this is not meeting target but is higher than the All Wales average.

# 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 – 17

Frequency - Monthly

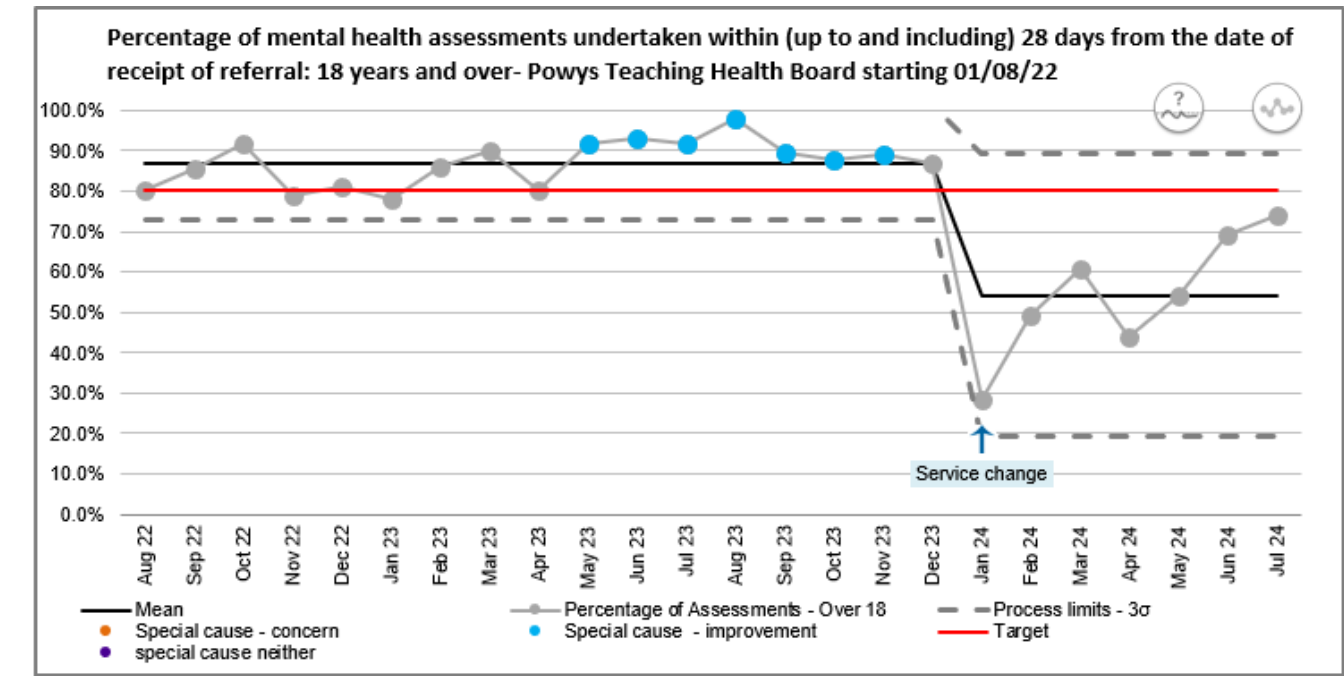
**Mental Health** - Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged **18 years and over**

**Executive lead** Interim Executive Director of Primary Care, Community and Mental Health      **Officer lead**      **Assistant Director of Mental health**

Latest available	Jul-24	Status of measure	Level 3
Reported performance	74.0%	Benchmark position (Wales)	5 <sup>th</sup> (68.2%)*
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?	Autumn 2024		

## 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 69.2% in June to 74.0% in July and we anticipate full recovery in Autumn 2024.
- There is still a substantive shortfall in administration in the South Powys team - temporary uplift in capacity has now been put in place.

## What the data tells us

- Performance in July continues to show improvement, increasing to 74.0% from 69.2% in June. This is still below target.
- PTHB ranks 5th with an All-Wales position of 68.2% for June.
- The health board has achieved 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 ongoing recording and reporting concerns.

# 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 – 19

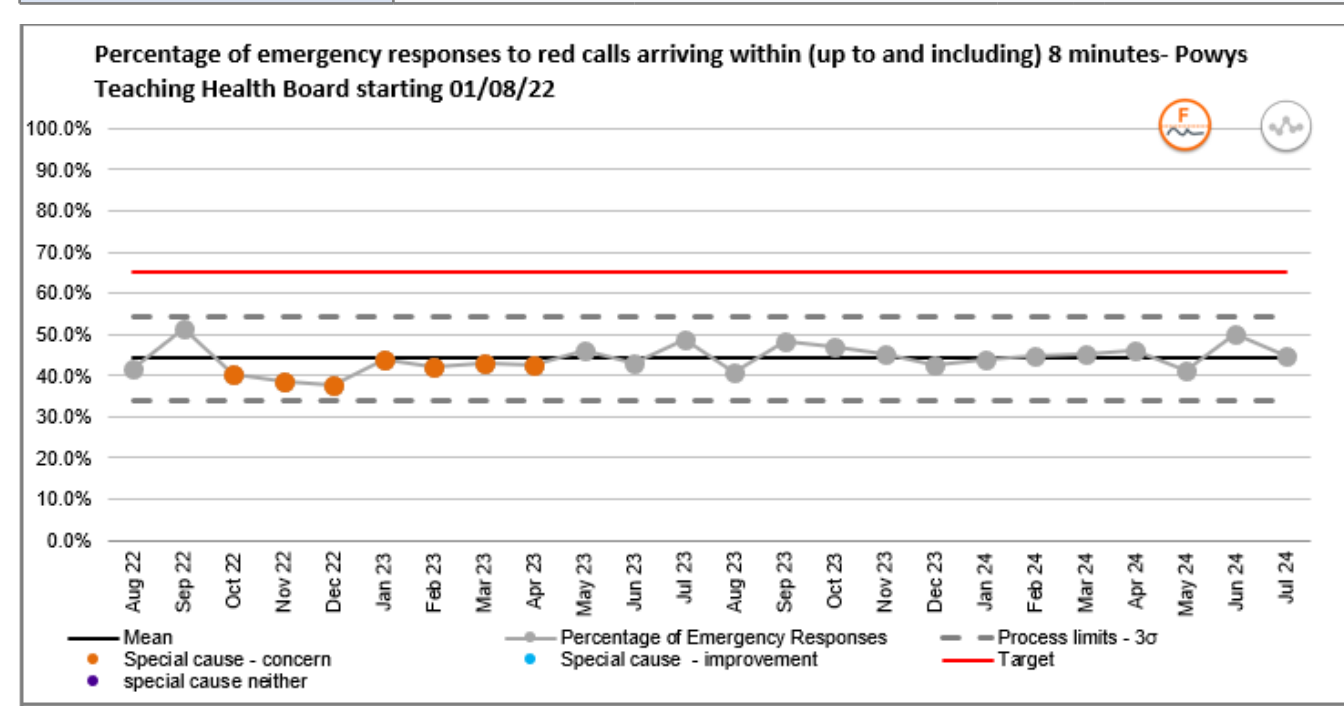
Frequency - Monthly

## Urgent & Emergency Care - Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes within Powys

<b>Executive lead</b>	Interim Executive Director of Planning, Performance and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
-----------------------	---	---------------------	---

Latest available	Jul-24	Status of measure	Level 2a
Reported performance	44.7%	Benchmark position (Wales)	6 <sup>th</sup> (48.2%)
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.		

Challenges
<ul style="list-style-type: none"> <li>This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.</li> <li>Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs.</li> <li>Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.</li> </ul>



Actions & Mitigations
<ul style="list-style-type: none"> <li>All hospital providers running A&amp;E services have been asked to improve flow so that ambulance turnaround times can be improved.</li> <li>All Wales urgent care system escalation calls being held daily (often more than once per day).</li> <li>Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.</li> <li>Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.</li> <li>New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.</li> <li>Wider system calls being held daily with the aim to improve overall system flow.</li> <li>Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.</li> <li>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.</li> <li>Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.</li> <li>Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.</li> </ul>

### What the data tells us

- The reported performance in July has shown a decrease in performance to 44.7% 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 6<sup>th</sup> and the All-Wales position for the same period is also poor at 48.2%

# 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

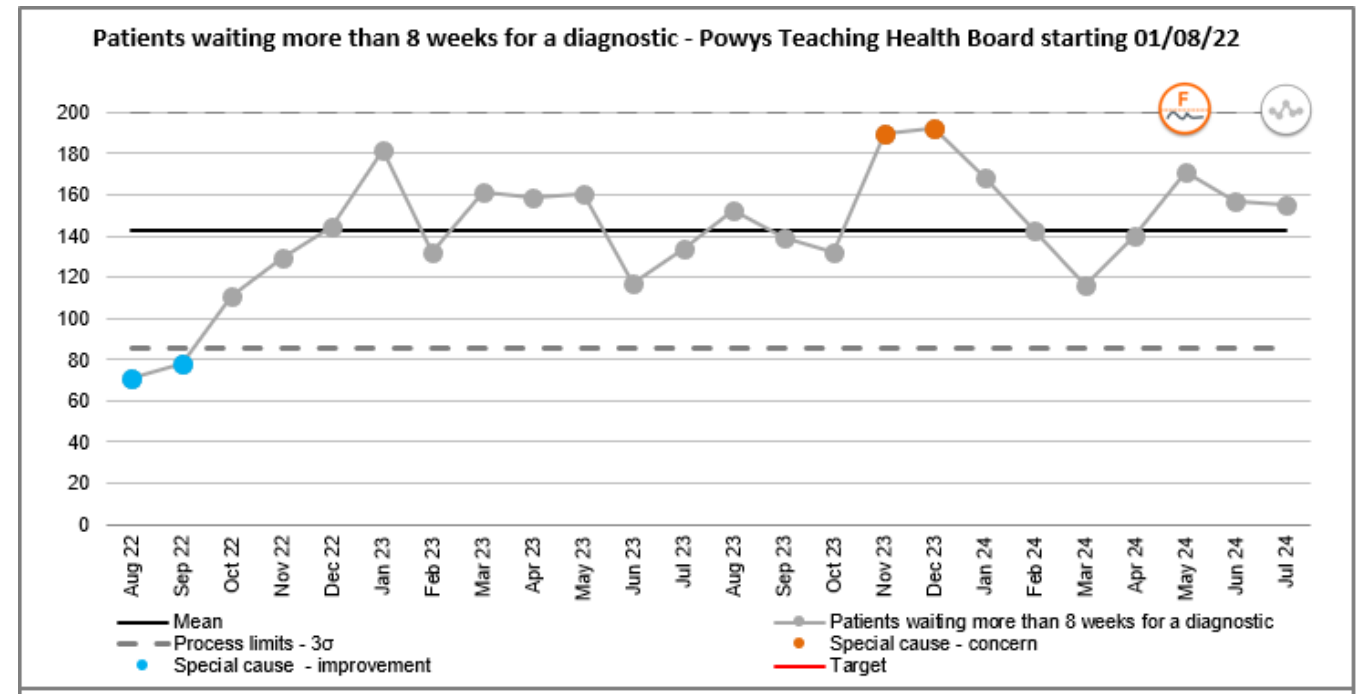
Frequency - Monthly

## Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic

<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director Community Services Group
-----------------------	---	---------------------	---

<b>Latest available</b>	Jul-24	<b>Status of measure</b>	<b>Level 3</b>
Reported performance	155	Benchmark position (Wales)	1 <sup>st</sup> (42,336)*
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	199	127	64%
Diagnostic Endoscopy	Colonoscopy	24	2	8%
Diagnostic Endoscopy	Cystoscopy	2	1	50%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	18	10	56%
Diagnostic Endoscopy	Gastroscopy	18	1	6%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	15	1	7%
Radiology - GP referral	Non-Obstetric Ultrasound	471	13	3%



### What the data tells us

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

- The health board has reported 155 breaches in July 2024, 127 breaches are for Echo Cardiograms, 14 within Endoscopy and 14 reported for Non-Obstetric Ultrasound.
- This measure remains **escalated** due to ongoing service pressure and non-compliance against Welsh Government target.

**Detailed narrative of challenges, actions and mitigations by sub service on the next slide**

**Access & Activity** **NHS Performance Measure – 26** **Frequency - Monthly**

**Planned Care & Cancer - Number of patients waiting more than 8 weeks for a specified diagnostic**

<b>Executive lead</b>	<b>Interim Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director Community Services Group</b>
-----------------------	--	---------------------	--

<b>Cardiology - Challenges</b>	<b>No. of breaches</b>	<b>127</b>
<ul style="list-style-type: none"> <li>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.</li> </ul>		

<b>Diagnostic Endoscopy - Challenges</b>	<b>No. of breaches</b>	<b>14</b>
<ul style="list-style-type: none"> <li>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.</li> <li>JAG 5 Year Assurance accreditation 6-month deferral pending review of in reach sessions including sub speciality leadership.</li> <li>General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.</li> <li>Colonoscopy capacity is insufficient without supplementary insourcing.</li> <li>Bowel screening (BS) Faecal Immunochemical Test (FIT) test changes from Oct-22 have increased demand, further significant increase forecasted from Oct 24</li> <li>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.</li> <li>Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.</li> <li>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.</li> <li>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 now received. Trans nasal endoscopy pilot up and running</li> </ul>		

<b>Non-Obstetric Ultrasound - Challenges</b>	<b>No. of breaches</b>	<b>14</b>
<ul style="list-style-type: none"> <li>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 &amp; bumps" vs Musculoskeletal (MSK).</li> <li>South Powys have a similar challenge with SBUHB affecting capacity type and resulting breaches.</li> </ul>		

**Cardiology - Actions & Mitigations**

<ul style="list-style-type: none"> <li>Cardiology – (Echo Cardiogram)</li> <li>Use of PTHB employed echo-cardiogram technician to support cardiology.</li> <li>Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).</li> <li>Development of clinical waiting list validation within in reach clinical team: On-going.</li> <li>Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal.</li> <li>Reviewing opportunities for Mid Wales collaborative support outreaching into North Powys Q2 24/5.</li> <li>Business case in development for rollout to south</li> </ul>
---

**Diagnostic Endoscopy - Actions & Mitigations**

<ul style="list-style-type: none"> <li>Additional capacity has continued to support backlog clearance for both outpatients and diagnostic general surgery.</li> <li>Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology &amp; pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.</li> <li>Start of sponge capsule (cytosponge) from 2nd October 2023 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.</li> <li>Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024, ongoing. Alongside ongoing discussions with CTM for permanent clinical lead role, have agreed a locum appointment with ABUHB which is expected to satisfy requirements for re-inspection.</li> <li>Rolling programme of clinical and administrative waiting list validation.</li> <li>Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.</li> <li>Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid</li> <li>Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.</li> <li>Assistant Medical Director Planned Care currently supporting service and role being substantiated.</li> <li>Review of standard operating procedures (SOP's) and related documentation completed.</li> </ul>
---

**Non-Obstetric Ultrasound - Actions & Mitigations**

<ul style="list-style-type: none"> <li>Use of agency for breaching patients.</li> <li>Urgent referrals are routed to acute providers.</li> <li>Demand and Capacity workstream to assess system efficiency and implement improvements.</li> <li>Continuous monitoring of waiting list.</li> </ul>
--

Patterson, Liz  
23/09/2024 17:28:36

# 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

<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director Community Services Group
-----------------------	---	---------------------	---

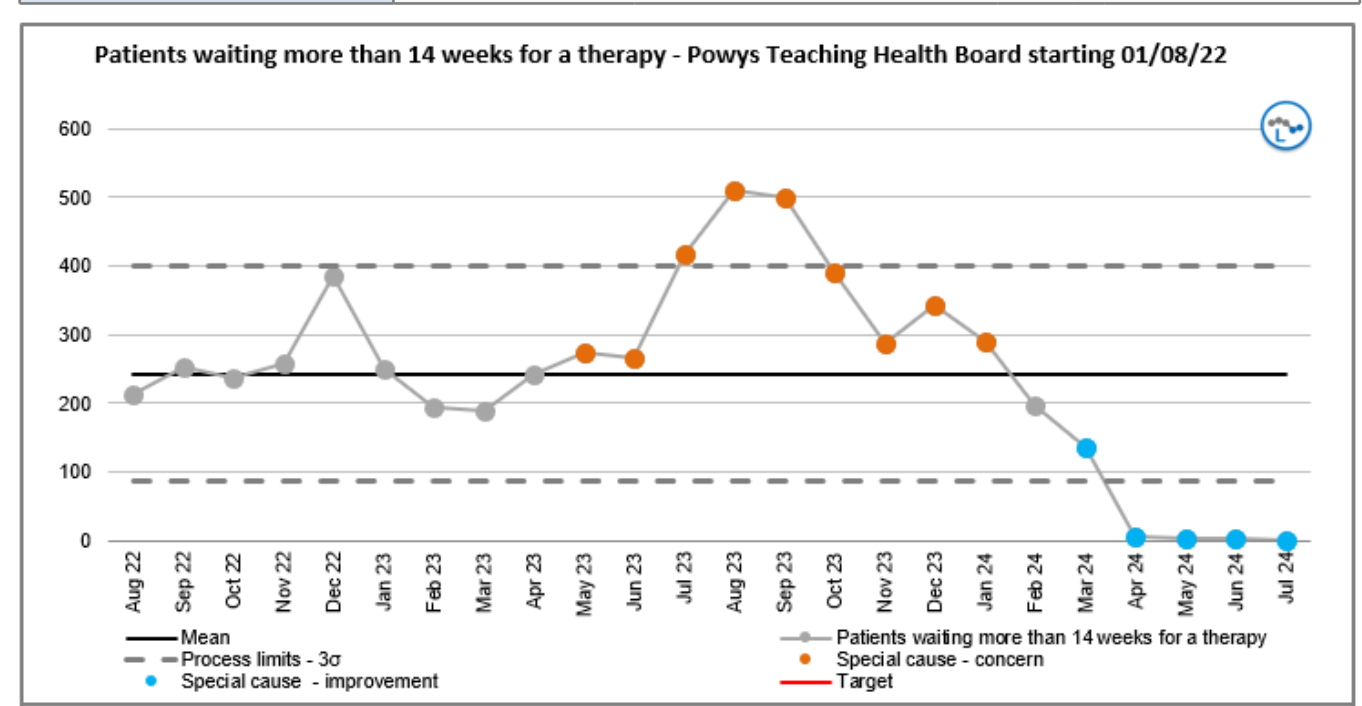
Latest available	Jul-24	Status of measure	Level 2a
Reported performance	1	Benchmark position (Wales)	1 <sup>st</sup> (6,152)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBA 2024/25		

### Challenges

- No exceptions to report

### Actions & Mitigations

- Weekly management of waiting lists by Heads of Service.
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Significant improvements across all therapies performance.



### What the data tells us

- 1 patient breached the 14-week target in July for Podiatry APAS
- 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)

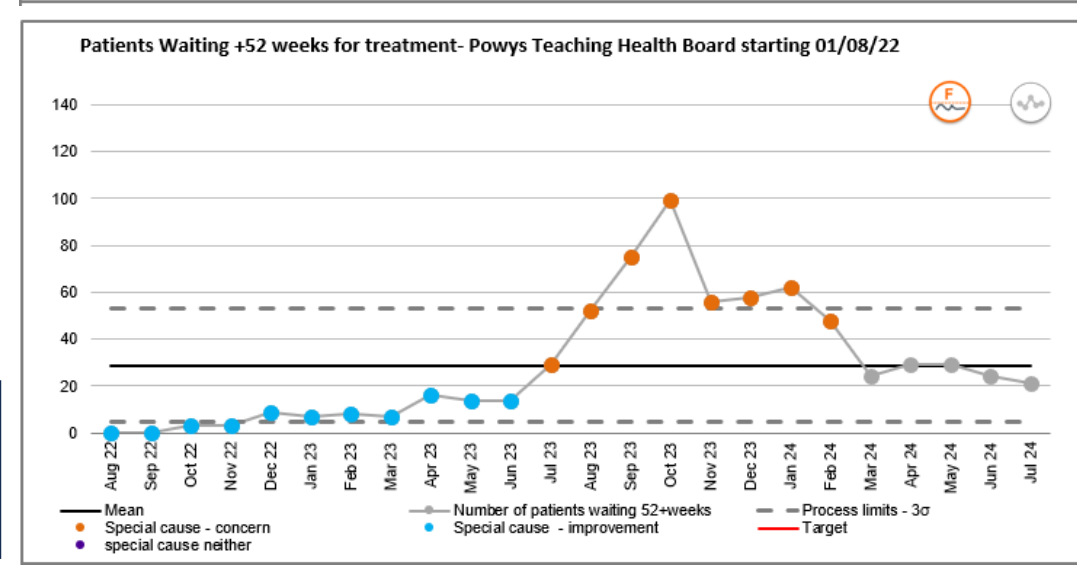
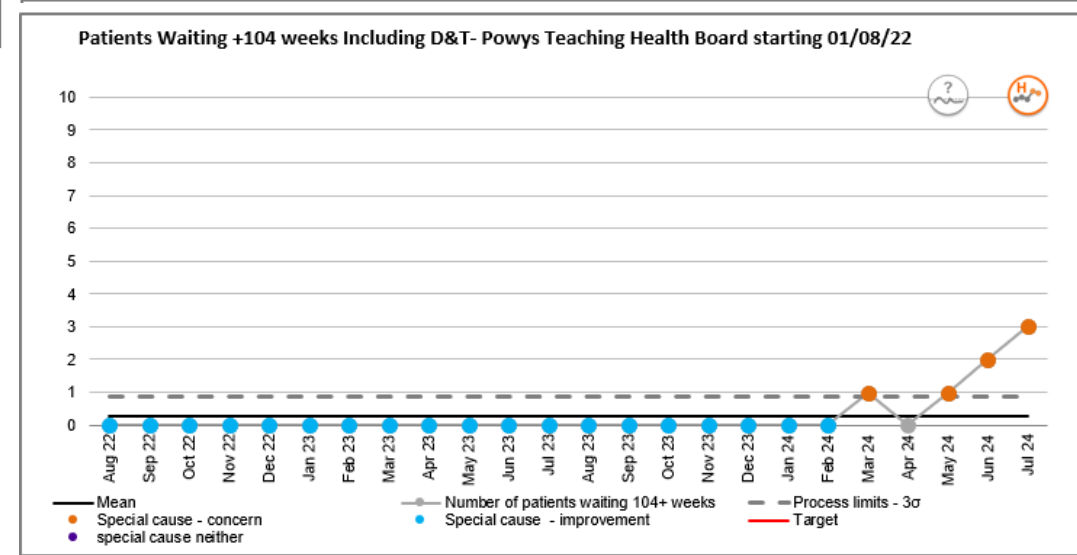
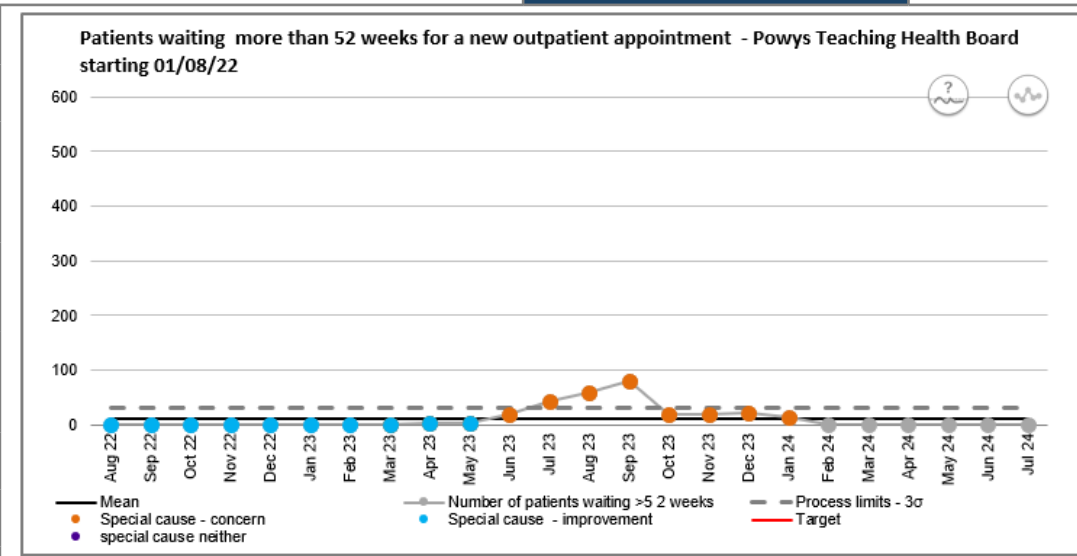
## Planned Care & Cancer – Provider Referral to treatment (RTT)

<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health		<b>Officer lead</b>	Assistant Director Community Services Group
-----------------------	---	--	---------------------	---

Latest available		Jul-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	1	Common cause variation
32	Number of patients waiting more than 104 weeks for referral to treatment	0	3	Special cause Concern
33	Number of patients waiting more than 52 weeks for referral to treatment	Reduction to zero by Jun-25	21	Common cause variation
Measure type		NHSPF	Quality of measure data	Good
Data source of measure		DCHW		
Recover by?		TBA 2024/25		

### What the data tells us

- New patients over 52 week - PTHB has seen a decrease in performance and does not meet the Welsh Government target with 1 new outpatient appointment pathways (stage 1) waiting over 52 weeks in podiatric surgery (the pathway has since been seen and discharged in August). This measure reports common cause variation
- Patients waiting more than 104 weeks - PTHB generally performs well against this metric but with recent challenges around DGH diagnostic delays within the provider pathway the number of breaches has increased to 3 in July. This measure is now showing special cause concern although the numbers are very low and includes 1x late referral.
- Number of patients waiting more than 52 weeks - The health board has met the reduction target for the last 2 months with 21 patients waiting more than 52 weeks for treatment in July. It should be noted that this position is below the 24-month average and improved when compared to July 2023 (to note this measure was incorrectly RAG rated red in month 3 IQPR but was compliant)
- These metrics as a group remain escalated at level 3 because of provider planned care RTT pathways not meeting key ministerial priority targets and trajectories, the service remains under significant pressure with a very fragile service provision.



Patterson, Liz  
25/09/2024 17:28:36

Further narrative and details on Provider RTT on next slide

**Planned Care & Cancer** – Provider Referral to treatment (RTT) – Combined narrative challenges and actions

<b>Executive lead</b>	<b>Interim Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director Community Services Group</b>
-----------------------	--	---------------------	--

**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.
- Broad ENT challenges for complex diagnostics within acute units e.g., Venous duplex scans etc.
- 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.

**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.
- PTHB Medical Director escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board).
- Planned care bids to national planned care fund in March 2024 – No allocations of funding to Health Board proposals.
- 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.

**RTT waits by main specialty - PTHB Provider - July 2024 - Open pathways**

Specialty	% <26 Weeks	Patients Waiting by band						Total Waiting
		0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	
100 - GENERAL SURGERY	80.8%	400	70	22	3			495
101 - UROLOGY	84.4%	152	19	9				180
110 - TRAUMA & ORTHOPAEDICS	73.4%	556	155	37	4	2	3	757
120 - ENT	89.5%	528	41	15	5	1		590
130 - OPHTHALMOLOGY	73.2%	842	169	139	1			1151
140 - ORAL SURGERY	95.8%	226	6	4				236
143 - ORTHODONTICS	100.0%	21						21
191 - PAIN MANAGEMENT	100.0%	187						187
300 - GENERAL MEDICINE	93.3%	28	2					30
302 - ENDOCRINOLOGY	100.0%	3						3
320 - CARDIOLOGY	80.5%	219	31	22				272
330 - DERMATOLOGY	100.0%	132						132
410 - RHEUMATOLOGY	83.6%	158	19	12				189
420 - PAEDIATRICS	100.0%	68						68
430 - GERIATRIC MEDICINE	84.0%	21	4					25
502 - GYNAECOLOGY	95.1%	252	9	4				265
663 - PODIATRIC SURGERY	63.0%	46	8	17	2			73
999 - Allied Health Professional Ser	100.0%	2775	1					2776
	<b>88.8%</b>	<b>6614</b>	<b>534</b>	<b>281</b>	<b>15</b>	<b>3</b>	<b>3</b>	<b>7450</b>

\* 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

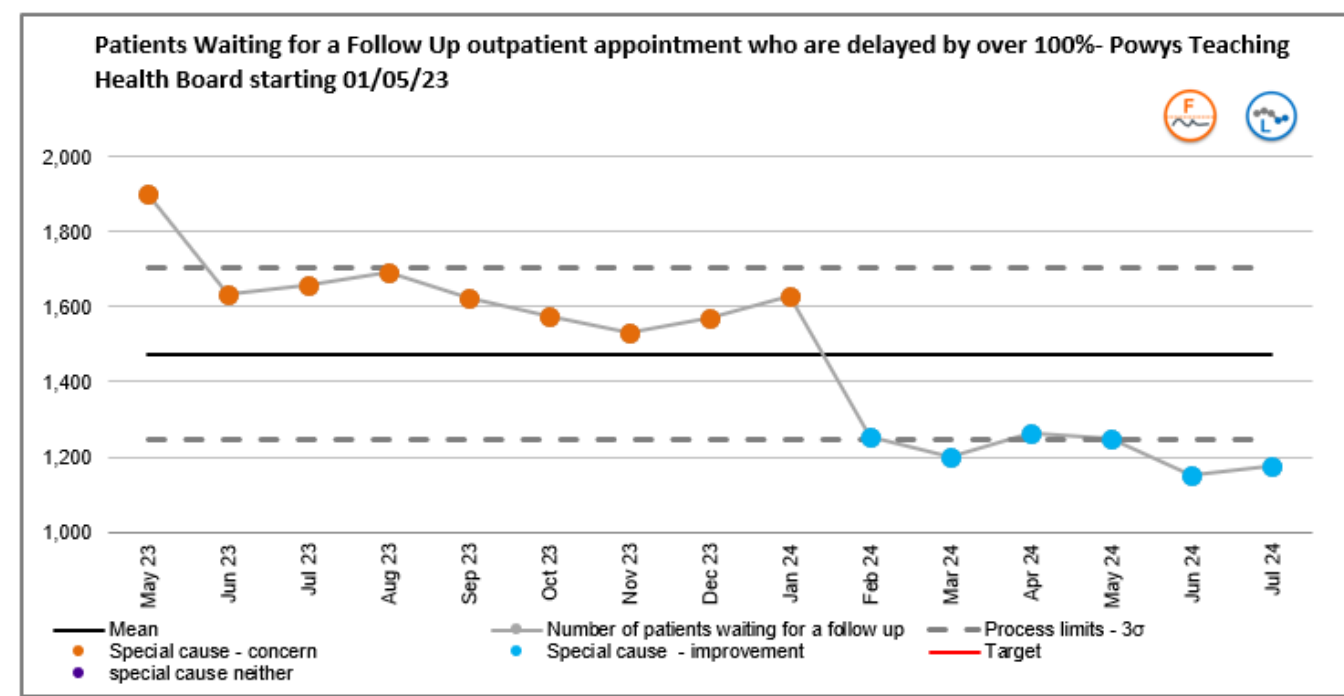
## Planned Care & Cancer - Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director Community Services Group
-----------------------	---	---------------------	---

Latest available	Jul-24	Status of measure	Level 3
Reported performance	1175	Benchmark position (Wales)	1 <sup>st</sup> (247,979)
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		

### 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, work is wider than just reportable follow-ups including specialist nursing teams etc.
- Ongoing challenges with patient administration system – ongoing investigation with Digital applications and operational team.



### Actions & Mitigations

- Ongoing validation work with Performance, Service, and Data & Business Intelligence (D&BI) department led by an Executive escalation group.
- SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
- Operational services continue to support the validation of records and provide challenge identification for the D&BI team to investigate.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Enhanced monitoring from Q1 2024/25 to better understand system demand and capacity.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Bid to Welsh Government Planned Care fund for clinical and digital infrastructure to support this and other service transformation though unfortunately, no allocation has been made to Health Board schemes.
- Plan under development for national implementation of discharge protocols which will require MDT resource and specialty leadership.

### What the data tells us

- In July 1175 FUP's were reported as overdue by 100% or over this is less than the equivalent period in July 2023 (1660).
- PTHB is reporting "reportable" only FUP's to Welsh Government (WG) from April 2023 as required by the national measure.
- To note FUP reporting has now shifted to include SPC chart monitoring and reports special cause improvement.
- 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.

# 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

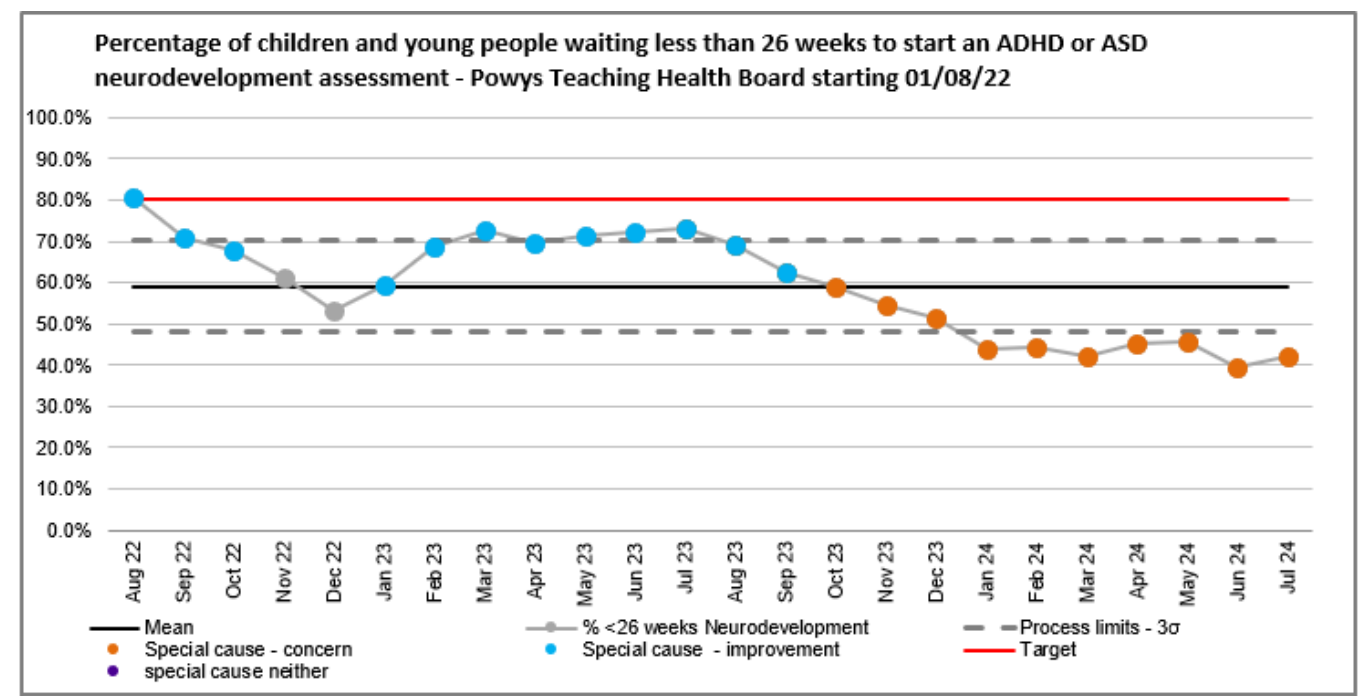
Officer lead

Assistant Director of Women's and Childrens

Latest available	Jul-24	Status of measure	Level 3
Reported performance	42.0%	Benchmark position (Wales)	1 <sup>st</sup> (23.7%)*
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		

### 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 31st July 24.



### Actions & Mitigations

- Whole system review in progress to inform a sustainable business case for a future model of care.
- Internal waiting list is being prioritised to ensure timely completion of pathway when children are removed from RTT, this will impact future performance in the short term whilst robust pathways are being developed.
- Capacity remains challenging to meet the referral demand even with additional Revenue Integration Funding (RIF) posts.
- Scheduling and clinic plans are being addressed to ensure maximum efficiencies.
- Pan Powys model for RTT rather than the previous geographically led process which resulted in regional variance in RTT wait times.
- Prioritisation to longest waits within internal list to close pathway.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work to commence in September 2024.
- Business efficiencies being addressed within the administrative processes.
- Robust communication plan in place for parents/carers; lets to be sent to families when a child is accepted to the waiting list along with progress updates.
- Implementation of mail envoy.

### What the data tells us

- Performance for neurodevelopmental assessment (ND) continues to fall outside of the lower control limit reporting 42.0% in July.
- 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.

# 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

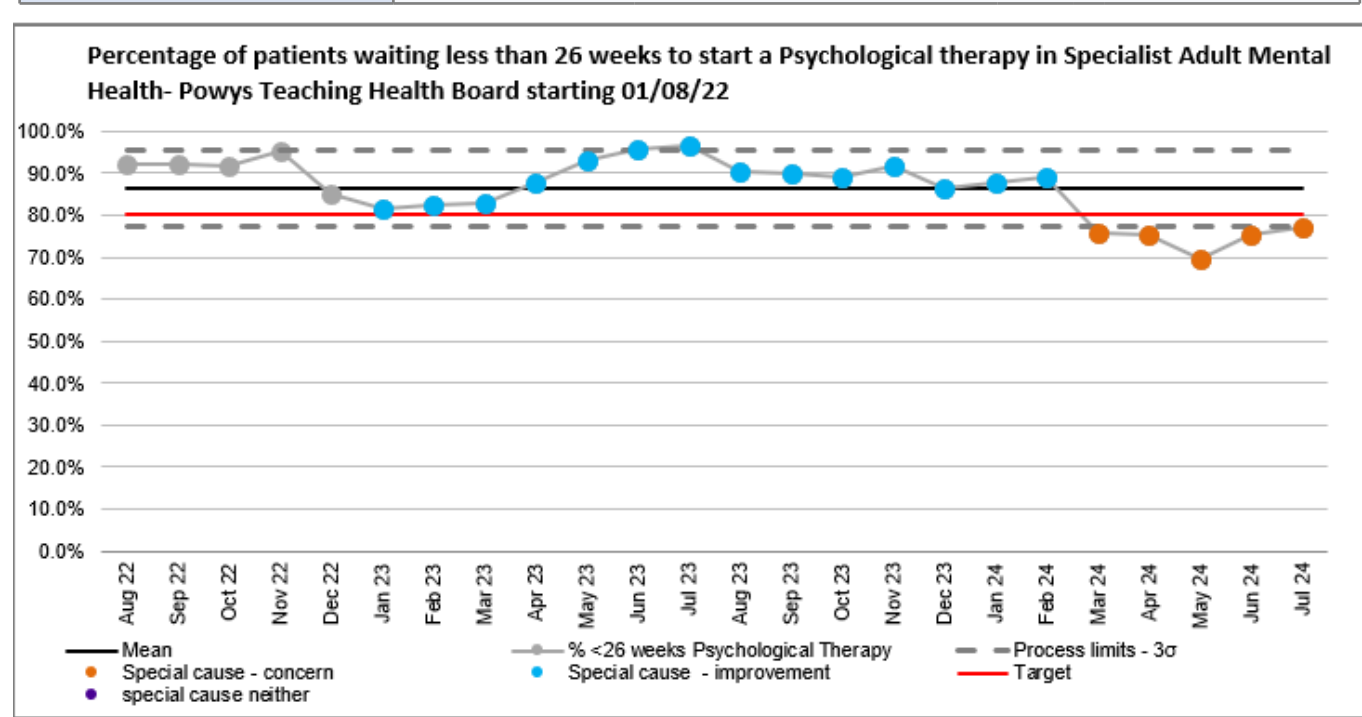
<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Mental Health
-----------------------	---	---------------------	-------------------------------------

Latest available	Jul-24	Status of measure	Level 2a
Reported performance	76.9%	Benchmark position (Wales)	2 <sup>nd</sup> (62.1%)*
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?			

### 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.
- We anticipate that these issues are short term pressures, and they will be resolved in the next quarter.



### Actions & Mitigations

- A locum psychologist (within budget, utilising slippage from vacancies) has been agreed in July 2024 for a three-month period, whilst new staff undergo induction.

### What the data tells us

- Performance remains below target in July at 76.9% 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 62.1% for June 2024

# 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)

<b>Executive lead</b>	<b>Executive Director of People and Culture</b>	<b>Officer lead</b>	<b>Deputy Director of People and Culture</b>
-----------------------	---	---------------------	--

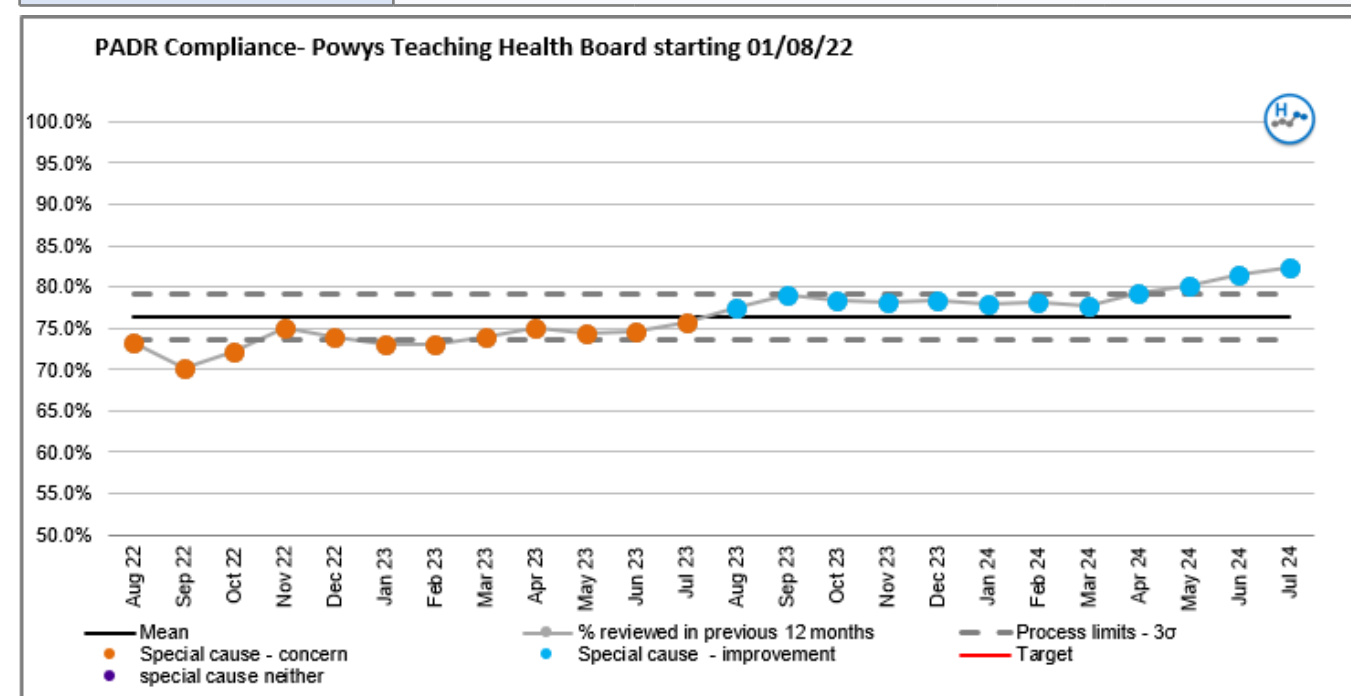
Latest available	Jul-24	Status of measure	Level 2a
Reported performance	82.4%	Benchmark position (Wales)	5 <sup>th</sup> (76.2%) (May-24)
Target	85%		
SPC assurance rating	Special cause - improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		

### Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, 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.

### 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.
- Ongoing signposting to guidance for recording PADR's on ESR



### What the data tells us

- PTHB PADR compliance is reported at 82.4% for July 2024, performance continues to remain above average and is below national target. PTHB benchmarked 5<sup>th</sup> out of 13 organisations
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 12 months.

# 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)

<b>Executive lead</b>	Interim Executive Director of Planning, Performance, and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
-----------------------	--	---------------------	---

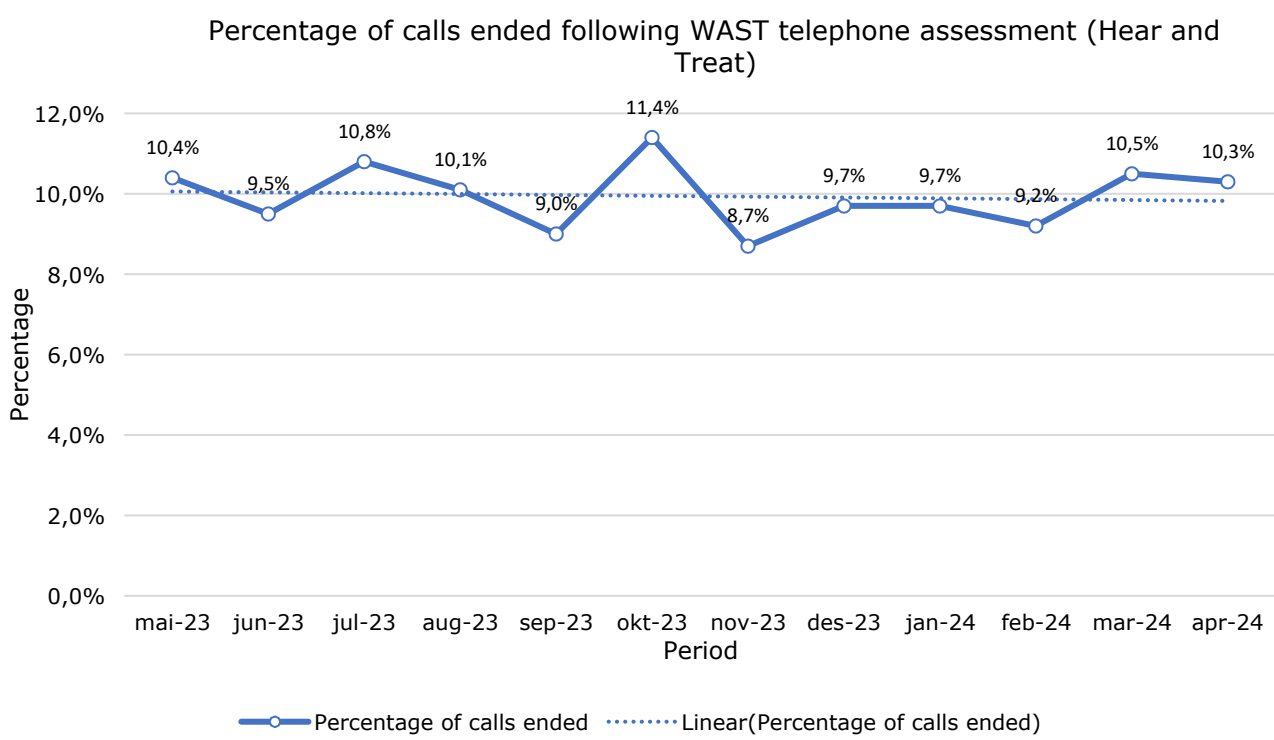
Latest available	Apr-24	Status of measure	Level 2a
Reported performance	10.3%	Benchmark position (Wales)	7 <sup>th</sup> (15.2%)
Target	17% or more		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			

### 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.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services colleagues to develop improvement plan for Powys.



### 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 7<sup>th</sup> against the All-Wales position of 15.2% for April 2024.

# 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 – 43

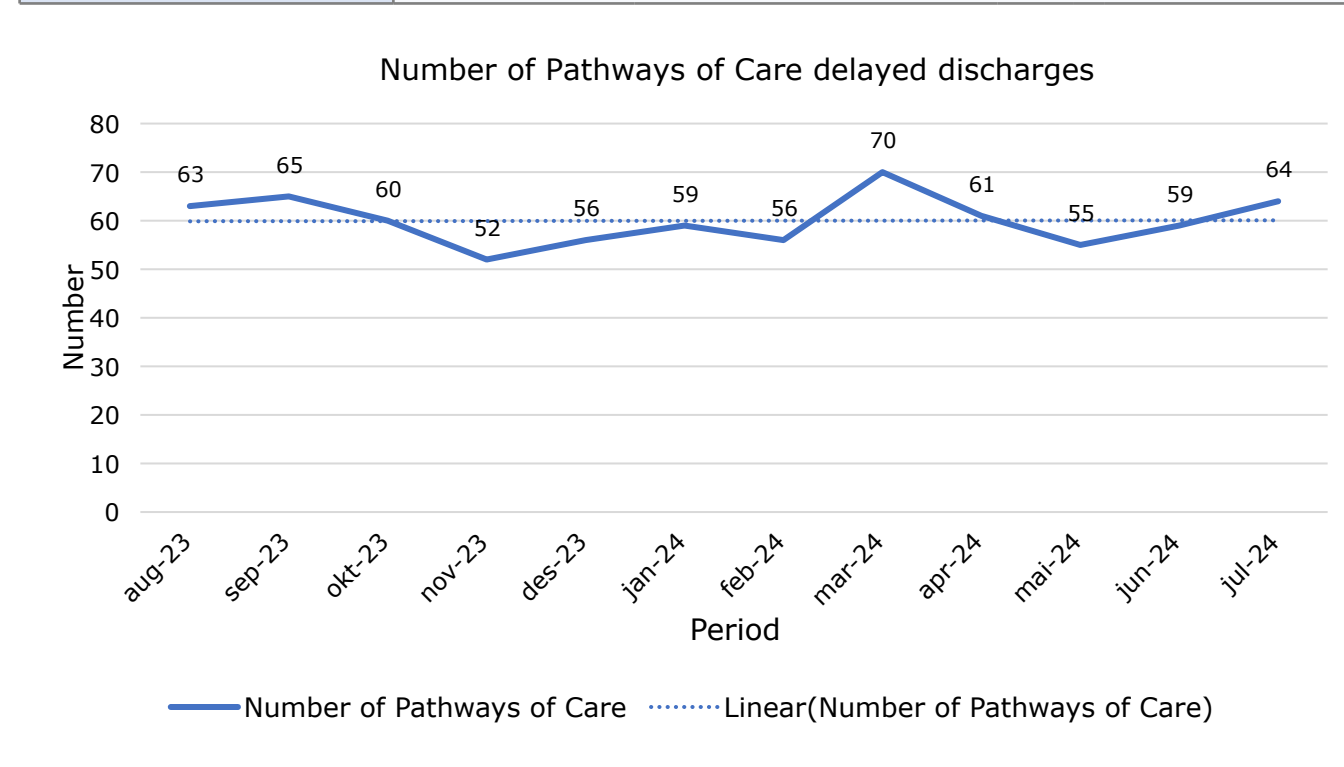
Frequency - Monthly

## Enhanced Care in the Community - Number of Pathways of Care delayed discharges

<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Services
-----------------------	---	---------------------	--

Latest available	Jul-24	Status of measure	Level 2a
Reported performance	64	Benchmark position (Wales)	2 <sup>nd</sup> (1,652)
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?			

Challenges
<ul style="list-style-type: none"> <li>Increased deconditioning following extended stays.</li> <li>Increased assessment delays trending upward.</li> <li>Limitations of domiciliary care market and wider social care provision market capacity &amp; responsiveness.</li> <li>Increasing community demand.</li> <li>Delayed social care allocation and assessment.</li> <li>Requirement to refresh community hospital model.</li> <li>No change to days delayed (no increase or decrease on March baseline) with risk to target of 15% reduction by November 24</li> <li>4% Increase in Days Delayed – Risk to target of 20% reduction by November 24</li> <li>5% decrease in assessment delays, however more progress is needed to reach the 20% reduction target by November 24</li> </ul>



Actions & Mitigations
<ul style="list-style-type: none"> <li>Increased discharge liaison officers in post.</li> <li>Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge.</li> <li>Working with PCC to facilitate improved Domiciliary care market capacity and better understand demand.</li> <li>Proposed test of change for several Community Hospital sites operating model (RTGU and Rehabilitation)</li> <li>System engagement and escalation with Powys County Council to inform improved capacity measures.</li> <li>Promotion of Home First model as per Goal 5 focus outcomes and exploration of repatriation of reablement service.</li> <li>Promotion of reablement, reduced LOS and activities to reduce deconditioning.</li> <li>Daily Sitrep and flow discussions.</li> <li>Bi-weekly focus on stranded patient review.</li> <li>Weekly themes and trends meeting.</li> <li>Accelerated Sustainability model planning to inform community offer.</li> <li>Continued participation in market engagement with care providers/ third sector provisions.</li> <li>Attendance to SaTH &amp; WVT silvers daily by Senior Manager Unscheduled Care.</li> </ul>

What the data tells us
<ul style="list-style-type: none"> <li>PTHB reports non-compliance at the end of July against the 12-month reduction target, it should be noted that delays increased from 59 to 64 for this period.</li> </ul>

# 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

<b>Executive lead</b>	<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Officer lead</b>	<b>TBC.</b>
-----------------------	--	---------------------	-------------

Latest available	Jul-24	Status of measure	Level 2a
Reported performance	297	Benchmark position (Wales)	9 <sup>th</sup> (21,122)*
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?			

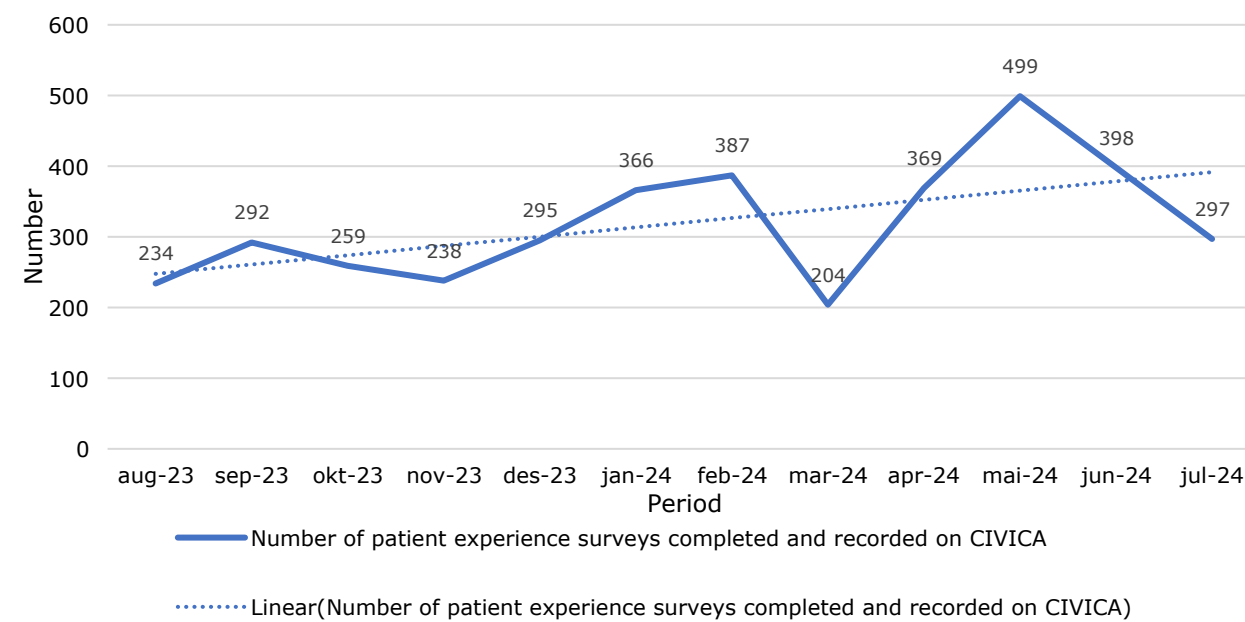
## Challenges

- 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.

Number of patient experience surveys completed and recorded on CIVICA



## What the data tells us

- Reported experience surveys have dropped significantly as reported in July to 297 not meeting the improvement target.
- Person: Liz  
23/09/2024 17:28:36*

# 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

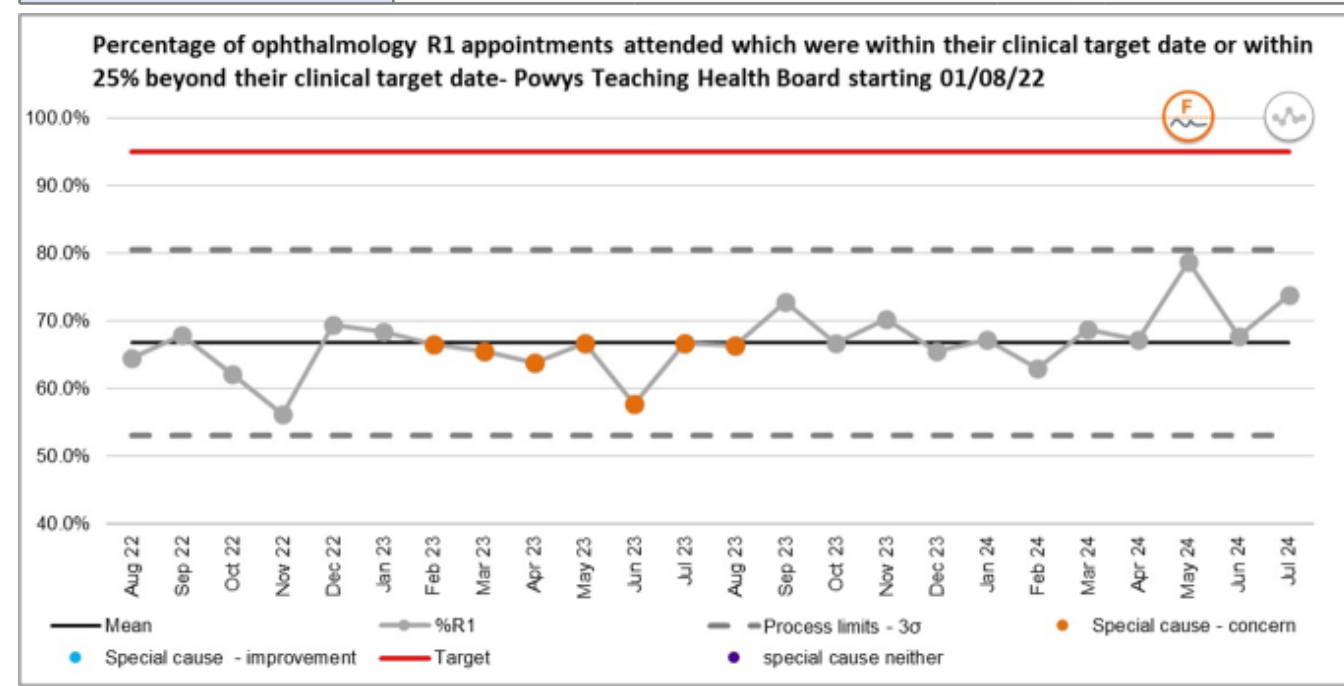
Frequency - Monthly

**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

<b>Executive lead</b>	Interim Executive Director of Primary Care, Community and Mental Health	<b>Officer lead</b>	Assistant Director of Community Services Group
-----------------------	---	---------------------	--

Latest available	Jul-24	Status of measure	Level 2a
Reported performance	73.8%	Benchmark position (Wales)	1 <sup>st</sup> (61.5%)*
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		

Challenges
<ul style="list-style-type: none"> <li>In-reach fragility impacts available capacity for specialty.</li> <li>Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing.</li> <li>Industrial actions in England occurred through Q1 resulting in reduced capacity and backlog for eyecare as most of the in-reach provision is from Wye Valley NHS Trust.</li> <li>Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.</li> <li>National Digital Eye Care roll-out delay, DHCW working with HBs to review system options</li> <li>Planned care bids to national planned care fund in March 2024 which included specialty leads session for Ophthalmology – outcome pending</li> </ul>



Actions & Mitigations
<ul style="list-style-type: none"> <li>Working with Wye Valley NHS Trust &amp; 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.</li> <li>League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway.</li> <li>Work with community optometry on contract reform and transformation opportunities.</li> <li>Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.</li> <li>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.</li> <li>Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals.</li> <li>Service has secured additional bank (temporary staff) injector to increase capacity. Further to this PTHB has 2<sup>nd</sup> injector nurse completing all relevant training in Autumn 2024.</li> <li>Scoping opportunities for WET AMD nurse led service for North Powys with Mid Wales collaborative.</li> <li>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.</li> <li>Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.</li> <li>Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care &amp; other outpatient department specialities first HB in Wales.</li> <li>Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.</li> </ul>

## What the data tells us

- The health boards performance for the measure has improved in July with 73.8% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All-Wales benchmark (61.5%) and ranked 1st in June (latest available).
- Compliance reports common cause variation higher than the 24-month average.

# 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

<b>Executive lead</b>	<b>Executive Director of Nursing, Quality, Women and Family Health</b>	<b>Officer lead</b>	<b>Deputy Director of Nursing</b>
-----------------------	--	---------------------	-----------------------------------

Latest available	Jul-24	Status of measure	Level 2a
Reported performance	13	Benchmark position (Wales)	4 <sup>th</sup> (404)
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?			

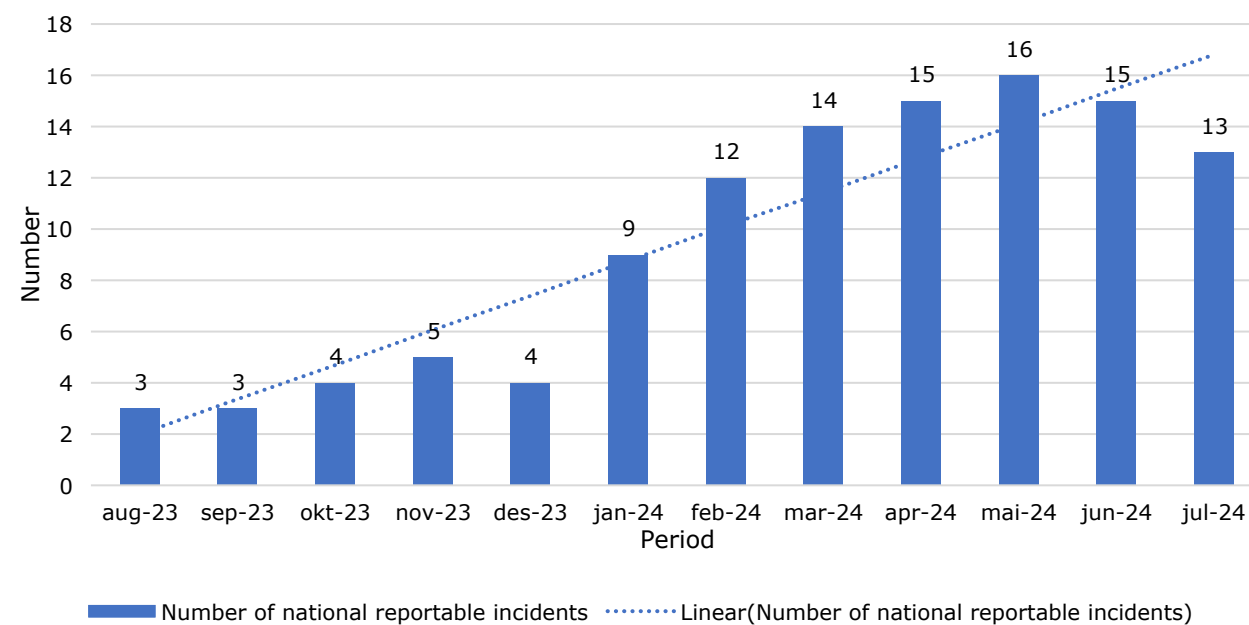
## Challenges

- Complexity of 2 NRI's since Q2 2022 have required significant timescales to investigate outside of control of PTHB.
- Delayed contributions to investigations by external agencies.
- Mental Health investigations have a longer 120-day window to complete, this will skew performance against the 90-day measure.
- 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 and ongoing communication with NHS Executive to ensure data is accurate.
- The Quality and Safety Team are currently revising the Incident Management Framework, Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs

Number of national reportable incidents that remain open 90 days or more



## What the data tells us

- Powys reported 13 patients' safety incidents that remained open over 90 days in July.
- Most of the open NRI's are associated with Mental Health Services, the timescale for completion of those investigations is 120 days rather than 90 days as per NHS Performance measure.

# Provider Service Assurance

PTHB information on key provider elements e.g., local measures, quality specific and provider cancer pathway assurance..

Peterson, Liz  
23/09/2024 17:28:36

# 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.

<b>Executive lead</b>	<b>Interim Executive Director of Primary Care, Community and Mental Health</b>	<b>Officer lead</b>	<b>Assistant Director Community Services Group</b>
-----------------------	--	---------------------	--

<b>Latest available</b>	<b>Jul-24</b>	<b>Status of measure</b>	<b>Level 2a</b>
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		

### What the data tells us

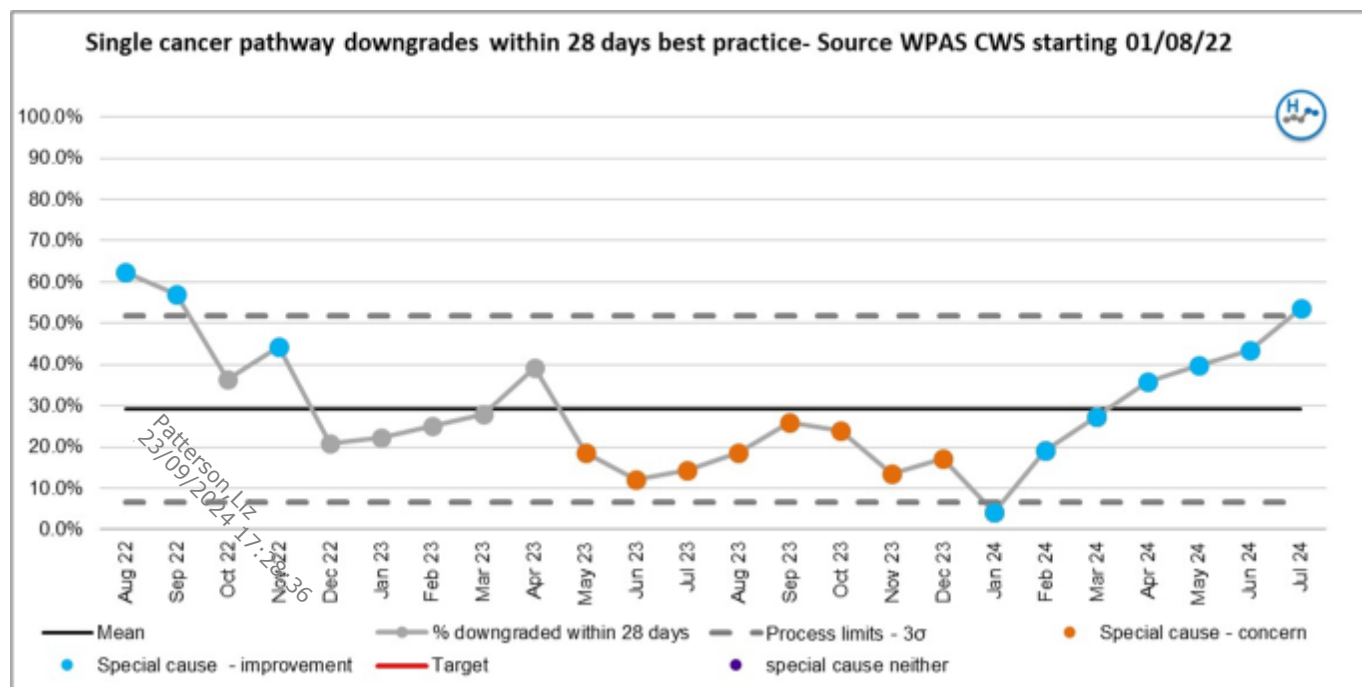
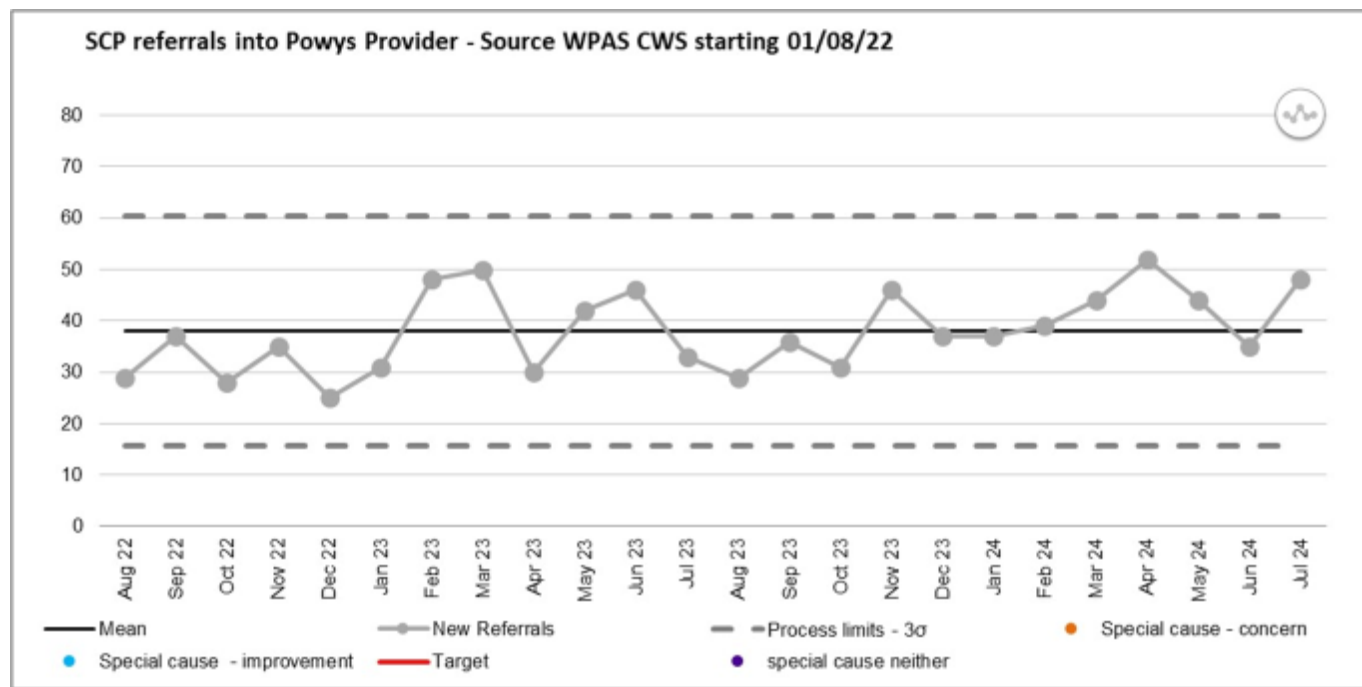
- Powys has reported 48 new pathways in July with the majority via primary care, monthly referral numbers are above the 24-month average.
- Following significant work on cancer pathway validation and downgrade timeliness the health board is seeing an improving trend against the 28-day NICE best practice guideline with 53.5% compliance in July of all 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.

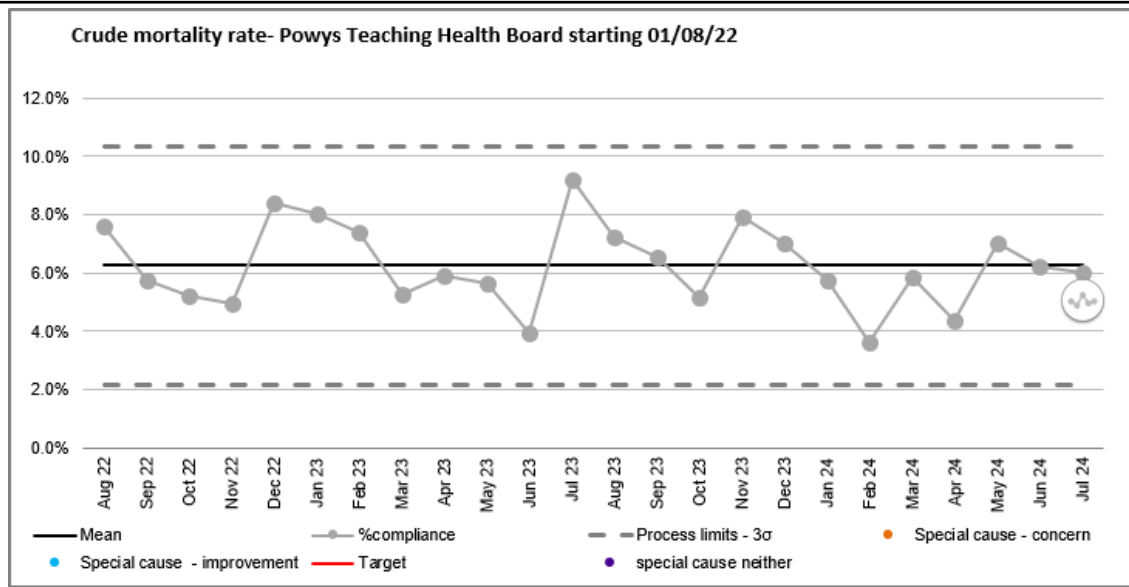
### Challenges

- 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.
- 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 reliant on 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).
- Planned care bids to national planned care fund in March 2024 for clinical infrastructure to support cancer services including colorectal nurses although no allocations have been made to Health Board schemes.
- New evidence-based diagnostics within Powys to identify key conditions earlier and closer to home including trans nasal endoscopy commenced 5<sup>th</sup> 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.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.

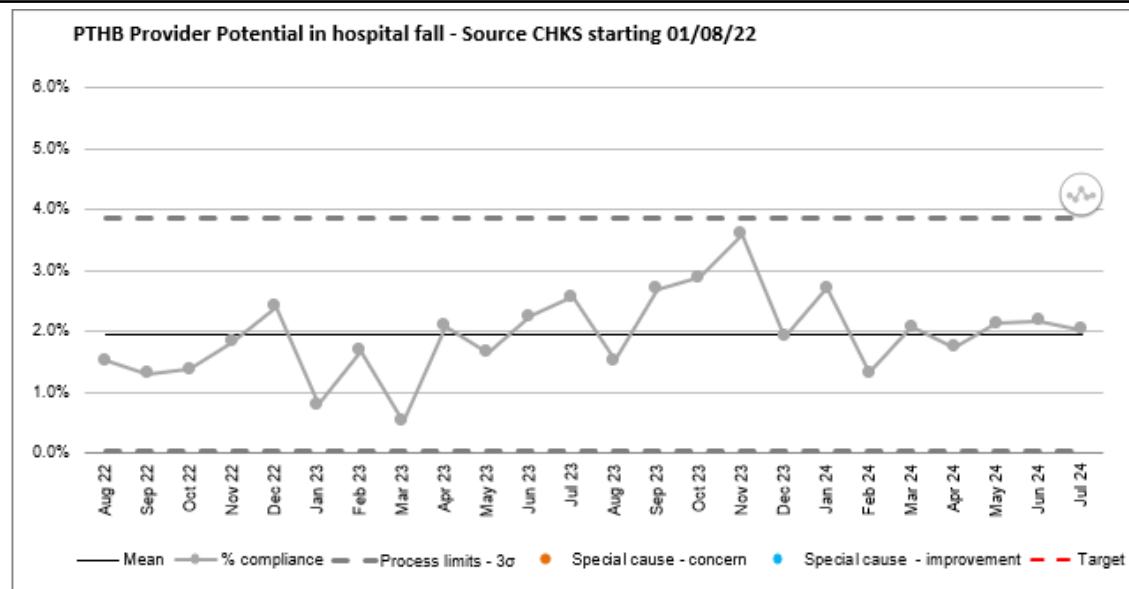




PTHB provider mortality rate reports common cause variance and remains within the expected variation by month. PTHB is a peer outlier compared to Welsh Acute care trusts, but the service models are non-comparable.

July reported 6.0% mortality slightly below the 24-month average with data sourced from CHKS.

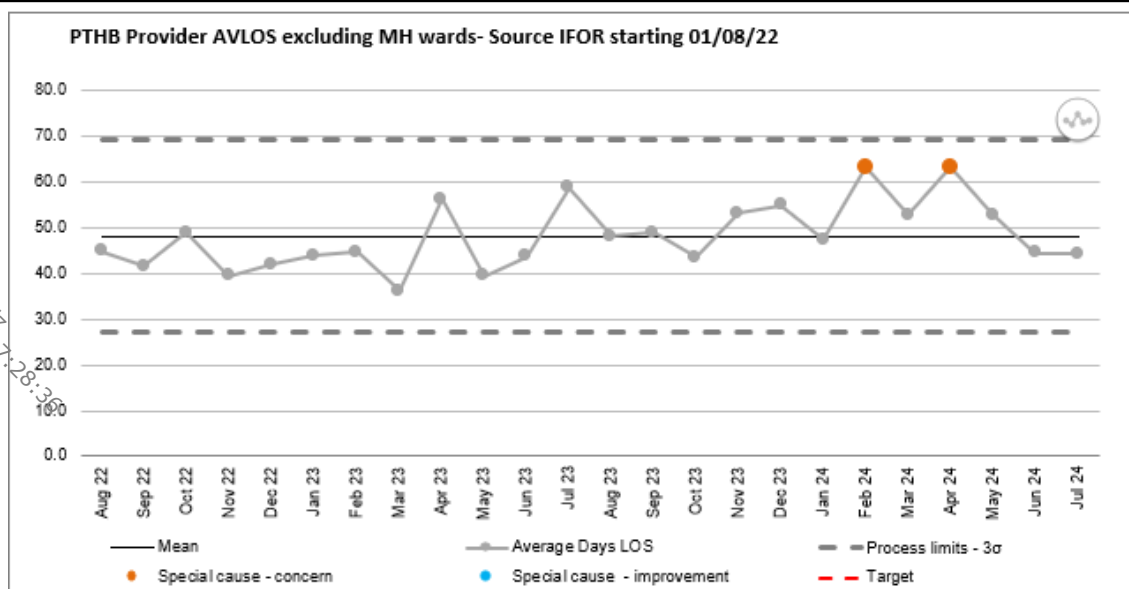
*"The monthly mortality rate is a crucial indicator of healthcare quality because it provides a clear, direct measure of patient outcomes, clinical quality, and safety. It facilitates benchmarking, trend analysis, and early detection of issues, while also ensuring compliance with regulatory standards 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 2.0%.

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."*

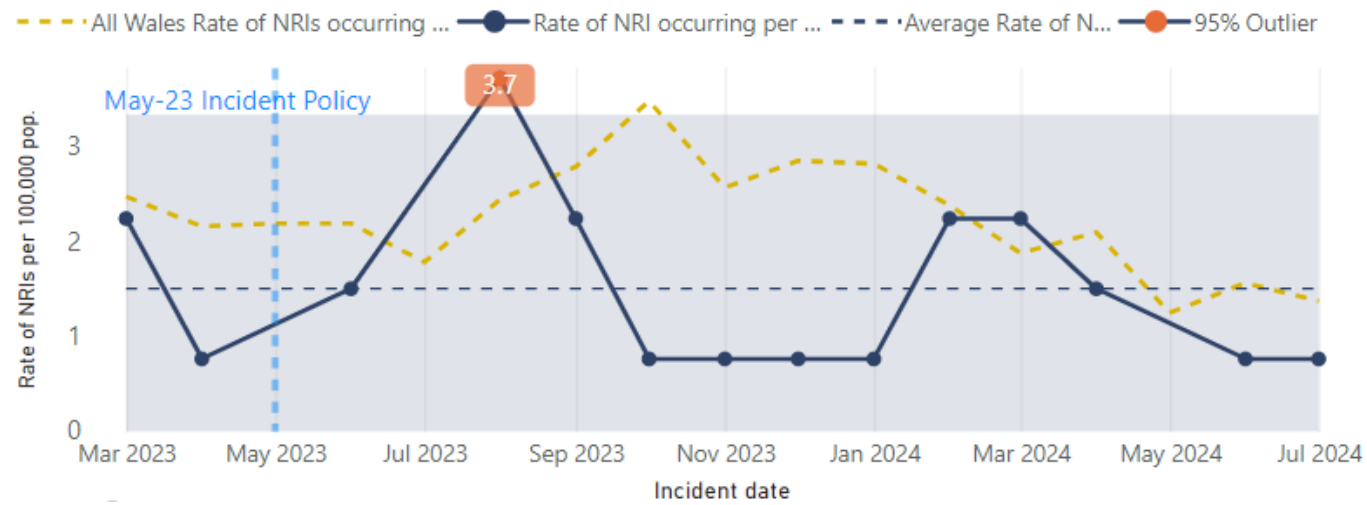


PTHB Provider reports that average length of stay (AVLOS) decreased to 44.3 days for non-mental health wards in July 2024, this remains common cause variance  
Data source from IFOR

*"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"*

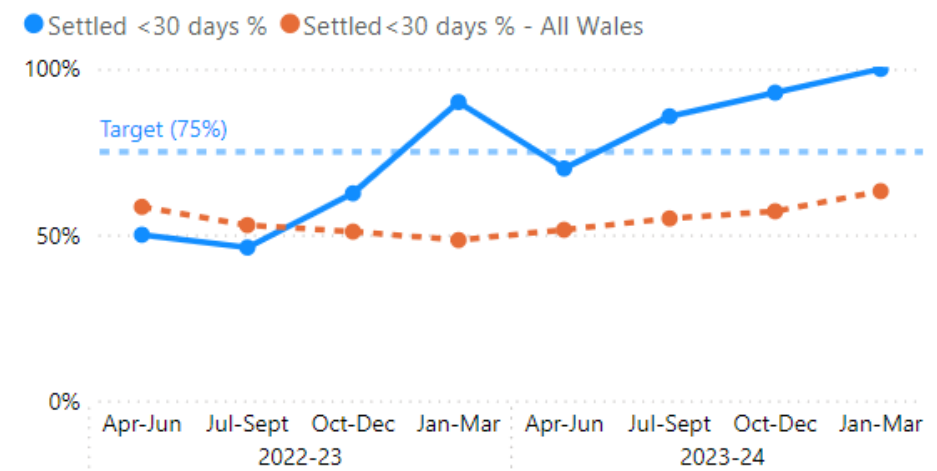
Patterson.LIZ  
23/09/2024 17:26:33

PT HB rate of NRIs occurring (by incident date) per 100,000 population as of 05/09/2024



- As at the latest available comparative rate, Powys shows a rate of 1.49 per 100,000 population of incidents occurring that the All-Wales average which reported 1.36 per 100k.
- The actual number of incidents reported for July (1)

PT HB Putting Things Right (PTR)- Total Complaints Settled with Final Reply (Reg24) + % Settled Inside 30 days by Quarter

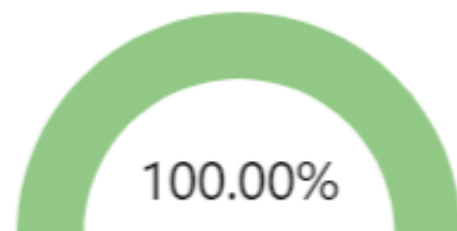


PTHB complaints settled within 30 days by quarter reported 100% at the end of Q4 vs the 75% target and All-Wales compliance of 63.1%. It should be noted that cumulatively in 2023/24 Powys had the second highest compliance in Wales at 85.3%.

Patient Safety Notices/Alerts

[View More](#)

PT HB current PSNA compliance as of 12/08/2024



- 0 Outstanding alerts
- 0 Outstanding notices
- 0 Total PSNAs outstanding

PTHB reports no outstanding alerts, notices and has no outstanding patient safety notices as of the 12/08/2024.

Patterson, Liz  
23/09/2024 17:28:36

# Commissioned Service Assurance

PTHB information on key commissioned e.g., services not provided in county. This includes planned, urgent and cancer care as examples.

Peterson, Liz  
23/09/2024 17:28:36

# 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 – Welsh Commissioned Referral to treatment (RTT)

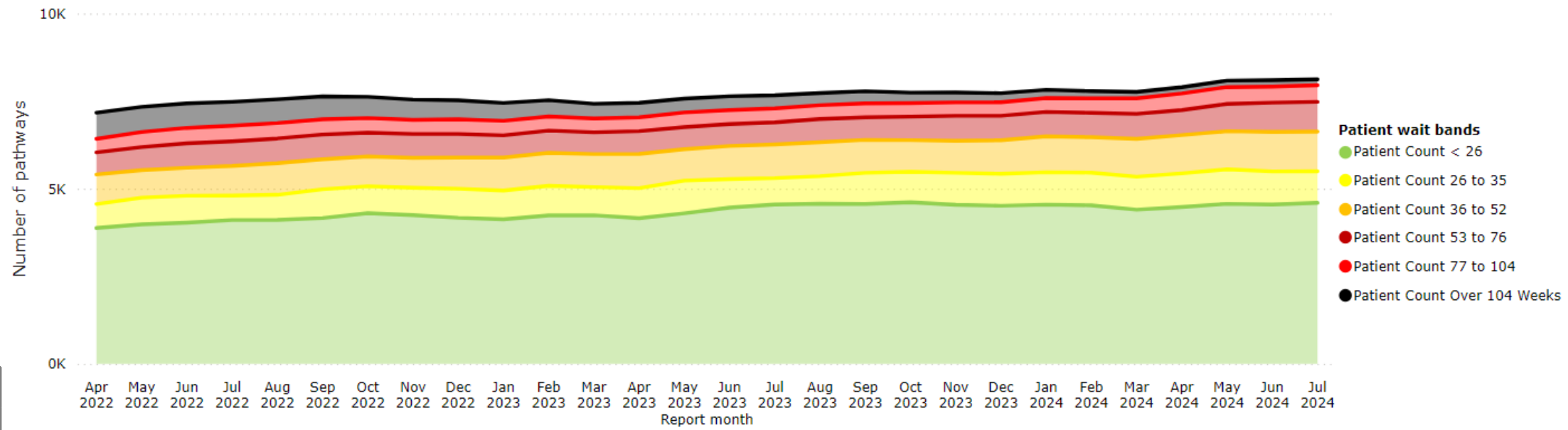
<b>Executive lead</b>	<b>Interim Executive Director of Planning, Performance and Commissioning</b>	<b>Officer lead</b>	<b>Assistant Director of Performance and Commissioning</b>
-----------------------	--	---------------------	--

<b>Latest available</b>	<b>Jul-24</b>	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

RTT open pathway waiting list snapshots by month and band of wait for combined Welsh providers excl. PTHB  
 April 2022 to July 2024  
 Source DHCW

Welsh Providers	Jul-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance				Total Waiting
		Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks		
Aneurin Bevan Local Health Board	61.3%	756	420	51	2653	
Betsi Cadwaladr University Local Health Board	47.5%	336	227	46	791	
Cardiff & Vale University Local Health Board	51.7%	174	117	8	439	
Cwm Taf Morgannwg University Local Health Board	57.1%	232	119	12	757	
Hywel Dda Local Health Board	55.9%	485	304	36	1474	
Swansea Bay University Local Health Board	55.5%	641	307	14	2009	
<b>Total</b>	<b>56.6%</b>	<b>2624</b>	<b>1494</b>	<b>167</b>	<b>8123</b>	

Open pathways by band



### 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 July, 458 patient pathways waited over 52 weeks for a new outpatient appointment, only Swansea Bay University Health Board is compliant with zero breaches.

### 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.

Provider	Patients waiting > 104 weeks
ABUHB	51 (38 T&O, 7 ENT, 4 Ophthalmology, 1 Urology, 1 General Surgery)
BCUHB	46 (2 General Surgery, 12 Gynaecology, 14 Ophthalmology, 8 ENT, 4 Oral Surgery, 3 Orthodontics, 1 Gastroenterology and 2 Pain Management)
C&VUHB	8 (3 T&O, 2 Gynaecology, 1 Clinical Immunology and Allergy and 2 Ophthalmology)
CTMUHB	12 (1 General Surgery, 1 T&O, 3 ENT, 3 Ophthalmology, 1 Oral Surgery, 1 Restorative Dentistry, 1 Gastroenterology and 1 Gynaecology)
HDUHB	36 (16 T&O, 13 Ophthalmology, 4 Urology, 1 colorectal surgery, 2 ENT)
SBUHB	14 (10 T&O, 1 Plastic Surgery, 3 Gynaecology)

# 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**

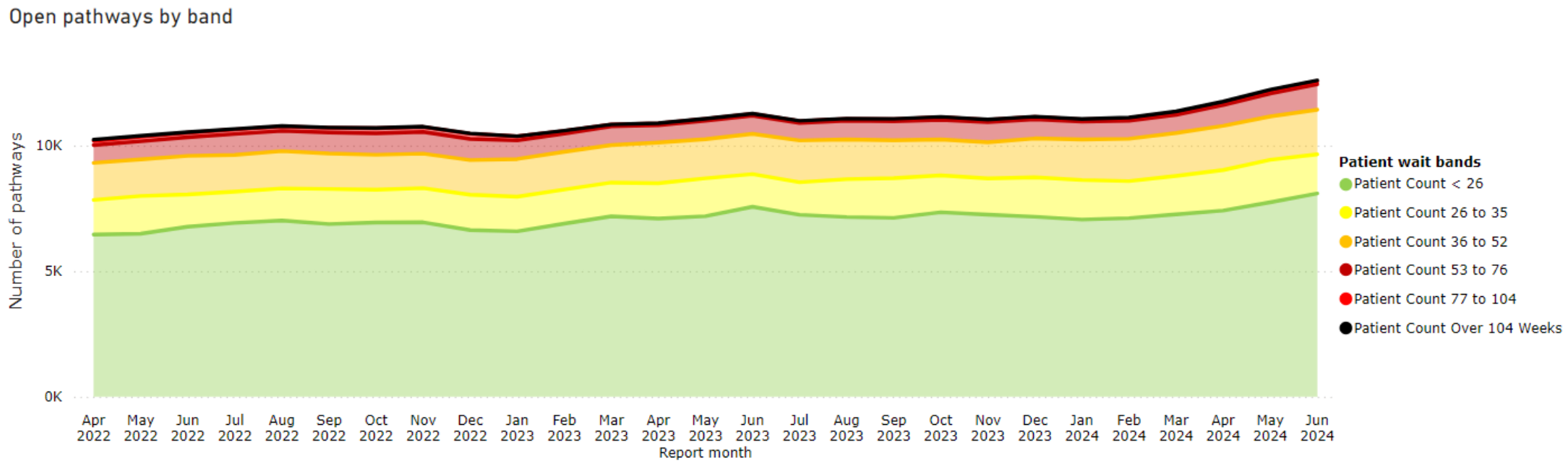
## Planned Care & Cancer – English Commissioned Referral to treatment (RTT) patients waiting more than 52 weeks for referral to treatment

**Executive lead** Interim Executive Director of Planning, Performance and Commissioning **Officer lead** Assistant Director of Performance and Commissioning

<b>Latest available</b>	<b>June-24</b>	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

### RTT open pathway waiting list snapshots by month and band of wait for combined English providers Apr 2022 to June 2024 Source DCHW

English Providers	Jun-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance						Total Waiting
		Over 36 wks (inc 52 and over 104)	over 52 wks (inc over 104)	Over 104 weeks				
English Other	68.4%	63	13	0				320
Robert Jones & Agnes Hunt Orthopaedic & District Trust	57.0%	1050	535	28				3369
Shrewsbury & Telford Hospital NHS Trust	64.8%	1202	456	0				5313
Wye Valley Trust	69.9%	629	164	2				3591
<b>Total</b>	<b>64.3%</b>	<b>2944</b>	<b>1168</b>	<b>30</b>				<b>12593</b>



### 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.

### 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

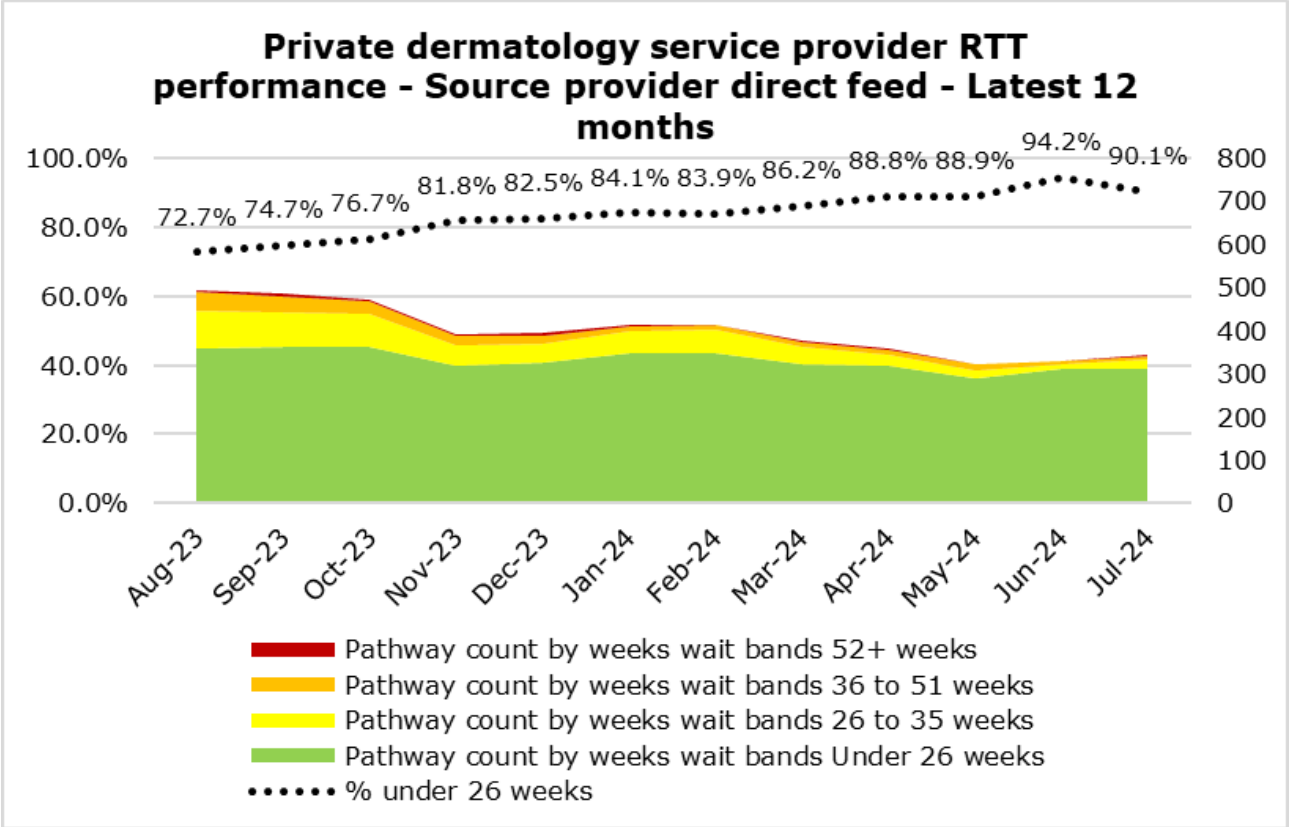
Patterson, Liz  
23/09/2024 17:28:36

**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

<b>Latest available</b>	<b>Jul-24</b>	<b>Status of measure</b>	<b>Level 2a</b>
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	
Apr-23	64.0%	315	98	75	4	492
May-23	64.9%	318	88	80	4	490
Jun-23	71.8%	354	79	58	2	493
Jul-23	71.3%	371	81	64	4	520
Aug-23	72.7%	359	89	41	5	494
Sep-23	74.7%	364	79	36	8	487
Oct-23	76.7%	362	78	28	4	472
Nov-23	81.8%	320	47	21	3	391
Dec-23	82.5%	325	45	18	6	394
Jan-24	84.1%	348	51	12	3	414
Feb-24	83.9%	348	56	9	2	415
Mar-24	86.2%	324	37	13	2	376
Apr-24	88.8%	318	25	13	2	358
May-24	88.9%	288	20	14	2	324
Jun-24	94.2%	311	12	6	1	330
Jul-24	90.1%	310	24	6	4	344

**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).

**What the data tells us**

- July 2024 shows a slight decrease in performance. 90.1% of patients wait under 26 weeks for treatment whilst 10 patients are currently waiting over 36 weeks.

Patterson.Liz  
23/09/2024 17:28:36

# 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 – 21 & 22

Frequency - Monthly

**Urgent & Emergency Care** – Powys residents - Median time from arrival at an emergency department to triage by a clinician

**Urgent & Emergency Care** – Powys residents - Median time from arrival at an emergency department to assessment by a clinical decision maker

Executive lead

Interim Executive Director of Planning, Performance and Commissioning

Officer lead

Assistant Director of Performance and Commissioning

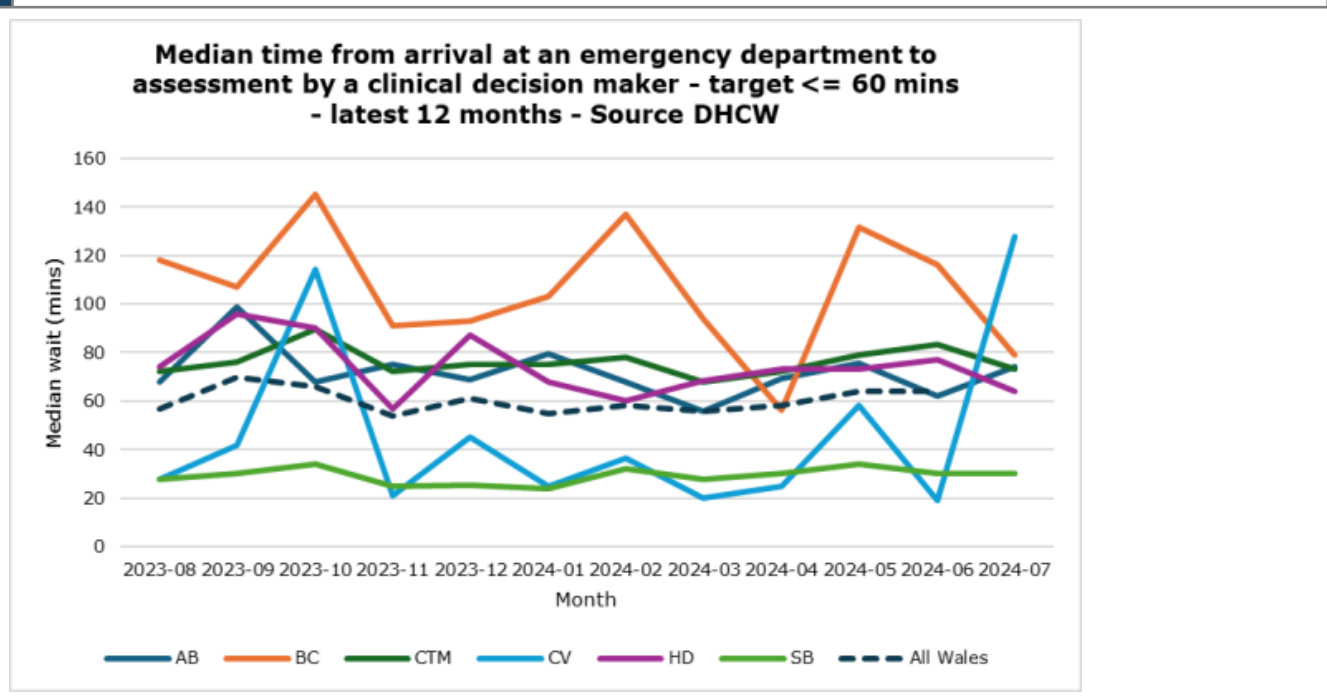
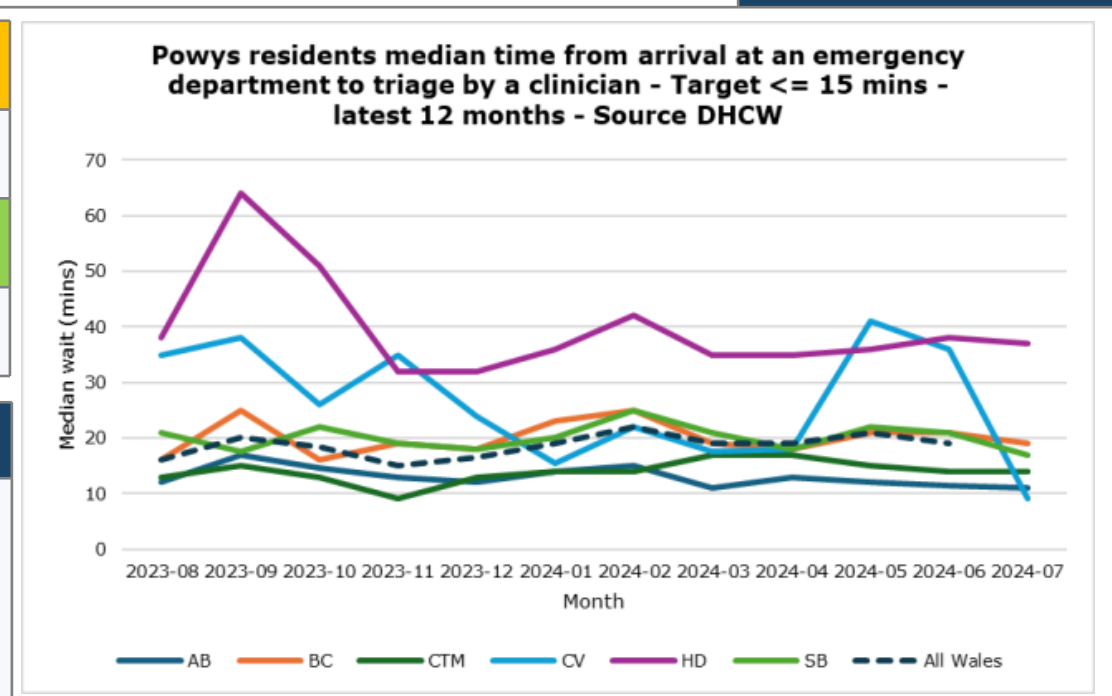
Latest available	Jul-24	Status of measure	Level 2a
Target	Median wait to triage = 15 minutes or less Median wait to senior clinical decision = 60 minutes or less		
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DHCW EDDS		

### What the data tells us

- Access to median emergency departments data for Powys residents has been made available from June 2024 with access provided to the data via the DHCW.
- This data is currently being used for Information with analysis development to drive assurance conversations with commissioned service providers.
- The data is currently only available for Welsh providers.
- Median wait times are affected by the denominator size e.g., Cardiff and Vale UHB have average 10 PTHB resident attendances per month in 2024/25 as a result this will skew the performance vs their all-patient picture.
- At an all-patient access level only CTMUHB & C&VUHB meet the Welsh Government target of 15 minutes or less to triage in June.
- At an all-patient access level only SBUHB is below the 60 minute or less wait to assessment by senior clinical decision maker.
- Powys responsible residents at an All-Wales level wait 19 minutes in June for triage, not meeting the 15 minute or less target.
- Powys responsible residents at an All-Wales level wait 64 minutes in June for assessment by senior clinical decision maker, not meeting the 60 minute or less target.

### Actions & Mitigations

- Development of the data set to provide further analysis measures for Powys residents.
- Engagement with commissioned services via CQPRM meetings and sharing resident view findings with key services.



The data in the below table should be used for guidance only and cannot provide an equity of access review without significant data quality risk (caveat). The cohort of Powys residents of which their median wait is calculated is considerably smaller than the over number of patients attending the unit. These low numbers will result in potentially significant variation for the health boards overall calculated median wait.

Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	17	62	202
BCUHB	21	23	116	147
CTMUHB	14	15	84	77
C&VUHB	36	9	19	65
HDUHB	38	28	77	75
SBUHB	21	28	30	29

# 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	Jun-24	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**

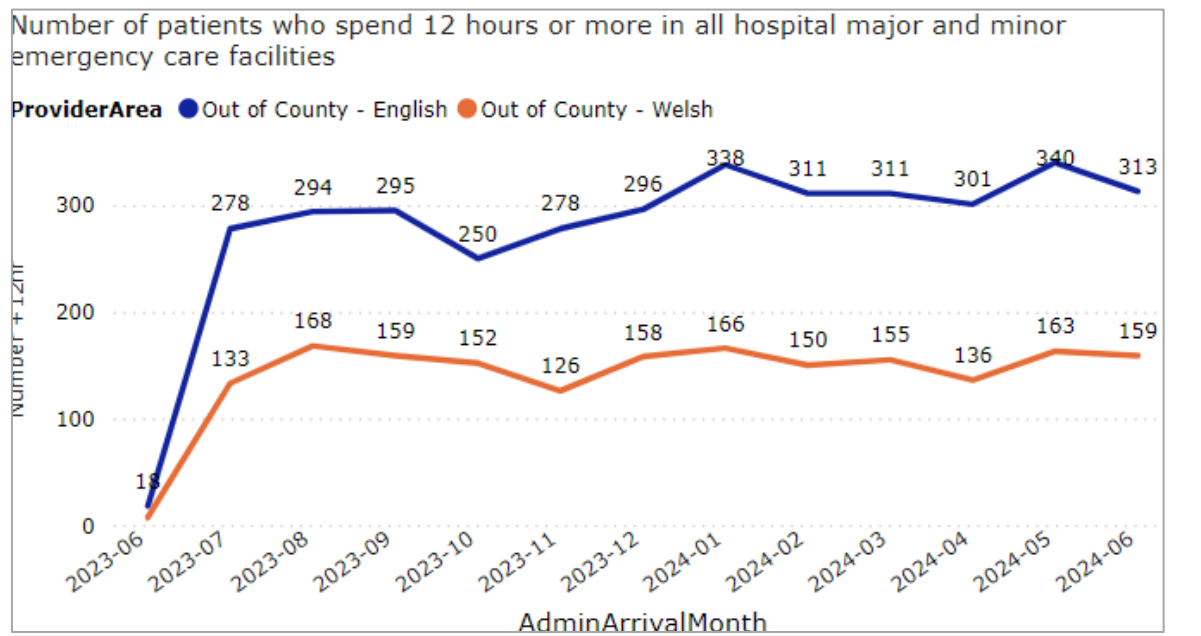
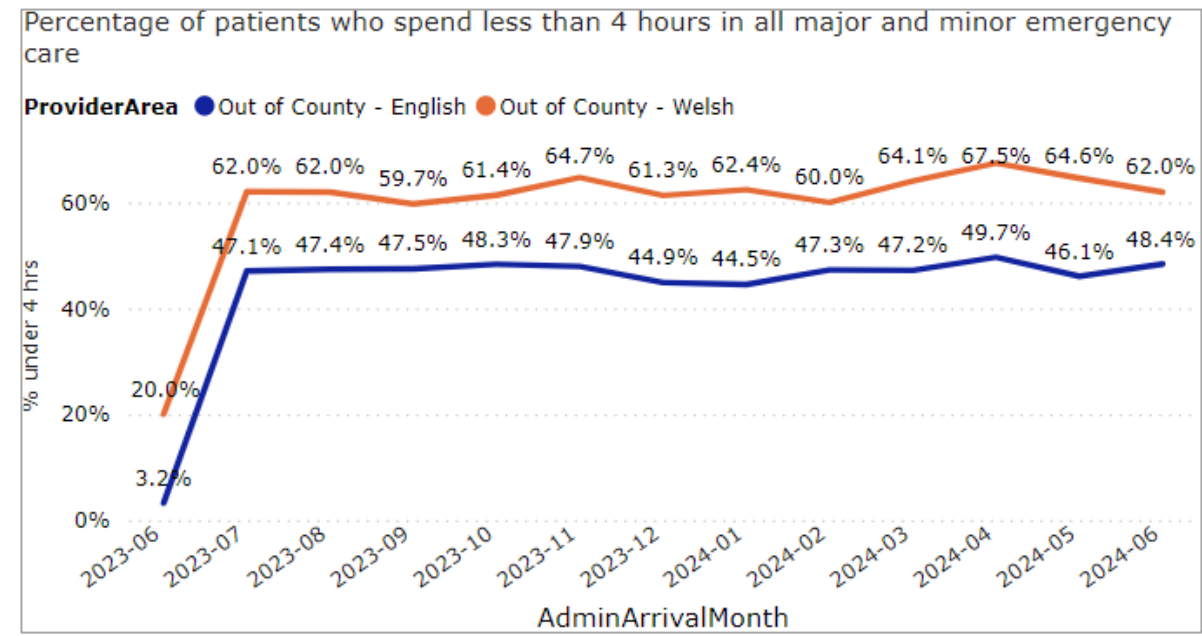
- Powys residents have seen a slight fall to 62.0% for those waiting under 4 hrs in Welsh units..
- Patients waiting over 12 hrs has fallen to 159 in June 2024.

**English Emergency Access (A&E) providers**

- PTHB residents attending English emergency units see the longest wait with under half 48.4% reported as waiting less than 4hrs in their units.
- This is reflected with the 12hr waits where 313 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.

### 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).
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.

## Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

<b>Executive lead</b>	Interim Executive Director of Planning, Performance and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
-----------------------	---	---------------------	---

<b>Latest available</b>	Jul-24	<b>Status of measure</b>	<b>Level 3</b>
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	2023-08	2023-09	2023-10	2023-11	2023-12	2024-01	2024-02	2024-03	2024-04	2024-05	2024-06	2024-07
<b>Aneurin Bevan Local Health Board</b>	66.7%	54.5%	64.7%	40.0%	62.5%	66.7%	58.3%	88.9%	58.8%	54.5%	81.8%	55.6%
<b>Betsi Cadwaladr University Local Health Board</b>	100.0%	0.0%	100.0%	50.0%	0.0%	100.0%		66.7%				0.0%
<b>Cardiff &amp; Vale University Local Health Board</b>								0.0%				
<b>Cwm Taf Morgannwg University Local Health Board</b>	28.6%	66.7%	50.0%	50.0%	75.0%	33.3%	40.0%	42.9%	25.0%	50.0%	33.3%	33.3%
<b>Hywel Dda Local Health Board</b>	100.0%	50.0%	42.9%	42.9%	33.3%	88.9%	42.9%	66.7%	37.5%	37.5%	62.5%	66.7%
<b>Swansea Bay University Local Health Board</b>	44.4%	80.0%	16.7%	25.0%	20.0%	16.7%	88.9%	60.0%	71.4%	83.3%	45.5%	80.0%
<b>Total pathways treated within target (numerator)</b>	18	16	20	13	12	23	20	20	19	16	20	25
<b>Total pathways that started treatment (denominator)</b>	32	27	39	32	29	40	33	31	36	29	33	44
<b>Total monthly resident pathways compliance</b>	56.3%	59.3%	51.3%	40.6%	41.4%	57.5%	60.6%	64.5%	52.8%	55.2%	60.6%	56.8%

SCP pathways that are closed following treatment start or downgrade by day band and health board during July 2024. - source DHCW

DaysWaitGroup	Reason Pathway Closed	0-14 days	15 to 28 days	29-62 days	63-104 days	105-200 days	201-300 days	Total
Aneurin Bevan UHB	Downgraded	53	38	36	5	1		133
	Treated	2		8	2	6		18
Betsi Cadwaladr UHB	Downgraded	1	1	2	2	1		7
	Treated				2	1	1	4
Cardiff And Vale UHB	Downgraded	1						1
Cwm Taf Morgannwg UHB	Downgraded	6	8	3	2			19
	Treated			1	1	1		3
Hywel Dda UHB	Downgraded	27	10	6	4			47
	Treated			6		3		9
Powys Teaching HB	Downgraded	14	9	8	9	2	1	43
	Downgraded	17	12	13	7			49
Swansea Bay UHB	Downgraded							
	Treated	4	1	3		1	1	10
<b>Total</b>		<b>125</b>	<b>79</b>	<b>86</b>	<b>34</b>	<b>16</b>	<b>3</b>	<b>343</b>

### What the data tells us

- For July at total of 345 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 301 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). And finally, 44 wait pathways that were stopped because the patient starting definitive treatment. 19 patients breached the 62 days target with the longest wait reported as 233 days in Swansea Bay UHB for a urological pathway
- Reported performance for July has reduced from the previous month to 56.8% compliance against the pathway target of 75% with 25 of 44 pathways being treated within the 62-day target.
- 12.7% of 345 pathways in July were closed at the start of treatment.
- 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  
25/09/2024 17:28:36

### Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to, 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 pathway reports/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 following limited improvement the Cabinet Secretary confirmed incremental improvement goals for the SCP pathway (regardless of the referral route) with providers expected to achieve 60% performance by December 2024, and 70% performance by March 2025.

### Actions & Mitigations

- New monthly Executive led cancer meeting to discuss system challenges and concerns.
- Retrospective review with commissioners for 2023/24 very long waits e.g., where days are beyond 146 days.
- 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.
- New digital report for enhanced assurance utilising key elements of national workstream but with Powys resident's focus.
- SCP performance discussion monthly with Welsh Government and the NHS Executive team.
- 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.

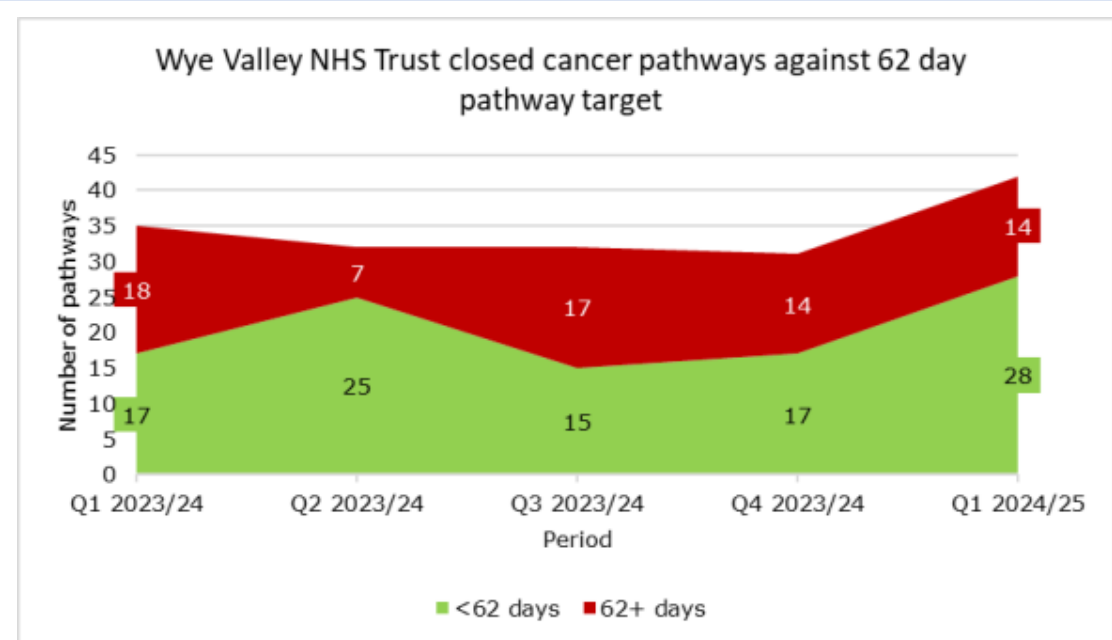
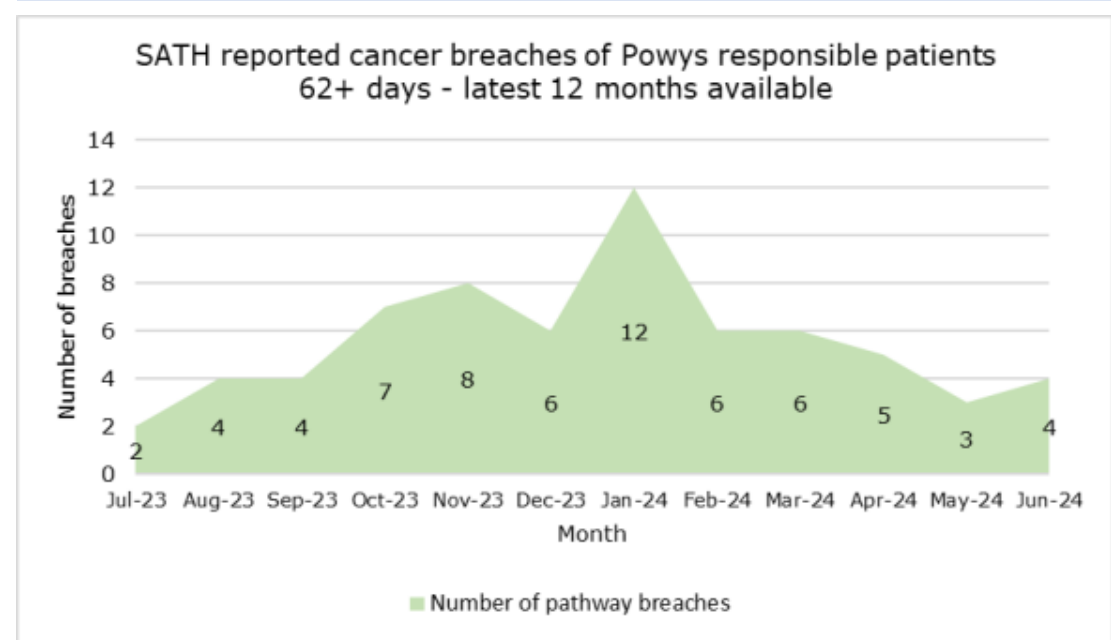
## Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

<b>Executive lead</b>	Interim Executive Director of Planning, Performance and Commissioning	<b>Officer lead</b>	Assistant Director of Performance and Commissioning
-----------------------	---	---------------------	---

<b>Latest available</b>	Jun-24	<b>Status of measure</b>	<b>Level 3</b>
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

**NHS England Cancer Measures, and target**

- 28-day FDS = Four Week (28 days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitely Excluded (target 75%)
- 31-day DTT = One Month (31-day) Wait from a Decision To Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer (target 96%)
- 62-day USC = Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer (target 85%)



**Powys key provider cancer waiting times standards NHS England - All patients e.g., including non-Powys residents**

	Jun-24	SATH	WVT	All English Providers	Target
28-day FDS		67.0%	76.5%	76.3%	75%
31-day DTT		79.8%	89.7%	90.9%	96%
62-day USC		56.9%	74.0%	67.4%	85%

[Statistics > Cancer Waiting Times \(england.nhs.uk\)](https://www.england.nhs.uk/statistics/cancer-waiting-times/)

### What the data tells us

Powys residents attending English providers are measured in line with key NHS England cancer targets. The closest match to the Welsh Single Cancer Pathway measure is that of the Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer. As a commissioner PTHB uses this key measure to gauge the compliance of our resident care in England.

- Shrewsbury and Telford NHS Trust (SATH) reports 4 breaches in June.
- All breaches are reported at over 104 days with the cancer type of urological. All pathways have been reviewed by SATH and several key reasons for delay are given, including administration delays, complex diagnostic pathways, and elective capacity.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in June (table 1).
- Wye Valley NHS Trust (WVT) continues to provide quarterly updates including total pathway waiters for Powys. Q1 2024/25 reported 14 breaches out of a total of 42 patients reporting 66.7% compliance against the 62-day pathway for that period.
- WVT overall compliance reports higher performance bar 31-day DTT against the English average

### 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.

Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	<ul style="list-style-type: none"> <li>Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.</li> <li>No exceptions or quality concerns.</li> <li>Sound governance arrangements in place.</li> <li>Performance within expected targets either national or local</li> </ul>	<ul style="list-style-type: none"> <li>No escalation action.</li> <li>Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.</li> </ul>	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	<ul style="list-style-type: none"> <li>Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance.</li> <li>Sustained deterioration on 1 or more domain.</li> </ul> <p><b>This can include:</b></p> <ul style="list-style-type: none"> <li>Failure to deliver on an NHS Performance Framework target or local target trajectory.</li> <li>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.</li> <li>Failure of quality standard.</li> <li>Where SPC methodology notes variance of concern.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</li> <li>Recovery plan to be developed that address issues to be recovered/improved.</li> <li>Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG.</li> <li>Reported through to Executive Committee.</li> <li>Monthly reporting where appropriate via IQPR as an exception to performance.</li> </ul>	<p><b>Options include:</b></p> <ul style="list-style-type: none"> <li>IQPG engagement monthly with Executive</li> <li>Internal support as required (QI/vbhc/planning – issue dependent).</li> <li>Consideration of compliance with Professional clinical codes and standards and proportionate response.</li> <li>Consideration of compliance with managerial code of practice.</li> <li>Internal peer review.</li> <li>Executive support (directly or from other teams).</li> <li>Consider need for bespoke response.</li> <li>Minimum monthly updates to Executive Committee.</li> </ul>
Level 2b (Exception)	<p><b>Specially for finance:</b></p> <ul style="list-style-type: none"> <li>Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.</li> </ul>	Identified through monthly financial reporting	<p>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).</p> <p><b>Agreed action plan established:</b></p> <ul style="list-style-type: none"> <li>Monitored through financial reporting arrangements.</li> <li>Review period established if plan failing.</li> </ul>
Level 3 (Escalation)	<ul style="list-style-type: none"> <li>Serious concerns on quality and governance.</li> <li>Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives.</li> <li>Clear articulation of reasons for escalation and criteria for escalation.</li> </ul> <p><b>This can include:</b></p> <ul style="list-style-type: none"> <li>Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action.</li> <li>Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures.</li> <li>Performance recovery is failing to improve or maintain performance.</li> <li>Any significant failure of quality standard.</li> <li>Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.</li> </ul>	<ul style="list-style-type: none"> <li>Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring.</li> <li>Service Area or corporate directorate demonstrating recognition of issues and commitment to improve.</li> <li>Improvement/recovery plan required to address issues identified.</li> <li>Reported through to executive and relevant committee.</li> <li>Escalated frequency of IQPG meetings and resultant remedial action plan completion.</li> <li>Challenge review on appropriate shift to the Escalations Oversight Group (EOG).</li> <li>Monthly reporting where appropriate via IQPR as an exception to performance.</li> </ul>	<p><b>Actions could include:</b></p> <ul style="list-style-type: none"> <li>Escalation Oversight Group (EOG)</li> <li>Independent review of service/corporate department effectiveness.</li> <li>Deployment of appropriate HR policies e.g. Capability policy.</li> <li>Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria).</li> <li>Consideration of compliance with Professional clinical codes and standards and proportionate response.</li> <li>Consideration of compliance with managerial code of practice.</li> <li>Suspension or revision of service provision.</li> </ul> <p><b>De-escalation:</b> The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.</p> <p>A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.</p>

Patterson, LIZ  
23/09/2024 17:28:36

# PTHB Integrated Quality & Performance Framework: Duty of Quality Measures and Enablers

## Domains

<b>Safe</b>	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.
<b>Timely</b>	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.
<b>Effective</b>	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.
<b>Efficient</b>	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.
<b>Equitable</b>	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.
<b>Person Centred</b>	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

























<b>Leadership</b>	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.
<b>Workforce</b>	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.
<b>Culture</b>	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.
<b>Information</b>	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.
<b>Learning, improvement and research</b>	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.
<b>Whole system approach</b>	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.

# NHS Executive Key Performance Indicator Trajectories – Submitted May 2024

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
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
				Actual	 0	 0	 0	 1
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
				Actual	 0	 1	 2	 3
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
				Actual	 140	 171	 157	 155
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
				Actual	 0	 0	 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%
				Actual	 80.0%	 86.5%	 83.70%	 93.10%
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%
				Actual	 95.2%	 95.3%	 93.0%	 95.10%

Person: Liz  
25/09/2024 17:28:36

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.

Age Group	Policy Lead Priority Measures			Month			
	Measure	Target		Apr-24	May-24	Jun-24	Jul-24
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%
			Actual	 98.0%	 98.1%	 100.0%	 94.6%
	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%
			Actual	 80.0%	 86.5%	 83.7%	 93.1%
	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%
			Actual	 94.1%	 93.9%	 90.8%	 91.0%
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%	
		Actual	 45.4%	 45.8%	 39.6%	 42.0%	
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%	
		Actual	 98.0%	 92.7%	 93.8%	 100.0%	
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%
			Actual	 44.1%	 54.1%	 69.2%	 74.0%
	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%
			Actual	 95.2%	 95.3%	 93.0%	 95.1%
	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%
Actual			 83.3%	 87.1%	 87.5%	 90.1%	
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%	
		Actual	 75.1%	 69.4%	 75.2%	 76.9%	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Planned Care

Patterson, Liz  
23/09/2024 17:28:36

**Subject:**

Planned Care Update

**Approved and Presented by:**

David Farnsworth, Assistant Director Community Services  
Nicola Kelly, Senior Manager Planned Care

**Prepared by:**

A number of colleagues within the Planned Care team

**Purpose:**

Provide an update to the Board in progress of work within Planned Care

**Recommendations:**

The Board is asked to:

- **RECEIVE** the information in the presentation as part of the Boards ongoing programme of assurance.

Patterson, Liz  
23/09/2024 17:28:36

# Pan Powys Outpatient MDT Team – August 2024



# Pan Powys Workforce – What have we done?



- Dedicated Pan Powys OPD nursing and health care support staff across all units- respond to peoples needs in a timely manner
- Introduction of Nurse Specialist Roles and Nurse-led services to support consultant clinicians – grow the workforce
- Skilled workforce with a programme of training in place across all units ensuring best practice and standardised procedures
- Development of specific OPD job description and Job specification with WOD for Nursing and HCSW staff.
- Service audit days – promote staff wellbeing
- Development of an innovative model of service delivery through MDT approach to OPD care delivery – introduction of the third sector

Patterson, Liz  
23/09/2024 17:28:36

# North Powys Ophthalmology MDT Development



- The development of the Ophthalmic MDT team in North Powys to reflect the Mid and South structure
- Introduction of OCT Diagnostic scanning in all North Powys departments
- Staff training with Work Based Learning (WBL) competencies and academic training
- One stop service for patients
- Care closer to home with reduced travelling
- WET AMD development opportunities with Mid Wales collaborative
- League of Friends purchased Ophthalmic equipment across North Powys. These Auto lensometers enables accurate recording of visual field testing and monitoring of any deterioration

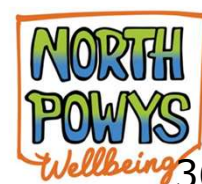


Patterson, Liz  
23/09/2024 17:28:36

Bwrdd Partneriaeth  
Ranbarthol Powys  
Iechyd a Gofal  
Cymdeithasol



Powys Regional  
Partnership Board  
Health and  
Social Care





## Llanidloes Outpatients

- Gynaecology , Orthopaedics, Ophthalmology MDT, Oncology, Paediatrics and Respiratory
- Future developments planned: The regeneration and modernisation of clinic rooms in Llanidloes to aid further service development

## Newtown Outpatients

- Vascular scanning – patients are now able to have vascular scanning completed in Newtown instead of having to travel to Shrewsbury. This has reduced the carbon footprint by 80 miles per patient and has led to shorter waiting times for scans
- Colorectal/General Surgery Clinic – Provided by Hywel Dda University Health Board (HDUHB), this new monthly clinic enables PTHB patients to be seen closer to home. Patients who require surgery, scans or endoscopy testing are then seen in HDUHB. Patient feedback demonstrates patients' satisfaction with the service and the care they receive
- Future developments planned – Collaborative working with Moondance to discuss funding opportunities for a Colorectal Nurse Specialist post. This would enable the development of a colorectal MDT, ensuring patients are seen closer to home by the most appropriate clinician

## Welshpool and Machynlleth Outpatients

- Gynaecology, ENT, Ophthalmology MDT, Cardiology, Oncology, Respiratory, and Endocrinology
- Future developments planned: The regeneration of clinic space in Welshpool to promote service development

Patterson, Liz  
23/09/2024 12:28:48

# Paul Ridd Outpatient Care Bundle



- A departmental learning plan developed in 2022 following a concern received led to a collaborative working approach with PTHB Learning Disabilities Team
- This cooperative approach to working together led to the development of the first Outpatient Care Bundle in Wales
- It provides staff with a range of resources to help support patients with cognitive disabilities to attend necessary clinic appointments
- Next step - to present to Health Improvement Wales for consideration of roll out across Outpatient Units in Wales



Patterson, Liz  
23/09/2024 17:28:36

# Powys 3Ps Programme

**PROMOTE** – People will be offered information and support on the six pillars of lifestyle medicine



**PREVENT** – Following an assessment of needs, targeted intervention should be offered to reduce risk of deterioration of their condition and worsening health. Patients will be kept under review using validated measures and tools linked with their primary and secondary leads

**PREPARE** – These services provide specialist support to patients leading up to their treatment to empower self-management whilst waiting

Patterson.Liz  
23/09/2024 17:28:36

Make every  
contact count

What matters to  
me conversations

# 3Ps – Planned Care Pathways Support

Speciality – Phase 1	GIRFT/WG PLANNED CARE PROGRAMME inc CANCER Requirements										
	FU WL reduction	SOS/PIFU mgt	Referral Management Development	Pathway Development	Support Repatriation	MDT Development	Supporting USC Pathways/Clinical tracking	Third Sector Opportunities	Enhance patient information	Patient Support/Advice	RTT WL Clinical validation
Ophthalmology	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
General Surgery/Endoscopy	✓	✓	✓	✓		✓	✓		✓	✓	✓
Orthopaedics	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
<b>Interdependencies</b>	Health pathways, INNU working group, Future Foundations, Third Sector inc Community Connectors, Public Health, PTHB Living Well Service, Silver Cloud										

- Support clinical validation of WL transformation to SOS/PIFU
- Support referral management, pathway development, demand management, MDT development, repatriation opportunities with greater understanding of pathways across providers
- Clinical support to pathway tracking including USC complex pathways
- Opportunity to review enhanced information with patient lens
- Opportunity to maximise and develop 3rd sector offer
- Enhanced patient support, advice & signposting

Patterson, Liz  
23/09/2024 17:28:36

# Pan Powys Cervical Screening Wales and Gynaecology

Successful introduction of LOCssips into practice across both services

An additional 2 pessary nurse specialists trained

A collaborative approach to service delivery across the Health Board

CSW service sustainability:  
Nurse colposcopist JD and JS developed

Gynaecology training programme developed including academic and work-based learning competencies

Further developments:  
one stop approach to scanning/OPD appointments

Patterson-Liz  
23/09/2024 17:28:00

# Outpatients Civica Feedback

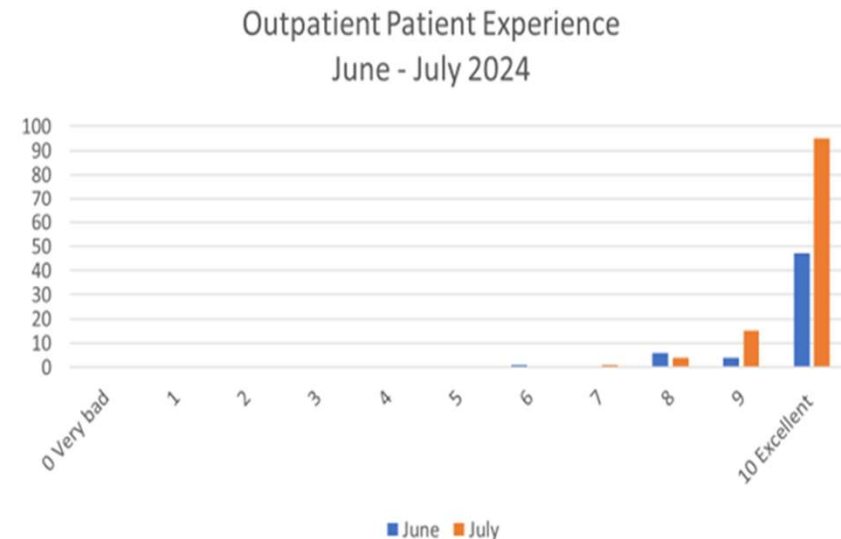
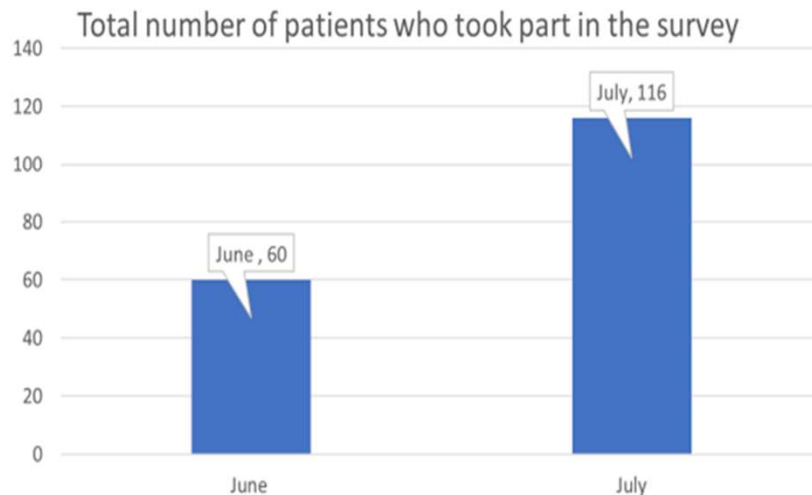
## Patient Experience

### Outpatients – June / July 2024

#### Civica Outpatient Experience Feedback Survey Results



Question 6: Using a scale of 0-10, where 0 is very bad and 10 is excellent. How would you rate your overall experience?



The results above show the overall experience from patients that took part in the June and July 2024 Civica Outpatient Experience Feedback Survey. The respondents completed the survey for the following Outpatient clinics: Brecon Hospital, Llandrindod Wells Hospital, Llanidloes Hospital, Machynlleth Hospital, Newtown Hospital, Welshpool Hospital and Ystradgynlais Hospital.

# Pan Powys Outpatients Governance

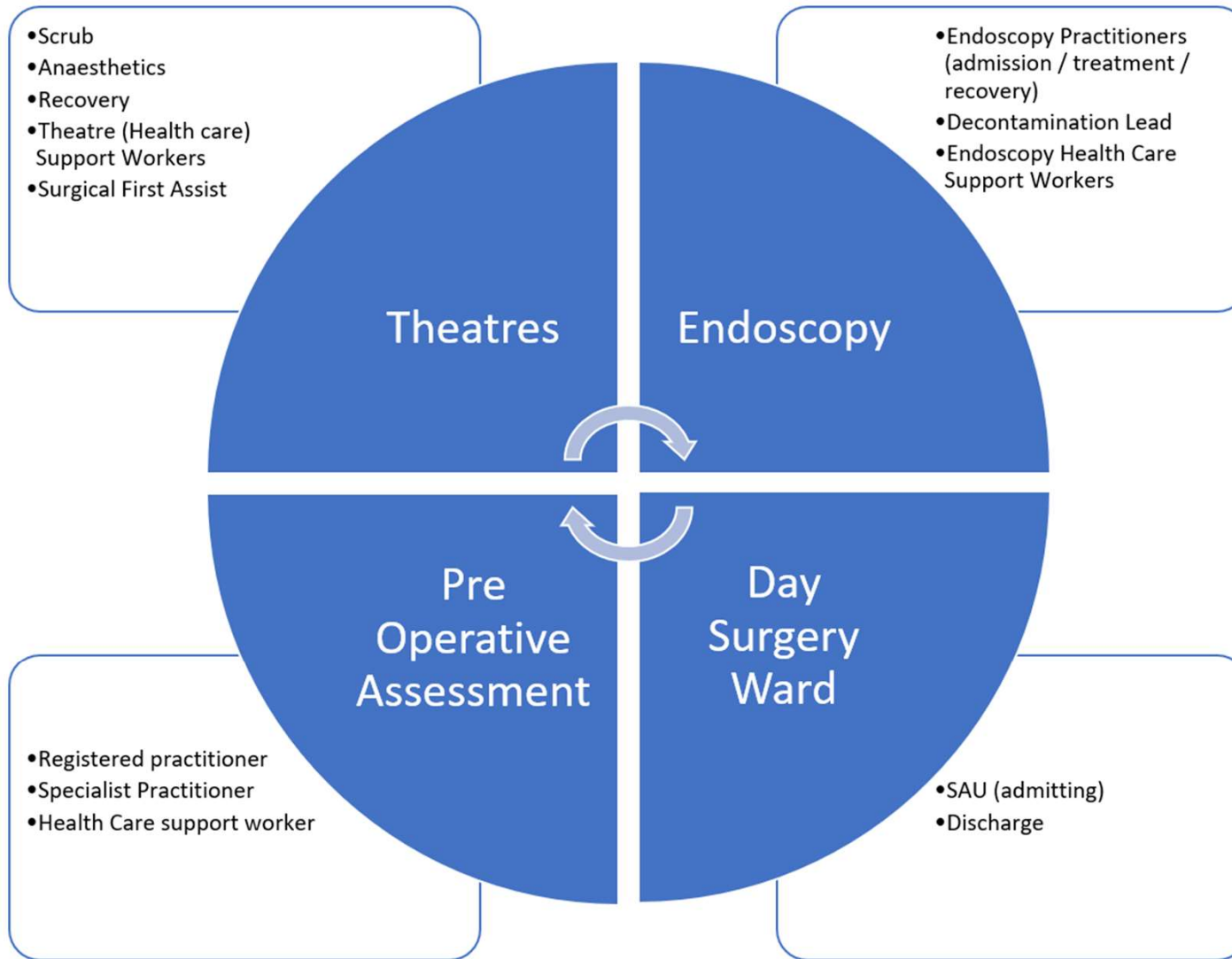
- Outpatient User Group Meetings with additional stakeholder input
- Ministerial targets - Referral To Treatment and Eye Care Measures
- Public Health Wales Quality Assurance Report Audits – staff and patient experience/IPC
- Patient triage pre appointment attendance
- Development of Outpatient Staff Training Programme for Ophthalmology and Gynaecology with WBL competencies
- Outpatient bolt on competencies for new starters in addition to PTHB key competency document
- Introduction of LOCSSIP into clinical practice for invasive procedures
- Development of live audit databases
- Introduction of CIVICA – a digital patient feedback questionnaire

Patterson, Liz  
23/09/2024 17:28:36

# Theatres/Endoscopy/Pre Operative Assessment /Day Surgery Ward – Meet the Team July 2024

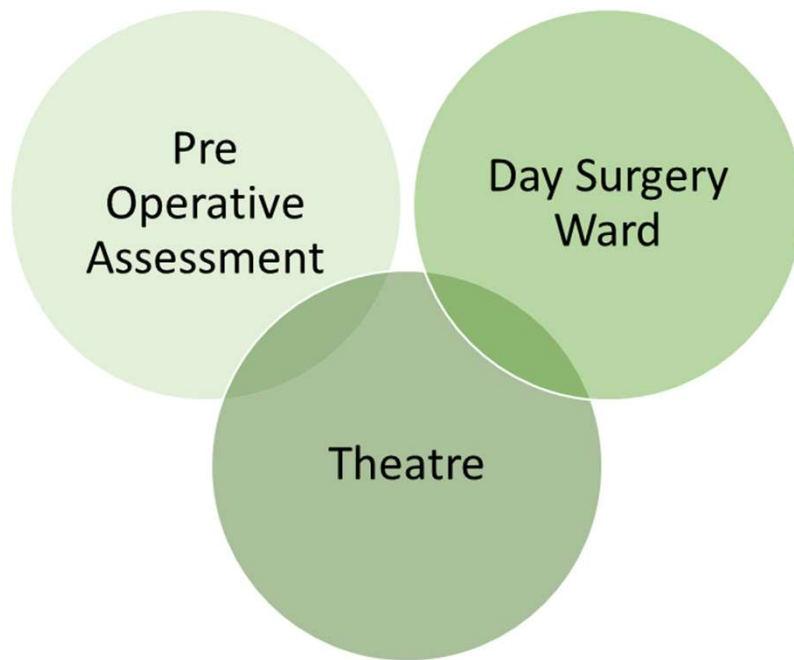


# Building a Sustainable Workforce



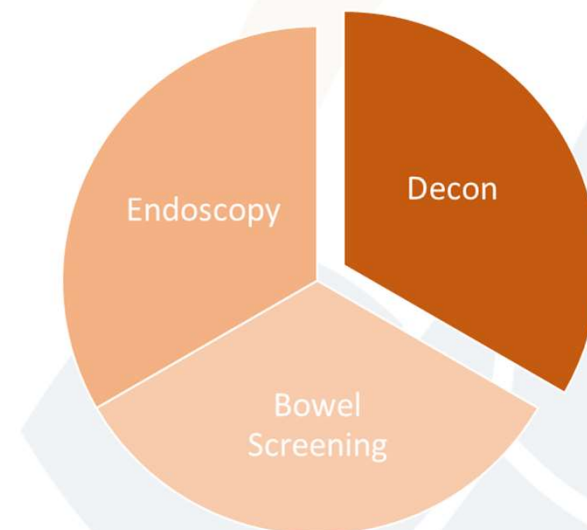
Patterson, Liz  
23/09/2024 17:28:36

# What have we done? – Infrastructure



- Defined and clarified the band 7 endoscopy role
- Supported by 1 band 6 team leader
- Introduced endoscopy practitioner role
- Defined the endoscopy healthcare support worker role – focus on decontamination
- Joint appointment of BSW SSP lead role with Cwm Taf
- Gained compliance with JETS training
- 3 staff attended the Eastwood Park Decontamination course

- Defined and clarified the band 7 theatre role
- Supported by 2 band 6 team leaders
- Undertook staff engagement and preference process
- Implemented theatre practitioner role and theatre support worker role
- Introduced specialist training opportunities
  - Peri Operative Assessment Course
  - Scrub Practitioner Level 4
  - Enhanced Scrub



# Workforce Change Impact

**Theatre Practitioner Jo Bradford**



**Staff Nurse Janet Buchanan**



# This has Enabled us to Achieve: Digital First



- Introduction of attend anywhere for
  - Surgical pre assessment appointments
  - Inclusion/exclusion criteria assessment for endoscopy procedures
- Further development of Medilogik (endoscopy system) to enable full electronic patient record
- Endoscopy Senior Nurse – completed the Msc In Digital Transformation
- Extended the functionality of Medilogik to included comfort scores, recording of patients ASA / WHO scores (fit for procedure)
- Endoscopic decontamination electronic track and traceability system purchased and in process of installation (Healthedge)
- Digital Peracetic Acid monitoring and live reporting – enhanced safety for staff working in decontamination suite
- Transitioning all equipment assets across to EQUIP – pilot service working with MPOCT team
- Introduced electronic data capture for mandatory JAG audits (endoscopy) – extending this to theatre AFPP audits
- Planned Care – Single point of reference – developing Webpage – improving access to information for staff
- Radiation protection compliance – move to digital storage of C ARM images
- Introduced Quality Assurance measures for C ARM
- National programme – digital capture of endoscopic images
- Utilisation of digital realtime theatre data to inform operational scheduling

Patterson, Liz  
23/09/2024 17:28:36

# This has Enabled us to Achieve: Innovative Environments



- Aspiration to develop pre assessment service and reduce patient travel time – offer local surgical pre assessment to all Powys residents regardless of surgical destination
- Require development of a dedicated surgical pre assessment room
- Enhance our ophthalmology offering eg iStent surgery locally (business case in development)

- Introduction of Supply X



- Implementation of Scan for Safety
- Replacement of ophthalmic microscope
- Extended bank of on site ophthalmic lens to prevent patients being referred out of county for surgery
- Recycled / repurposed equipment – Hilditch

Patterson, Liz  
23/09/2024 17:28:36

# This has Enabled us to Achieve: Transforming in Partnership



- Working towards Nurse Led Consent for Endoscopy
- Pre Assessment pathway review – one stop shop
- Continued work on workforce modelling
- Active participation in GIRFT reviews – ophthalmology, urology, gynae
- Ophthalmology optimisation – bilateral cases, optimising surgical time in operating lists
- Partnership support RJAH – introduced 6:4:2 scheduling
- Development of theatre dashboard
- Evolving development of clinical endoscopist role – introduction of transnasal endoscopy, capsule sponge service and dyspepsia clinics

## **Safety Culture**

- Introduced safety briefings @ 8am
- Utilising staff values charter
- Quarterly Audit Day for all staff
- Active incident review panel - weekly

## **Reference points for quality standards:**

- Getting It Right First Time
- Peri Operative Standards
- AFPP standards
- JAG accreditation
- British Association Day Surgery standards

Patterson, Liz  
23/09/2024 17:28:36

# Pan Powys Clinical Administration





- Waiting List Management of all referrals, new and follow up, in line with RTT rules liaising with colleagues pan Powys to ensure best use of capacity and equalisation of waiting lists
- Clinic set up, preparation and appointment booking, either partial or direct, for all Planned Care Specialties
- Management of diagnostic referrals and histology tests, monitoring follow up of results on Welsh Clinical Portal
- Electronic case note tracking for movement of all Patient Notes
- Management of Destruction process in line with
- Liaising with Consultants, Clinicians, Secretaries and Medical Records staff in neighbouring Health Boards and Trusts
- Audio typing of clinic and theatre letters, ensuring patients are transferred to other NHS organisations as requested by Clinicians
- Management of Outpatient Clinic, Endoscopy and Theatre planners, regular meetings with Clinicians to ensure accommodation and staffing requirements are available
- Booking pre-assessment appointments and Theatre lists, ensuring visiting Consultants and Anaesthetists are confirmed
- Booking Endoscopy lists and BSW lists once patients are screened, ensuring visiting Consultants are confirmed
- Administrative validation checks to ensure accuracy of data for reporting and waiting list management and completeness of patients' electronic records.

Patterson, Liz  
23/09/2024 17:28:36



## Single Cancer Pathway Patient Tracking

- Ability to track patients where their care spans across NHS organisations, very good relationships and communication with their Cancer teams
- Improved management of downgrades thus removing patients from the pathway in a timely manner
- Significant improvement to length of time patients remain on the single cancer pathway with a full narrative of actions for each patient
- Developed strong relationships with Clinicians, 3Ps Waiting Well Service providing further support
- Tracking of histology results, follow up outstanding results with improved turnaround

## Patient Access Management

- Pan Powys approach to manage equalisation of waiting lists
- Partial booking all patients with range of appointment choices including F2F, virtual and telephone
- Successful introduction of 2-way texting service throughout Planned Care Services
- Digital dictation pilot, digital referral management enabled
- Baseline review of SLAs to support Demand & Capacity modelling

Patterson, Liz  
23/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.3**

<b>PTHB Board</b>	<b>25 September 2024</b>
-------------------	--------------------------

<b>Subject:</b>	<b>Progress Against the Integrated Plan (Delivery Plan 2024-2029) for the quarter 1 period, April to June 2024.</b>
<b>Approved and presented by:</b>	Interim Executive Director of Planning, Performance & Commissioning
<b>Prepared by:</b>	Assistant Director of Planning/Planning Managers
<b>Other Committees and meetings considered at:</b>	Executive Committee and Delivery and Performance Committee, both of whom reviewed the report and took assurance that there is a process in place for monitoring progress against plan. The Executive Committee also have a role in moderating the report.

**PURPOSE:**

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2024). At the time of writing, the Integrated Plan submitted to Welsh Government on the 31 March 2024 remains unsupportable and therefore unapproved because the Health Board submitted a deficit three year plan that does not meet the 3 year statutory breakeven duty within NHS Wales. The plan however does represent the core outputs and outcomes the Board seeks to deliver in 2024/25.

Following consideration at this meeting, it will be submitted to Welsh Government, as a formal report of Progress against plan for the Quarter 1 period (April to June 2024).

**RECOMMENDATION(S):**

The Board are asked to:

- **CONSIDER** the report ahead of submission to Welsh Government and
- take **ASSURANCE** that there is a process in place for monitoring progress against plan.

The Board are asked to **NOTE** the current unapproved and unsupportable status of the plan submission to Welsh Government.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

## 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	

## EXECUTIVE SUMMARY:

At the time of writing, the Integrated Plan submitted to Welsh Government remains unsupportable and therefore unapproved because the Health Board submitted a deficit three year plan that does not meet the 3 year statutory breakeven duty required within NHS Wales.

The Health Board submitted the Integrated Plan covering the first 3 years of the overall 5 year plan developed locally. Following review by Welsh Government, the Health Board was asked to improve upon the plan submitted. On the 31<sup>st</sup> May the Health Board resubmitted a deficit plan that improved by £2m from the 31<sup>st</sup> March submission resulting in a revised plan deficit for the year of £22.9m. The Health Board made no other changes to the plan. A further review was conducted by Welsh Government and in July, the Health Board was contacted and asked to improve the financial position of the Board. On the 23<sup>rd</sup> August, the Health Board issued an Accountable Office letter back to Welsh Government stating that the Board was unable to further improve the financial position without seriously compromising on patient safety, outcomes and performance standards.

The plan remains unapproved therefore but the plan does represent the core outputs and outcomes the Board seeks to deliver in 2024/25.

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2024).

This is the output of the reviews carried out by each Executive Lead on their respective areas.

Once considered and approved by the Board, this will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 1 period.

Patterson, Liz  
23/09/2024 17:28:36

This is an important component of the health board's assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'enhanced monitoring' for strategy, finance and planning. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of the PTHB Integrated Plan.

## BACKGROUND

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 1 period (April to June 2024).

Each of the 27 Strategic Priorities set out within the Integrated Plan have been reviewed and a commentary provided by Executive Leads on key achievements and challenges, where required for Quarter 1. An additional explanation including mitigating action is also included where any items are **RAG** rated as red. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year.

During 2023/24 to collate the information for this report Planning Managers hosted pop up sessions with the Executive Directors and their nominated leads in order to collect the information required. This was received favourably as it allowed for a more interactive and collective consideration of progress and ratings. It has therefore been maintained moving in to 2024/25.

In addition, Delivery Confidence ratings has also been maintained as they have proven useful in appraising deliverability of each Strategic Priority individually, across portfolios and across the plan as a whole. This was set at the beginning of the year and reconsidered during Quarter 1 as part of the progress reporting process.

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

## NEXT STEPS:

Following consideration at the Board, this report will be submitted to Welsh Government as a formal report of Progress against Plan for Quarter 1.

## IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

## QUALITY:

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

A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.

**EQUALITY:**

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

An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.

**RISK ASSESSMENT:**

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

A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.

Patterson, Liz  
23/09/2024 17:28:36

Patterson, Liz  
23/09/2024 17:28:36



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Integrated Plan Progress Report

## Quarter 1 2024/ 2025

### April to June 2024

#### BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey - Not due yet

Pattersen  
23/09/2024 17:28:36

# PLAN ON A PAGE 2024 / 2029



## Plan on a page 2024 - 2029



### Better Together for a Sustainable Model of Care

#### Whole System Approach to Wellbeing & Prevention

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

#### Faster, effective diagnosis and treatment

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

#### Working together across Major Conditions, Physical and Mental Health

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

#### Home first and back home fitter and faster

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



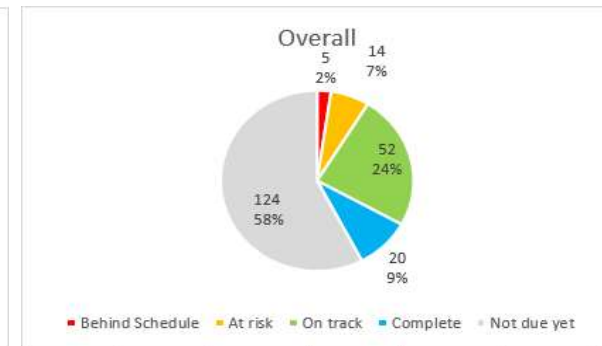
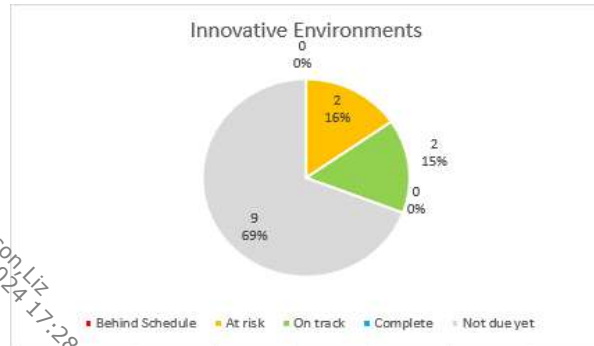
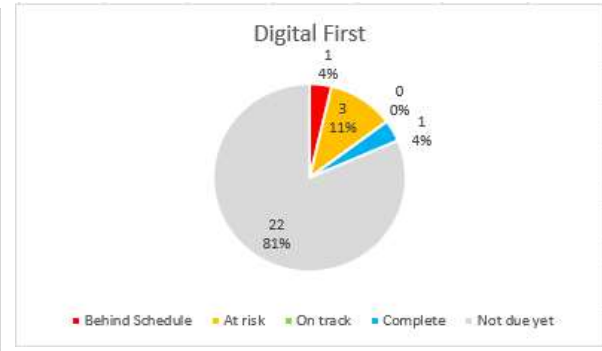
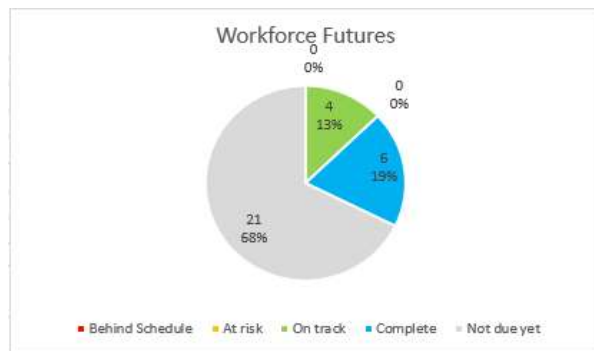
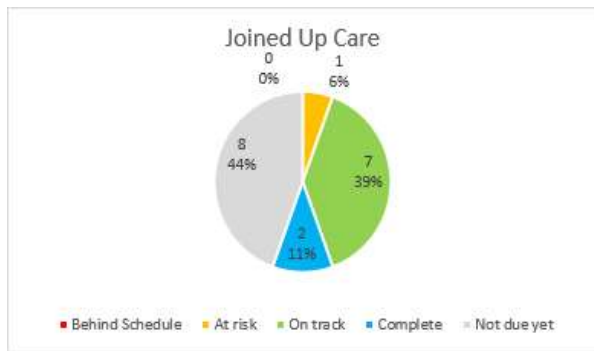
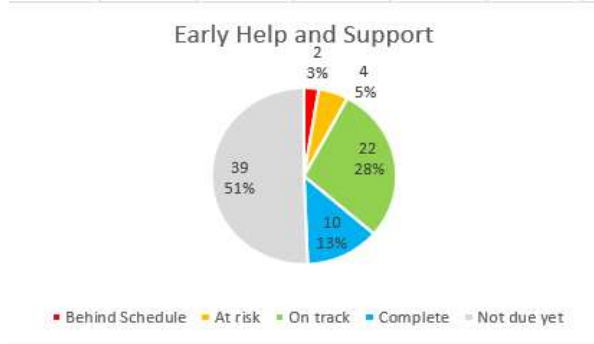
### Quality is the golden thread across the whole plan

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

WG TEMPLATE	Primary & Community Care
WG TEMPLATE	Enhanced Care in the Community (Pathways of Care)
WG TEMPLATE	Planned Care & Cancer
WG TEMPLATE	Mental Health
WG TEMPLATE	Urgent and Emergency Care / Six Goals



# SUMMARY OVERVIEW



Patterson, Liz  
23/09/2024 17:28:36

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

Patterson, Liz  
23/09/2024 17:28:36

# Focus on Wellbeing

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

Executive Lead – Executive Director of Public Health

### Intended Outcome/ Impact

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

### Commentary on Progress in this Quarter:

- Actions in Healthy Weights for Q1 have been completed as planned. Report has been submitted to Public Services Board.
- Achieved over 5% treated smokers for 2023-24 – 1<sup>st</sup> time Powys have achieved this target (3 months data lag). Successful implementation of Pharmacy window promoting “Stop Smoking Services” resulting in increase in referrals to the Pharmacy stop smoking service.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	Status				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Work with partners to develop a whole system approach to address common modifiable risk factors	Framework for whole system approach developed Q4	ED PH					Medium	Medium
Delivery of health board-led population level health improvement programmes	Implement the Powys Whole System Approach to Healthy Weights action plan, working in partnership Q1-Q4		Green				High	High
	Improve awareness of and access to NHS Stop Smoking services Q1-Q4		Green				High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

<b>Executive Director Sign Off</b>	Mererid Bowley (Executive Director of Public Health)
------------------------------------	--

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

Executive Lead – Executive Director of Public Health

**Intended Outcome/ Impact**

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

Commentary on Progress in this Quarter:

- Civil Contingency Plans being updated inline with annual tracker. Gold training undertaken by selected staff.
- Spring Campaign successfully completed with clinics held in increased outreach venues across the county.
- With reduced funding for Health Protection, Organisational Change Policy being implemented to transition to a small operational team.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current

Patti Brown-Liz  
 23/09/2024 17:28:36

Ensure PTHB emergency preparedness and organisation resilience and compliance against Civil Contingencies Act	Review of civil contingency response plans. Implement required actions, including participation in training and exercises Q1-Q4	ED PH	Green					High	High	
Provide Health Protection response to all hazards in line with Communicable Disease Outbreak Plan for Wales	Continue transition to a regional health protection service to enable a local response to health protection threats and contribute to Health Protection, Framework, in partnership with Powys County Council and Public Health Wales Q3								Medium	Medium
Implement respiratory vaccination programme in line with Welsh Government directives	Plan and deliver respiratory vaccination programmes Q1, Q3,Q4		Green						High	Medium
Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars	Plan and deliver vaccination programmes Q4								High	Medium
Promote uptake of national screening programmes in partnership with Public Health Wales	Analyse data published and develop and implement action plan Q4								High	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A							
<b>Executive Director Sign Off</b>										
		Mererid Bowley (Executive Director of Public Health)								

Patterson, Liz  
23/09/2024 17:28:36

# Early Help and Support

## Strategic Priority 3: Improve Access to Primary and Community Care

Executive Leads - Executive Director of Primary Care, Community and Mental Health / Executive Medical Director / Executive Director of Nursing, Quality, Women and Family Health

### Intended Outcome/ Impact

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

### Commentary on Progress in this Quarter:

- The Primary and Community Care Academy training plan is supporting MDTs (Multi-Disciplinary Teams) within GMS (General Medical Services). Other training opportunities are being progressed with Optometry and Dental colleagues
- Dental waiting list cleansing is identifying and removing duplicate patients in the system. The PTHB waiting list is being transferred to the national Dental Access Portal (DAP). PTHB are the pilot site for the DAP.
- The health board's Medicines Management Team routinely monitors the provision of Clinical Community Pharmacy Service (CCPS) and "additional pharmacy services". A contract assurance framework is in place to monitor service provision and the level of activity provided by each contractor.
- Datix reports are actively monitored by the Medicines Management Team. Where the quality of reporting needs to be improved, the team collaborates directly with the contractor. Work is also being undertaken with contractors who are failing to submit Datix reports.
- Work continues to encourage and support community pharmacy contractors to train as independent prescribers and to use their qualification and expand their scope of practice once qualified.
- Digital Maternity Cymru programme is being further considered by WG regarding the appropriateness of the once for Wales position, decision making anticipated during Q2.
- Neurodevelopment and Community Paediatric service review commenced to inform service model plans aligned to future capacity demand which will be further understood and realised during Q2.

### Commentary on red rated actions:

- Optometry - No progress with the Special School Primary eyecare pathway. Awaiting national confirmation on funding.
- Optometry - Occupational Health Offer to Optometry delayed. Data sharing and Information Governance issues being worked through. Planned for service to go live in Q2

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Accelerated Cluster Development	Collaborative engagement and develop maturity Q1-Q4	ED PCC&MH	Amber				High	Medium
	Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group) Q3						High	High
	Implementation of Dental Collaborative (pending national negotiation outcome) Q2						Medium	Medium
	Develop the Professional Nursing Collaborative Q2						High	High
	Develop the Optometry Collaborative Q1		Green				High	High
	Continue to identify services best delivered at cluster or pan-cluster level Q4						High	High
General Medical Services	Annual Programme of Primary and Community Care Academy – training and support for all contractors; identifying funding opportunities; support for GMS (General Medical Services) PLT (Protected Learning Time); evaluation Q1	ED PCC&MH	Green				High	High
	GMS Practice Sustainability analysis, review, and action planning Q2						High	High
	Engagement with patients and stakeholders on perception and experience of access Q4						High	High
	Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan & PTHB Frailty and Community Model Q3						High	High
	Roll out multi-professional workforce tool Q3						Medium	Medium
Optometry	Systematic tracking of core hour provision Q2	ED PCC&MH					High	High
	Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green				High	High

Patterson, Liz  
23/01/2024 17:28:36

	Pre-registration Optometrist between primary and secondary care in Cluster(s) Q2						<b>Medium</b>	Medium	
	Establish inter-practice referral for urgent cases Q1		Blue				<b>Medium</b>	High	
	School vision and eyecare access improvements Q2						<b>Low</b>	Low	
	Scope Special School Primary Care Eyecare Q1		Red				<b>Low</b>	Low	
	Publicise occupational health services offer Q1		Red				<b>Medium</b>	High	
	Implement pathways with outreach Ophthalmology Services, clusters and Optometry practices for Glaucoma and Medical Retina pathways Q1-Q2		Amber				<b>Medium</b>	Medium	
Dental	Maintain urgent access in General and Community Dental Service to balance of demand and capacity Q1	ED PCC&MH	Green				<b>High</b>	High	
	Increase capacity of Llandrindod Wells contract Q2						<b>High</b>	Medium	
	Secure future dental access in Newtown Q2						<b>Medium</b>	Low	
	Rural enhancement offer for Foundation Dentists Q4						<b>Low</b>	Low	
	Continue to transfer patients from the dental waiting list to salaried General Dental Practitioner (GDP) in line with contract reform Q1			Blue				<b>High</b>	High
	Undertake dental waiting list cleansing to support accurate waiting list numbers Q1			Green				<b>High</b>	High
	Recruit additional dental officer for sedation by end of Year 1 Q4							<b>Medium</b>	Medium
	Rescope mobile dental services in areas with limited or no access Q1			Blue				<b>High</b>	High
	Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4							<b>Medium</b>	Medium
Community Pharmacy	Further development of Assurance Framework; Annual programme of contract monitoring – and targeted visits (50% of	EMD					<b>High</b>	High	

Patterson  
23/09/2024 17:28:36

	pharmacies in Year 1); implement contract breach process by year end Q4							
	Ensure access and monitor provision of Clinical Community Pharmacy Service (CCPS) and “additional pharmacy services”. Q1-Q4 Ongoing (monthly)		Green				High	High
	Review and update of service specifications for locally commissioned services Q4						High	High
	Review pharmacy ‘rota services’ to ensure that they are delivering value to our population Q4						High	Medium
	Work with Welsh Government to address challenges that are unique to Powys (e.g. implementation of 56-day prescribing in dispensing practices) Q4						Low	Low
	Work with contractors to improve the quality of Datix reporting and ensure that learning is shared as appropriate Q1-Q4 Ongoing		Green				High	High
	Continue to encourage Pharmacists to train as independent pharmacist prescriber (IPPs) and monitor provision of IPP services across Powys Q1-Q4 Ongoing		Green				High	High
Women & Children’s - Maternity	Delivery of the Maternity Assurance and Safety Improvement Plan Q1-4	ED Nqw&FH	Blue				High	High
	Implementation of Digital Maternity Cymru (DMC) appropriate to PTHB Q1-4		Amber				Medium	Medium
	Review workforce and implement the revised workforce review Q1-4		Green				High	Medium
	Implementation of Health Inspectorate Wales recommendations including birth centre environments Q1-4		Green				Medium	Low

Patterson, Liz  
23/09/2024 17:28:36

Women & Children's – Women's Health	Assessment and local delivery of All Wales policy and plan requirements, adapted to PTHB context  Implement plans for Women's Health and Sexual Health Improvement; HIV and All Wales Women's Health Implementation Group Priorities Q1-4		Green				Medium	Medium
Women & Children's – Pathway Development	Implementation of key service / pathway developments:  <ul style="list-style-type: none"> <li>- Develop and deliver Community Paediatric Remodel action plan</li> <li>- Implementation of the multi agency Neurodevelopment Strategic Action Plan for Powys</li> <li>- Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan Q1-4</li> </ul>		Amber				Medium	High

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

<b>Change in Scope</b>		<b>Change in Timescale</b>	
------------------------	--	----------------------------	--

--

<b>Executive Director Sign Off</b>	Joy Garfitt (Executive Director of Primary Care, Community and Mental Health)  Kate Wright (Executive Medical Director)  Claire Roche (Executive Director of Nursing, Quality, Women and Family Health)
------------------------------------	---

**Strategic Priority 4 - Design and Deliver a phased Frailty and Community Model**  
Executive Lead - Director of Strategic Improvement and Transformation

<b>Intended Outcome/ Impact</b>
<ul style="list-style-type: none"> <li>• A sustainable approach to frailty and community care, improving equity of access</li> </ul>

- Risk stratification of the population to deliver effective support for those with greatest need and at greatest risk of ill health
- Joined up support for physical and cognitive frailty and improved co-ordination at end of life particularly the last year of life
- Associated reduction in emergency admissions/ prevention of avoidable deterioration in health such as deconditioning and fractures

Commentary on Progress in this Quarter:

- **Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas:** The health board has continued to report data around its existing services which provide Enhanced Community Care in line with the national model. A meeting was held between PTHB and the Strategic Programme for Primary Care on 17<sup>th</sup> May 2024 to provide feedback and clarify any queries around the existing Enhanced Community Care reporting. As the transformation work continues, it is likely that further services will be able to report activity data in line with the Enhanced Community Care model.
- **Develop Frailty scoring:** Work has commenced with Montgomery GP Practice to pilot an approach to coding of Clinical Frailty Scoring in Primary and Community Care. The functionality to record Clinical Frailty Scoring has been included in development of the Digital Patient Flow System with work underway to decide in the optimal usage of such functionality within operational and clinical contexts.
- **Develop the approach to Comprehensive Geriatric Assessment and care planning:** Work has commenced with Montgomery GP Practice to pilot an approach to Comprehensive Geriatric Assessment, with the aim of sharing the EMIS template with other practices to standardise coding to support a pan-Powys approach subject to the findings of the pilot. This is being supported by the Frailty Allied Health Professionals who are working across primary and community care.
- **Implement National Community Nursing Framework in Powys:** A review of the PTHB position against the national Community Nursing Standards is being finalised to identify the areas where PTHB is not compliant to help inform the action plan for 2024/25.
- **Finalise approach to planning for the Last Year of Life with major conditions:** The job description for the End of Life / Last Year of Life Care Planning Facilitator role has been finalised and everything is ready to commence recruitment once confirmation of Further Faster funding for 2024/25 has been received from Welsh Government. There has been agreement to combine the End-of-Life Strategy Group with the Last Year of Life Workstream, to allow for cross-cutting issues to be discussed. This group has developed a project to pilot a revised community-based treatment escalation process, which is commencing implementation.
- **Scope an improved approach to cognitive impairment on general wards:** Scoping underway to refine Community Hospital approach including improving join up of physical frailty and cognitive impairment. The first step of this work is now linked with the Strategic Change Programme Board and the Colocation by Clinical Need Working Group and will be taken forward through that process.
- **Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post:** Following approval by Executive Committee to invest in a Band 6 post as part of the National Cellulitis Improvement Programme, a service specification is being drafted and will be finalised before the national team commences recruitment to the post.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment

Patryson, Liz  
27/09/2024 17:28:36

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

Patterson, Liz  
23/05/2024 17:28:36

	Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation Q2–Q3							High	High
	Review the impact of the PTHB-element of the National Cellulitis Improvement Programme Q4							High	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A						
<b>Executive Director Sign Off</b>									
Debra Wood Lawson (Director of Strategic Improvement and Transformation)									

**Strategic Priority 5 - Deliver the Planned Care & Diagnostics Programme**

Executive Leads – Executive Director of Primary Care, Community and Mental Health / Executive Director of Planning, Performance and Commissioning

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

Commentary on Progress in this Quarter:

- **GIRFT:** Substantial work has been undertaken through this programme in relation to the GIRFT reviews of Ophthalmology, Orthopaedics, General Surgery, Gynaecology and Urology during 2023/24 but implementation of all recommendations across the GIRFT Specialities will be required to continue against the delivery of GIRFT during 2024/25. Bids to the Planned Care Transformation Fund were submitted on the 4th March 2024, informal feedback has indicated that the Health Board has not been successful with these bids and that allocation has primarily been made to national projects. A Planned Care Pathways Plan has been developed and submitted to Welsh Government setting out PTHB Plan to address five key areas as well as a plan for the use of the Health Boards allocation of 3ps (Promote, Prevent, Prepare) funding. It has been indicated that a single announcement will be made by the Planned Care Programme in Mid –June.

- **Key Strategic Relationships:** Ongoing discussion with RJAH around Orthopaedic Speciality input. Discussions with other providers for other opportunities for jointly funded posts in specialities e.g. Endo/Gastro
- **Referral Management Solutions:** The Orthopaedic Referral Management pilot has been scoped and the pilot has commenced for Orthopaedic referrals into Brecon which has been extended by another 4 weeks to gain volume for the evaluation. The evaluation will take place in July 2024 and outcomes of this evaluation will form the basis of any required business case. Early analysis shows approximately 50% diversion of referrals to alternative pathways. PTHB will await the full evaluation, but it is anticipated that a business case will be required for expansion of the PTHB CMATS Service as a result of the early analysis. This business case would be planned for submission to Investment Business Group in August/September 2024. The referral management working group are considering how findings from the Ortho pilot could be spread and scaled in other key specialities.
- **Dermatology:** Funding was secured through the Welsh Cancer Network to provide each GP Practice (engaged with the Dermatology Education Training Programme) with a Dermatology Dermoscopy camera. The camera has now been provided along with training to each GP Practice to help with dermatological referral management and to provide better quality dermatology referrals into secondary care. The pilot in North Powys with St Michaels will commence on 1<sup>st</sup> September 2024 until 28<sup>th</sup> February 2025 with a 3-month review built in. KPIs have been agreed and a service spec is in development which will be shared with the North GP Cluster. The clinical audit and evaluation following the pilot will support the further roll out in Mid/South Powys.
- **Improve Value in Key Specialities:** PTHB are increasing injector capacity for Wet Age-Related Macular Degeneration (AMD) with additional post supported by Welsh Government Outpatients Transformation. Training will be completed end of Q2. Cataract theatre list capacity enhanced through theatre improvement programme as part of GIRFT Recommendations.
- **Implement the Outpatient Transformation Plan:** PTHB have appointed an Assistant Medical Director for Planned Care with a start date imminent. Continued implementation of outpatient transformation plan to include virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms will be supported by the 3ps waiting well service development in Powys.
- **Radiology Provision across Powys:** A capital business case was sent to Welsh Government for the replacement of X-Ray equipment to enable implementation of RISP. Welsh Government approved the case and the funding for £1.7 million, a project board is in the process of being stood up alongside the local RISP (Radiology Informatics System Procurement) governance structure to ensure alignment. The project will include a review of demand and capacity for plain film radiology provision across Powys.
- **Enhance provision of Point of Care Testing (POCT) throughout Powys:** POCT Co-Ordinator in post and has conducted a review of existing POCTs provision and governance. QA compliance framework progressing with internal quality assurance processes and external quality assurance contracts revised and in place. Monitoring against these and identification of onwards training needs will be progressed in Q2. Opportunities for expansion of POCT provision in Minor Injury Units and Primary Care are being identified and scoped for feasibility.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current

Patricia-Liz  
22/09/2024 17:28:36

GIRFT Recommendations	Continue implementation of GIRFT recommendations for General Surgery, Orthopaedics and Ophthalmology to include repatriation of low complexity day cases Q1-Q4		Green				High	High
	Seek Consultant Urologist sessions to scope community urology service Q2-Q4						Medium	Low
Key Strategic Relationships	Explore Opportunities for jointly funded or regional post Q1		Blue				High	High
	Recruitment for jointly funded or regional post Q3						High	Medium
	Evaluation of jointly funded or regional post Q4						High	Medium
Referral Management Solutions	Scope a (Provider) interface triage pilot for Orthopaedic Referrals Q1		Blue				High	High
	Pilot interface triage solution for Orthopaedic Referrals Q2	ED PCC&MH					High	High
	Evaluate interface triage solution for Orthopaedic Referrals and any associated Business Case through the Investment Benefit Group Q3	ED PP&C					High	High
	Subject to approval implementation of interface triage solution for Orthopaedic Referrals; Evaluation Q3-Q4						High	High
	Scope a referral management solution for Dermatology; Pilot subject to any associated Business Case support; Evaluate; begin phased roll-out Q1		Blue				High	High
	Develop referral management solution for dentistry in relation to oral cancer Q2						High	Medium
	Further develop phlebotomy service Q3-Q4						Medium	Medium

Patterson, Liz  
23/09/2024 17:28:36

Improve Value in Key Specialities	Continued implementation of Wet Age-Related Macular Degeneration (AMD) and Cataracts improvement plan in alignment with GIRFT Q1-Q4		Green					High	High
Implement the Outpatient Transformation Plan	Appoint permanent Assistant Medical Director for Planned Care Q1		Blue					Medium	High
	Continued implementation of outpatient transformation plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1-Q4		Green					Medium	Medium
Radiology Provision across Powys (enabling implementation of RISP)	Submit capital business case for replacement of X-ray equipment to enable implementation of RISP Q1		Blue					Medium	High
	Review x-ray provision across Powys as part of work on sustainable model Q1	ED PCC&MH ED PP&C	Blue					High	High
	Develop x-ray implementation plan and implement phase 1 Q2-Q4							Medium	Low
Enhance the provision of Point of Care Testing (POCT) throughout Powys	Review and develop existing POCT provision and governance: Establish QA Compliance framework, analyse asset registry, monitoring initiation and training development Q1-Q2		Green					High	High
	Expand availability of POCT provision in support of clinical pathway development and governance: identify opportunities in primary & community care, prepare for internal audit Q3-Q4							Medium	Medium
	Identify ongoing funding for the POCT Co-ordinator role Q3-Q4							Medium	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Change in Executive Lead**  
 Radiology Provision across Powys (enabling implementation of RISP) - ED AHPHS&D to be added as Executive Lead

07.08.24 Executive Committee - Transition of Executive Leads to be managed in line with commencement of relevant post

**Executive Director Sign Off**

Stephen Powell (Executive Director of Planning, Performance and Commissioning)

Joy Garfitt (Executive Director of Primary Care, Community and Mental Health)

## Tackling the Big Four

### Strategic Priority 6 - Develop and Deliver a Major Conditions Plan

Executive Leads - Director of Strategic Improvement and Transformation / Executive Medical Director / Executive Director of Allied Health Professions, Health Sciences and Digital

#### Intended Outcome/ Impact

- A shift to prevention to improve population health and reduce the burden of ill health, with smarter approaches to segment and target those at risk
- Optimising the key pathways of care to improve equity of access and patient experience
- Joined up care across physical and mental health; effective management of long term conditions and a core approach to rehabilitation
- Greater co-ordination of care to improved efficiency, performance and outcomes

#### Commentary on Progress in this Quarter:

- Recruitment for Transformation Programme Manager has been completed, with manager in place from 28<sup>th</sup> June 2024.
- Draft governance arrangements setup along with a draft Programme terms of reference developed and shared with colleagues within VBHC (Value Based Health Care) Programme Board for comments.
- Draft Programme architecture framework setup to underpin programme delivery
- Indicative data modelling with interdependencies scoped
- Deliver the PTHB Cancer Improvement Plan – The PTHB Cancer Improvement Plan 2023-2026 is in place and the progress against each of the milestones for 2023-24 has been identified. The plan is being reviewed and will be updated in quarter 2.

Patricia on-Liz  
23/09/2024 17:28:36

- Implement Improving Cancer Journey Programme Phase 2 – Phase 2 of the Improving the Cancer Journey programme in Powys commenced April 2024. A new programme team is in place and a Strategic Programme Board and Planning & Delivery Group has been established. A Programme Plan which identifies the key priorities and milestones to be achieved has been agreed and is being worked towards.

**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%
<b>Total pathways treated within target (numerator)</b>	17	21	18	16	20	13	12	23	20	20	19	16
<b>Total pathways that started treatment (denominator)</b>	41	34	32	27	39	32	29	40	33	31	36	29
<b>Total monthly resident pathways compliance</b>	41.5%	61.8%	56.3%	59.3%	51.3%	40.6%	41.4%	57.5%	60.6%	64.5%	52.8%	55.2%

Wales

- Welsh commissioned performance for May is poor with 55.2%
- 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.

England

- SATH 5 breaches reported April all 104+ days.

Commentary on red rated actions:

- Single Cancer Pathway – we have asked for provider improvement trajectories to be able to monitor performance and to continue to reflect within the IQP.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current

Development of a transformative Major Conditions Plan	Development of a phased major conditions transformation plan to develop: a less siloed approach; streamline appointments, diagnostics, assessments, care and treatment plans, reviews and polypharmacy; and to improve co-ordination in the last year of life Q1- Q3 development of the plan		Amber				High	High
Optimal Pathways	Map and develop key optimal pathways for Diabetes (in liaison with national Value and Sustainability Work), Q2 confirm baseline and gap analysis, Q3-Q4 first phase improvement	DSI&T					Medium	Medium
Stroke	Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Incorporation of guidelines for stroke rehabilitation Q3						High	Select
Diabetes	Delivery of All Wales Diabetes Prevention Programme (AWDPP) Q1-Q4		Select				High	Select
Cardiac	(Community cardiology is covered in the diagnostics section) Q4						High	Select
Cancer	Deliver the PTHB Cancer Improvement Plan Q1- Q4	EMD	Green				Medium	Medium
Cancer Improvement Plan								
Single Cancer Pathway	Review variation of Single Cancer Pathway performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment Q1 – Q4	EMD	Red				Low	Low
Implement improving Cancer Journey	Implement Improving Cancer Journey Programme Phase 2 Q1-Q4		Green				High	High
	Annual review of PTHB Cancer Improvement Plan and update for 2024-25 at year end Q4	EMD					High	High

Paterson, Liz  
13/01/2024 17:28:36

<u>Respiratory</u>	Continue to explore options for medical cover across PTHB Q1-Q3		Select					<b>Medium</b>	Select
Ensure equitable and standardised MDT services across the whole of PTHB	Provide support to Primary Care to implement Asthma plans for the asthma population Q2-Q4	ED AHPHS&D						<b>Medium</b>	Select

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Change in Executive Lead**

Stroke – Change in Executive Lead from DSI&T to DPP&C and EMD.

Respiratory – Change in Executive Lead from ED AHPHS&D to ED PCC&MH

07.08.24 Executive Committee - Transition of Executive Leads to be managed in line with commencement of relevant post

**Executive Director Sign Off**

Debra Wood Lawson (Director of Strategic Improvement and Transformation)

Kate Wright (Executive Medical Director)

Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

## Tackling the Big Four

### Strategic Priority 7 - Deliver the Mental Health Transformation Programme

Executive Lead – Executive Director of Primary Care, Community and Mental Health

**Intended Outcome/ Impact**

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

Patten on 23/09/2024 11:28:36

## Commentary on Progress in this Quarter:

- **Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model):** This work is now linked with the Strategic Change Programme Board and the Older Adult Mental Health Working Group and the admitted inpatient model will be taken forward through that process. Analysis work is continuing for pan-Powys alignment of North and South Mental Health community teams e.g. Dementia Home Treatment Teams (DHTTs), which will incorporate a common operational policy, essential standards and workforce redesign. Work is continuing with demand and capacity modelling, in collaboration with North Powys Wellbeing Programme, underpinning the Mental Health Service baseline data and modelling for the new model. Following feedback from the Mental Health Transformation 'Understanding the Baseline & Older Adult Preliminary Issues' workshop, which took place on 30/4/24 and from review by Mental Health Service Leads, the 2022-23 baseline data is being revalidated and further refined, to ensure a reliable baseline, which impacts the Q1 deliverable with an anticipated slippage of 2-3 weeks.
- **Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model:** Following the awaited confirmation of Six Goals funding, a recruitment campaign is now underway for new roles within the proposed Duty and Assessment model, linking to the 24/7 111P2 service and the extension of a single point of access for the Mental Health Service. 111P2 helps provide: early intervention for mental ill health issues; navigation to local appropriate services and non-statutory support for welfare issues; and information and options for self-care and support. The service aims to reduce the demand on Emergency Departments (ED), General Practitioners, the Police, the Welsh Ambulance Service NHS Trust and mental health crisis services. Baseline data regarding out of hours and out of county ED attendances for Mental Health has been provided for out of county providers within Wales, ShropDoc and Wye Valley NHS Trust and is being sought from Shrewsbury and Telford Hospital. With funding now approved, a mobilisation team is being formed to take the proposed model forward within the context of wider work around referral mapping and expansion of the single point of access. Overall, this will improve sustainability and user experience, ensuring assessment occurs close to the front door to enable efficient access to the service needed, reducing complexity of navigating referrals and any internal delay caused by multiple referrals.
- **Ensure access to provision of sanctuary for adults and children:**

Adults - Discussion held at Executive Committee on 15<sup>th</sup> May 2024 on the preferred way forward for Sanctuary provision for Adults in Powys given the difficulties faced in locating robust evidence for such provision in a highly rural area. Executive Committee confirmed they will support a pilot approach and asked for this to be scoped and taken back to Execs in due course, paper is being prepared and due to go to Executive Committee on 10<sup>th</sup> July 2024. The preferred model is to pilot under the North Powys Wellbeing Programme. Newtown would be a sensible place to pilot this provision, given the inequity of MH offer across the county and the particular needs in the area.

Children - A CAMHS Crisis Hub is now fully operational, providing access to sanctuary for children in a safe, friendly, built for purpose environment. A new Rapid response & Outreach Team (RRO) has been recruited with working hours aligned to the adults CRHTs (Crisis Resolution and Home Treatment Teams), enabling a greater Out of Hours Service for Children and Young People. The Hub utilises an MDT (Multi-Disciplinary Team) approach to supporting young people and their families in mental health distress. Engagement with families is ongoing with young people supporting the development of the project. This facility will divert children and young people from attending A&E.
- **Take forward the next phase of work to enable access to a step-down solution for those with complex needs:** The Project Initiation Document for this initiative was approved by the Transformation Board in February 2024. However, this project remains paused since 8th May 2024, due to the redeployment of the Transformation Manager to support the internal escalation programme within Mental Health & Learning Disability Services. Work was in place to convene a multi-agency options appraisal workshop, followed by a series of engagement events. These have been temporarily stepped down. These events have been viewed as important as to date some key colleagues in Powys County Council have viewed the proposal as a 'health' model, rather than a multi-agency approach. Whilst there is agreement on the principles and intended outcomes behind the project, concerns have been raised about the possibility that the facility may be based within the NHS estate, integration of the service into the local community and how referral processes will be managed. These concerns need to be resolved and a consensus reached for the project to continue on a multi-agency basis. The project is still viewed as an important component of the Transformation programme with an emphasis on improving patient experience and outcomes, improved governance oversight compared to current provision, and better value for money. The Transformation Manager's redeployment is reviewed on a fortnightly basis.

Patterson  
23/09/2024 11:36

- **Next phase of neurodiversity pathway development:** This deliverable is being led within the MH Learning Disabilities and Neurodiversity Teams. Work is continuing following the development of a combined Neurodiversity pathway and a phased delivery has been put in place.

Commentary on red rated actions:

- **Step-down solution: Explore and develop advisory options appraisal Q1.** This project remains paused since 8th May 2024, due to the redeployment of the Transformation Manager to support the internal escalation programme within Mental Health & Learning Disability Services.

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Transformation of Adult and Community Model Phase 1 (includes alignment of Duty and Assessment Model)	Refining the baseline. Refining the modelling for the new model. Continuous engagement Q1	ED PCC&MH	Amber				High	Medium
	Public engagement and consultation Q2					Medium	High	
	Workforce design and further consultation Q3					Medium	Medium	
	Phase 1 implementation Q4					Medium	Medium	
Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model	Scope model. Refine baseline including urgent referral information. Continuous engagement. Scope expansion of "front door" role including development to align other referral processes. Q1		Green				Medium	High
	Develop phased delivery plan Q2					Medium	High	
	Phase 1 implementation including administrative single point of access Q3					Medium	Medium	
	Phase 2 implementation including commencing development of referral routes for Secondary Care referrals Q4					Medium	Medium	

Patterson, Liz  
23/09/2024 17:28:36

Ensure access to provision for sanctuary for children	Engagement with children and young people, families, and carers	ED PCC&MH	Blue					High	High
	(i) Workforce design Q1							Medium	High
	(ii) Recruitment Q2							Medium	High
Develop access to provision for sanctuary for adults	(iii) Implementation of rapid response and outreach service Q3-Q4							Medium	Medium
	i) Through collaboration with stakeholders, staff and partners, design a sustainable model for a highly rural setting Q3-4							High	High
Take forward the next phase of work to enable access to a step-down solution for those with complex needs	(ii) Assess impact of right care, right person Q3 Year 2 Phased Delivery Plan							Medium	High
	Continuous engagement Q1-Q4		Green					Low	Low
	Explore and develop advisory options appraisal Q1		Red					Medium	Low
	Design and workforce planning Q2							Medium	Low
Next phase of neurodiversity pathway development	Preparation for procurement Q3-Q4							High	Low
	A revised pathway for neurodiversity pathway Q1-Q4		Amber						

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Executive Director Sign Off**

Joy Garfitt (Executive Director of Primary Care, Community and Mental Health)

Paterson, Liz  
25/09/2024 17:28:36

## Joined Up Care

### Strategic Priority 8 – Improve pathways of care focused on system flow

Executive Lead - Director of Strategic Improvement and Transformation

#### Intended Outcome/ Impact

- People Home Fitter and Faster
- Co-ordinated and effective pathways of care which deliver an efficient flow across health and care systems
- Associated elimination of pathways of care delays and reduction in avoidable bed utilisation / average length of stay

#### Commentary on Progress in this Quarter:

- **Complete test and pilot phases of newly developed Digital Patient Flow System Q1:** Alpha testing on the app was completed April, with Digital Ward Champions covering North, Mid and South established to encourage and improve engagement and ease communications ahead of the launch in July. Beta testing via the Ward Champions has taken place throughout June. Links have been made with Information Governance and the DPIA (Data Protection Impact Assessment) is being completed. The Digital Patient Flow System Development Group has been established. The Terms of Reference and the project plan for the Development Group have been approved by the Unscheduled Care Oversight Group.
- **Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4:** Total numbers of Pathways of Care Delays have remained stable. Number of POCDs within recent 3-month data (Mar-May 2024) are consistent with the same period in the previous year (185 [2023]: 186 [2024]). Assessment Issues and Care Home Placement arrangements remain the highest contributing causes, making up 45% and 22% of total POCDs respectively. To reduce the number of service users experiencing Pathways of Care Delays, a Pathway of Care Delay Action Plan has been developed. Implementation is monitored through the POCD sub-group which reports into the newly established Unscheduled Care Strategic Oversight Group; formed in collaboration with Powys County Council.
- **Reduce the number of super-stranded patients through escalation and tracking Q1-Q4:** The number of super-stranded patients has reduced by 47%, from 15 (Q4) to 8 (Q1). This has been achieved through the creation of a Power BI dashboard to enhance monitoring of super-stranded patients, in addition to other efforts such as the embedding of additional Discharge Liaison Officers, as well as monitoring through the POCD sub-group which reports into the newly established Unscheduled Care Strategic Oversight Group; formed in collaboration with Powys County Council.
- **Embed discharge liaison officer posts throughout Powys Q1-Q2:** Additional Discharge Liaison Officers were recruited in Q4 and have been embedded into post throughout Q1. An Impact Assessment of the role is currently underway, with provisional data suggesting a correlation to reduced length of stay.
- **Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4:** Average length of stay has reduced by 29% throughout Q1 (63.24 [Apr]: 44.99 [Jun]), representing a 20% reduction when compared with the same period of the previous year (56.22 [Jun 23]: 44.99 [Jun 24]). This was achieved through a 17% reduction M1 to M2 (63.24 [Apr]: 52.74 [May]), and a further 15% reduction M2 to M3 (52.74 [May]: 44.99 [Jun]).

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Implement a Digital Patient Flow System	Complete test and pilot phases of newly developed Digital Patient Flow System Q1	DSI&T	Blue				High	High
	Launch and roll-out of Digital Patient Flow System Q2					High	High	
	Embed Digital Patient Flow System into standard practice and broaden user operability Q3					High	High	
	Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product Q4					High	High	
Improved Approach to Pathways of Care Delays (POCD)	Reduce the number of service users experiencing Pathways of Care Delays (POCDs) through escalation and tracking Q1-Q4	DSI&T	Green				High	High
	Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green				High	High
Improved Approach to Supporting People to Leave Hospital Fitter and Faster	Embed discharge liaison officer posts throughout Powys Q1-Q2	DSI&T	Green				High	High
	Consider Expansion of Discharge Liaison Officer Q3-Q4					High	High	
	Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4		Green				High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Change in Executive Lead**

- Implement a Digital Patient Flow System – A change in executive lead from DSI&T to ED AHPHS&D
- Improved Approach to Pathways of Care Delays (POCD) – A change in executive lead from DSI&T to ED PCC&MH

P. J. P. / 09/2024 / 12:28:36

- Improved Approach to Supporting People to Leave Hospital Fitter and Faster - A change in executive lead from DSI&T to ED PCC&MH

07.08.24 Executive Committee - Transition of Executive Leads to be managed in line with commencement of relevant post

**Executive Director Sign Off**

Debra Wood Lawson (Director of Strategic Improvement and Transformation)

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

**Executive Lead - Director of Strategic Improvement and Transformation**

**Intended Outcome/ Impact**

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

**Commentary on Progress in this Quarter:**

- **Scope the need for a Rapid Response service:** Scoping the need for a ‘rapid’ community response service underway, development was to be supported by Clinical Lead for Urgent Care Transformation. Recruitment had been delayed in the absence of national approval of the 2024/25 PTHB Six Goals for Urgent and Emergency Care plan and funding availability resulting in some delay. Plan approval was obtained 12 June 2024 with recruitment to be progressed at pace. Scoping to be completed early Q2 in the absence of the Clinical Lead for Urgent Care Transformation.
- **Broadening the knowledge and skills of MIU staff in Powys:** Uptake and completion of MIU training remains on schedule, with completion of training for 1 additional fully qualified Emergency Practitioner having been achieved throughout Q1.
- **Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon):** AHP Clinical Lead and Rehabilitation Therapy Practitioners are in post. SOP, KPIs and outcome measure are in place. Referral criteria and pathway have been established. WPAS Ward Module is being implemented to enhance data collection.
- **Commence monthly aggregate reporting of D2RA Measures:** Significant progress has been made in the development of the Digital Patient Flow System that will enable monthly aggregate reporting of the national D2RA Measures. 3 of the 5 measures are currently reported on an aggregate basis as part of pilot submission. Work underway to ensure smooth transition of data sourcing from currently utilised data to data provided by Digital Patient Flow System.
- **Expansion of dedicated pathway capacity:** Pathway 1: An adaptation of the specification of Home First and the rehabilitation bridging team as part of the Section 33 agreement with Powys County Council is being considered, with work underway to develop the future service design. Executive Paper on proposal of a revised model will be brought to Executive

23/09/2024 11:28:36

Committee throughout Summer 2024 to confirm both the model and next steps. Pathway 2: The revised Therapy Led Rehabilitation Model at Glan Irfon is operational, with refinement work underway.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Implement Enhanced Community Care Phase One, including the Rapid Response in the community	Scope the need for a Rapid Response service Q1	DSI&T	Amber				High	High
	Broadening the knowledge and skills of MIU staff in Powys Q1-Q4		Green				High	High
Expand Therapy Led Rehabilitation	Embed new Standard Operating Procedure (SOP) and Key Performance Indicators (KPIs) for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon) Q1		Blue				High	High
	Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation Q2						High	High
	Implement optimised model as part of winter response strategy Q3						High	High
	Review of SOP and operational model including PROMS to inform the way forward Q4						High	High
Enhance and expand D2RA Pathway utilisation	Commence monthly aggregate reporting of D2RA Measures Q1-2		Green				Medium	High
	Improve data quality and confidence of D2RA Measure reporting Q3-4						High	High
	Expansion of dedicated pathway capacity Q1-4		Green				Medium	Medium

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

<b>Change in Scope</b>	<input type="checkbox"/>	<b>Change in Timescale</b>	<input checked="" type="checkbox"/>
------------------------	--------------------------	----------------------------	-------------------------------------

Pattern-Lit  
23/09/2024 17:28:36

Propose amendment to the timescale of Commence monthly aggregate reporting of D2RA Measures Q1-2 from Q1-Q2 to Q1-Q3. This is to align with the adjustment made within the national pilot, whereby data submission is expected to commence Q3.

07.08.24 - Approved at Executive Committee

**Change in Executive Lead**

- Implement Enhanced Community Care Phase One, including the Rapid Response in the community – A change in executive lead from DSI&T to ED PCC&MH
- Expand Therapy Led Rehabilitation – A change in executive lead from DSI&T to ED AHPHS&D
- Enhance and expand D2RA Pathway utilisation - A change in executive lead from DSI&T to ED PCC&MH

07.08.24 Executive Committee - Transition of Executive Leads to be managed in line with commencement of relevant post

**Executive Director Sign Off**

Debra Wood Lawson (Director of Strategic Improvement and Transformation)

## Workforce Futures

### Strategic Priority 10: Transformation and Sustainability

Executive Lead – Executive Director of People and Culture

#### Intended Outcome/ Impact

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

Commentary on Progress in this Quarter:

**International Recruitment** - Shared Services through the Value and Sustainability Board on 16th May confirmed that PTHB was successful in the bid for £260K to fund additional cohorts of Internationally Educated Nurses. This will enable PTHB to recruit a further 18 adult nurses and 6 Mental Health nurses during 2024/25.

Update on existing International Nurse cohorts:

- Cohort 3 Llandrindod: 6 staff all registered with the NMC

- Cohort 4 Llanidloes: 4 staff - all 4 have passed OSCE exam, 1 has received NMC registration and 3 have applied and are awaiting NMC registration imminently. Cohort 5 Newtown: 6 staff – awaiting confirmation of arrival date in July 2024. 5 of the 6 have received Certificate of Sponsorship and are applying for their visas.
- Cohort 6 Machynlleth - TBC: Recent recruitment trip to Kerala, India saw the recruitment of 12 IENs (Internationally Educated Nurse) for PTHB. Aiming to onboard 6 of these new recruits in October 2024, and then the remaining 6 early 2025 (localities TBC)
- **International Medical Recruitment:** 3 Medics have been recruited from India and are currently going through the onboarding process with a view to starting later this year in Mental Health Services.
- **Aspiring Nurses** - The ongoing financial commitment has now been confirmed from HEIW for funding support to recruit up to 35 ‘Aspiring Nurses’ for the September 2024 academic year intake. The recruitment process has commenced and the deadline for applications is the 30th June.
- **Evaluate the Academy Careers and Education Enterprise Scheme (ACEEs) and develop plans for 2024/25 academic year Q1** - The evaluation report was approved by Programme Board in May. Planning is underway for 2024/25 academic year, based on the recommendations approved as part of the evaluation report. All 13 Powys mainstream schools plus 2 Neath Port Talbot College campuses have booked dates in the Autumn term for the whole school approach.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Grow the knowledge and capabilities of managers to develop strategic workforce plans aligned to the Accelerated Model of Care	Cohort of managers (who are required to) who have completed training Q2 & Q4	ED P&C					High	Medium
On board a further 3 cohorts of internationally trained Adult Nurses targeting areas with high variable pay spend	On board Cohorts 1, 2 and 3 for 24/25 Q2 & Q4						High	High
Explore the potential to recruit internationally trained Mental Health Nurses and Medics	Scope opportunities from national programmes for international recruitment for Mental Health Q3						High	High

Launch a second cohort of the Aspiring Nurse Programme with HEIW and University partners (improving access for Powys based pre-registered students to the Nurse Degree Programme)	Agreed plans and funding arrangements in partnership with HEIW and FE/ HEI providers Q2						High	High
	Report on the recruitment rates of the programme Q4						High	High
	Ensuring there is an opportunity for a Welsh essential recruitment offer Q4						High	High
	Generate interest from the younger generation in a rural health and care career through the Academy Career and Education Enterprise Scheme (ACEES)	Evaluate the Academy Careers and Education Enterprise Scheme (ACEES) and develop plans for 2024/25 academic year Q1	Blue					High
	Report on the development plans for 2024/25 academic year Q3						High	High

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

**Change in Scope**    N/A    **Change in Timescale**    N/A

**Executive Director Sign Off**    Debra Wood Lawson (Executive Director of People and Culture)

**Strategic Priority 11: A Great Place to work**

Executive Lead – Executive Director of People and Culture

**Intended Outcome/ Impact**

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

Commentary on Progress in this Quarter:

- **Introduce the Speaking Up Safely 'Our Voice' portal on the staff intranet** - 'Our Voice' portal has been launched, which clarifies the ways in which people can speak up through the various mechanisms available. The portal has had 176 views since launch, no concerns have been raised. Further promoting of the portal will be undertaken as part of the outcomes of the national staff survey.

- **Deliver the Tier 1 programme at a rate of 1 course per month** - Following the 2 pilot cohorts, courses have been scheduled and advertised for one per month throughout the year. To date the April and June courses have been held, with the May and July courses having to be cancelled due to lack of numbers signing up and system pressures meaning clinical staff are unable to be released. Feedback from the cohorts so far has been excellent with one participant sharing their CLIP (Clinical Leadership Immersive Programme) experience at Board.
- **Develop draft Charter and resources for consultation and feedback** - The Charter called 'The PTHB Manager' has been developed and submitted to Execs for sign off on the 26th of June. A Intranet Manager's Resource Portal that supports managers to undertake their task successfully has also been developed. Both will be launched in Q2.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment		
			Q1	Q2	Q3	Q4	Initial	Current	
Deliver the actions set out in the national Nurse Retention Plan	Complete the nurse retention self-assessment tool Q1	ED P&C	Blue				High	High	
	Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities Q2						High	High	
Ensure a clear mechanism for staff to raise concerns and support a culture of psychological safety, so staff feel able to speak up.	Introduce the Speaking Up Safely 'Your Voice' Portal on staff intranet Q1		Blue				High	High	
	Introduce team activities/briefings Q2						High	High	
	Refresh the Chat2Change plan Q2						High	High	
	Embed the Speaking Up Safely Framework Q4						High	High	
Roll out Tier 1 of clinical leadership programme	Deliver the Tier 1 programme at a rate of 1 course per month Q1-2			Blue				High	High
Develop a pilot for Tier 2	Develop the Tier 2 programme Q2							High	High
	Pilot Tier 2 programme Q3						High	Medium	

Prepared by Liz  
10/09/2024 17:28:36

Design a Charter with leadership expectations of managers responsibilities in setting standards of behaviour, engaging with staff and creating a great place to work	Develop draft Charter and resources for consultation and feedback Q1		Blue					High	High
	Consult with Executive team, Trade Unions and Chat2Change group Q2							High	High
	Launch Charter Q3							High	High

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

**Change in Scope** N/A **Change in Timescale** N/A

**Executive Director Sign Off** Debra Wood Lawson (Executive Director of People and Culture)

**Strategic Priority 12: Employee Health and Wellbeing**

**Executive Lead – Executive Director of People and Culture**

**Intended Outcome/ Impact**

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

Commentary on Progress in this Quarter:

- **Deliver two Compassionate Leadership courses per month** - 31 PTHB staff have attended the introduction to Compassionate Leadership course in the quarter, bringing the PTHB total to 338. HEIW have released the final modules of The Compassionate Leader programme, which has been included in the Manager's Programme. 10 staff have undertaken this in the quarter. HEIW have also released an opportunity for organisations to sign up as advocates of the Compassionate Leadership model. The Board Chair and CEO will sign this at a Board meeting in Q2.
- **Undertake surveys targeting one service per quarter** – Team Climate Survey has been undertaken with the Vaccination and Immunisation service as part of targeted support.

Commentary on red rated actions: N/A

Patterson  
23/09/2024 11:28:36

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Regular access to wellbeing roadshows and initiatives which support health	Undertake a series of wellbeing roadshows across the county Q4	ED P&C					High	High
Embed Compassionate Leadership model to underpin approach to staff wellbeing	Deliver two Compassionate Leadership courses per month Q1-Q4 Quarterly Update		Green				High	High
Develop the capability of managers in relation to Managing Attendance at work policy to support staff to return to work or stay in work	Review and republication of the managing attendance at work toolkit Q1 Delivery of targeted / bespoke sessions to managers Q1-Q4 Ongoing		Blue				High	High
			Green				High	High
Undertake regular Team Climate surveys and feedback to service managers to identify ways they can support the wellbeing of their staff	Undertake surveys targeting one service per quarter Q1-Q4 Quarterly Update		Green				High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Executive Director Sign Off** Debra Wood Lawson (Executive Director of People and Culture)

Patterson, Liz  
23/09/2024 17:28:36

## Strategic Priority 13: Equalities and Welsh Language

Executive Lead – Executive Director of People and Culture

### Intended Outcome/ Impact

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

### Commentary on Progress in this Quarter:

- **Gender Awareness Programme** - We have continued to roll out our Gender Awareness program and have, as of 27th June 2024, delivered to a cumulative total of 354 individuals, equivalent to 14% of the total PTHB workforce. The Welsh language session has been integrated into the Managers’ Training program with multiple sessions scheduled over the course of the year.
- **Integration of Welsh Language into the wider Managers’ Training Programme** - We have identified the steps required to achieve the identified certifications and will be rolling out an action plan aimed at achieving them during the course of the current financial year.
- **Commence the implementation of the objectives set out in the Strategic Equality Plan** - Thanks to support from ICT and information governance teams, Sign Live will be launching imminently (July 2024), and staff from the equality team are meeting with representatives from clinical teams to identify assistive technologies to deployed over the course of the current financial year.
- **Continue to monitor the use and uptake of Online translation to reduce costs and improve access to BSL (British Sign Language) and foreign language interpretation** - Expenditure on translation in Jan/Feb 24 was down 66% (£6,047 less) on the same period in the previous year, suggesting the changes to the process are making a significant impact. We will continue to monitor this over the course of the year.
- **Begin work on the new Welsh in Healthcare Strategy including the introduction of the new Welsh Language recruitment assessment system** - The Welsh assessment tool has been designed and we are awaiting assistance from ICT to deploy it appropriately on the PRHB intranet, ready to begin its usage. Communications around its deployment have been developed and will be co-designed via the Workforce Policy Review Group.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment

			Q1	Q2	Q3	Q4	Initial	Current
Continue the rollout of the Gender Awareness programme	Updates on Gender Awareness provided in Equality Annual Report Q4	ED P&C					High	High
Integration of Welsh Language into the wider Managers' Training Programme	Continuous programme of training Q4						High	High
Commence the implementation of the objectives set out in the Strategic Equality Plan	Achieve workplace certifications for Age-Friendly Employer, Disability Confident and Hate Crime Charter Q4						High	High
	Sensory loss work: deployment of assistive technologies & Sign Live Q4						High	High
Continue to monitor the use and uptake of Online translation to reduce costs and improve access to BSL and foreign language interpretation	Provide an update in relation to the use of online translation Q2-Q4						High	High
Begin work on the new Welsh in Healthcare Strategy including the introduction of the new Welsh Language recruitment assessment system.	System designed and functionality finalised Q1		Green				High	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A					
<b>Executive Director Sign Off</b> Debra Wood Lawson (Executive Director of People and Culture)								

Patterson, Liz  
23/09/2024 17:28:36

# Digital First

## Strategic Priority 14: Citizen centred care and support

Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

### Intended Outcome/ Impact

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

Commentary on Progress in this Quarter: N/A

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Improve awareness and access to their digital appointment	Introduce patient portal for managing appointments Q4	ED AHPHS& D					High	High
Improve awareness of and access to the NHS Wales App	Support the development of the NHS Wales App to include Cross Border pathway Q4						Medium	Medium
Transition to an alternative virtual consultation platform	Provide a replacement virtual consultation platform across Powys Q3						High	High

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

Printed by Liz  
10/02/2024 11:28:36

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

<b>Executive Director Sign Off</b>	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
------------------------------------	--

## Strategic Priority 15: Leadership, Partnership and Alliances

Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

### Intended Outcome/ Impact

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

Commentary on Progress in this Quarter: N/A

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Transition of ICT Service Support; Digital Clinical partnership with Experience Level Agreements (XLA)	Target Operating Model Implementation Q3						High	High

Continue engagement with NHS England to improve clinical cross border pathways	Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2	ED AHPHS& D					Low	Low
Scope requirements for Integrated Shared Care Record	Enable front line staff to access digital clinical information across multiple disciplines Q4						Medium	Medium
Provide opportunities to improve Digital literacy across the HB	Upskill, train and support staff to improve confidence in using digital systems Q4						High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

<b>Executive Director Sign Off</b>	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
------------------------------------	--

**Strategic Priority 16: Enabling Efficiency and effectiveness**

Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital

**Intended Outcome/ Impact**

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

Commentary on Progress in this Quarter: N/A

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Liz Pattersson  
23/09/2024 17:28:36

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Whole system application review to standardise digital system access and improve efficiencies	Ensuring the system gaps are fully understood to meet the needs of the health board and standardise the approach to recording Q2	ED AHPHS& D					Medium	Medium
Complete ePMA (Electrotonic Prescribing and Medicines Administration) pre-implementation phase	Completion of a Business case to roll out (inpatient & outpatient) Q2						Medium	Medium
Award ePMA contract	Develop, build, test and implement the ePMA system Q4						Medium	Medium
Finalise cross border clinical records sharing project	Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2						Medium	Medium
Review replacement of WCCIS	Implement a replacement community system that supports the delivery and recording of patient care Q1		Amber				High	Medium
Implement print management solution	Replace and deliver new multi-functional devices across the HB Q1		Blue				High	High
Introduce digital clinical appointment letters	Adoption across all services using WPAS to digitally engage with patients Q4						Medium	Medium

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

<b>Change in Scope</b>	<input type="checkbox"/>	<b>Change in Timescale</b>	<input checked="" type="checkbox"/>
------------------------	--------------------------	----------------------------	-------------------------------------

Liz  
23/09/2024 17:28:36

WCCIS - Due to National programme timescales changes we need to realign this piece of work. The national programme now target the end of 2025. This will support the process of procurement of the system for community and Mental Health. Change to Q4

07.08.24 - Approved at Executive Committee

**Executive Director Sign Off** Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)

**Strategic Priority 17: Infrastructure and security**

**Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital**

**Intended Outcome/ Impact**

- Improved reliability and supportability of digital infrastructure
- Reduce and where possible remove single points of failure in the digital estate; reduce likelihood of single component outages
- Improved cyber security posture

**Commentary on Progress in this Quarter:**

- Improve Network Connectivity and reliability – Our aim to replace 75% of the health boards wired network infrastructure is progressing well, but is now unlikely to complete before Q4
- Improve telephony and collaboration tools – Work with our chosen supplier is progressing well. While delivery in Q1 is looking unlikely, delivery in Q2 is looking highly likely

**Commentary on red rated actions:**

- Replace firewall technology – was funded last fiscal year but wasn’t able to receive in-line with financial deadlines. Funding is continually reviewed, we need to secure funding again for this year.

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current

Patterner, Liz  
 23/08/2024 17:28:36

Improve network Connectivity and reliability	Upgraded core infrastructure across all areas in the Health Board Q1	ED AHPHS& D	Amber				Medium	Low
Improve telephony and collaboration tools	Procure and implement new telephony system Q1		Amber				Medium	High
Improve application availability and resiliency	Implement enterprise level availability technologies to support resilience across the Health Board Q2						Medium	Low
Continue to improve cyber security posture	Replace and update Firewall authentication technology across the Health Board and migrate applications Q1		Red				Medium	Low
Align and upgrade legacy operating systems	Removal of legacy and unsupported operating systems to support resilience Q3						High	Medium

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

<b>Change in Scope</b>		<b>Change in Timescale</b>	<b>x</b>
------------------------	--	----------------------------	----------

- Improve network Connectivity and reliability – Procurement of hardware has been completed. A change in timescales is being requested due to capacity restraints of both PTHB and BT. Request to amend to Q4
- Improve telephony and collaboration tools – As above
- Continue to improve cyber security posture – Funding has not yet been secured for this. Request to amend to Q4

07.08.24 - Approved at Executive Committee

<b>Executive Director Sign Off</b>	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
------------------------------------	--

**Strategic Priority 18: Big Data and Artificial Intelligence**

**Executive Lead - Executive Director of Allied Health Professions, Health Sciences and Digital**

**Intended Outcome/ Impact**

- Increased access, quality and trust in health and care data available in near real time, promoting complete transparency of data
- Data collected consistently, cutting down manual/paper processes and releasing administration time
- 'Cloud first' approach with robust, advanced and secure reporting solutions; use of Data Platform Machine Learning and predictive modelling

Patten on Jun 23 09:20 AM  
 23/09/2024 17:28:36

Commentary on Progress in this Quarter: N/A

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Onboard services to new Business Intelligence platform and adopt single source of truth for data	Provide the necessary tools to allow staff to access a 'Data Self-Service' to review a single source of data Q3	ED AHPHS&D					Medium	Medium
Creation of a Health & Care Data Platform	Develop and implement a secure & robust Platform Q3						Medium	Medium
Modernise data processes	Plan and deliver a data collection framework Q2						Medium	Medium
Introduce a Data Catalog to enable users to discover, understand, and use the data they need to make informed decisions	Create a Data Catalog that is accessible by the entire Health Board Q2						Medium	Medium
Migration of legacy reports and data processes from IFOR to the cloud	Commence transition from the IFOR Reporting platform to a cloud hosted platform Q3, Q4						Medium	Medium
Accelerate use of Robotic Processing Automation	Plan and deliver a 'RPA Framework' and Operating Model across the HB Q4						High	High
Improve the accuracy, completeness, of data quality using advanced technologies and best practices	Identify required resource and approach to improve Data Quality Q4	ED AHPHS&D					High	High
Adopt Machine learning toolkit (predictive analysis on current data sets)	Design and deliver a framework to adopt Machine Learning models Q3						High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

<b>Executive Director Sign Off</b>	Claire Madsen (Executive Director of Allied Health Professions, Health Sciences and Digital)
------------------------------------	--

## Innovative Environments

### Strategic Priority 19: Strategic Capital

**Executive Lead - Associate Director of Estates, Facilities and Support Services**

#### Intended Outcome/ Impact

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

#### Commentary on Progress in this Quarter:

- **North Powys** - OBC delayed whilst awaiting outcome of NHS Capital Prioritisation Process – no funding available for programme/project development.
- **Llandrindod Wells Rural Regional Centre** – During Q1 PTHB received £3m from Welsh Government backlog maintenance funding to undertake essential works to the hospital including roof replacement/repairs, replacement windows and access improvements to roads and pathways with work scheduled to complete in 2024/25 financial year. Main element of funding for phase 2 of the development is subject to approval from NHS Capital Prioritisation Process.
- **Discretionary Capital programme** – the proposed pipeline has been approved and currently contains 25+ schemes, several of which have commenced and are progressing well. Urgent/emerging pressures including Safety Improvements at AMI unit in Bronllys and Mental Health Transformation work will have a significant impact on the funding available for the planned programme and will result in deferral of some schemes.
- **IRCF (Integration and Rebalancing Capital Fund)** – business cases currently under development for integrated wellbeing hubs including a bid for further development of Spa Road, Llandrindod.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
North Powys Wellbeing Programme	Outline Business Case Development for campus Q2	ADEF&S S					Low	Medium
Llandrindod Wells Rural Regional Centre	Business Case submission in format as outlined by Welsh Government as part of endorsed Programme Business Case Q3						Low	Medium
Discretionary Capital Programme including Estates Funding Advisory Board (EFAB), etc.	Discretionary Capital Programme (circa 25 projects) Q1-Q4		Amber				High	Medium
	EFAB Brecon Fire Q4						High	High
	EFAB Machynlleth Fire Q4	ADEF&S S					High	High
	Building Management Systems Ystradgynlais Q4						High	High
	Waste Compounds pan-Powys Q4						High	High
Development of Strategic Capital Plan, project pipeline	Health and Social Care, Integration and Rebalancing Capital Fund (IRCF); capital project programme Q2						High	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Executive Director Sign Off** Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

**Strategic Priority 20: Estates Strategy**

**Executive Lead - Associate Director of Estates, Facilities and Support Services**

**Intended Outcome/ Impact**

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

Commentary on Progress in this Quarter:

- Estates Strategy document has been drafted, however, the ‘where do we want to be’ and ‘how do we get there’ sections will need to respond to current service development activity such as ‘Better Together’ and other transformational workstreams.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Areas of Delivery	Key Deliverables	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Draft Estates Strategy	Estates Strategy; initial draft for review Q1	ADEF&SS	Amber				Medium	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Executive Director Sign Off** Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)

**Strategic Priority 21: Environmental Management and Decarbonisation**

**Executive Lead - Associate Director of Estates, Facilities and Support Services**

**Intended Outcome/ Impact**

Paterson 21/09/2024 11:28:36

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

**Commentary on Progress in this Quarter:**

- The Health Board continues to maximise decarbonisation deliverables, with application submitted to Welsh Government for £4.3M investment in Energy Conservation Measures. This is a major programme of work to make a step-change in energy efficiency whilst also implementing improvements in the workplace to benefit staff, patients and visitors. NWSSP (NHS Wales Shared Services Partnership) audit and assurance team conducted decarbonisation audit on PTHB providing 'Reasonable' assurance. Delivery against the 46 initiatives is tracked and managed through the Health Board's Decarbonisation Dashboard.
- Biodiversity improvements have continued during this quarter at Bronllys Hospital, in line with recommendations provided by the independent studies by expert ecologists. The Community Liaison Officer continues to explore green prescribing opportunities at both Bronllys and Machynlleth hospitals.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Decarbonisation	Decarbonisation Strategic Delivery Plan – actions as set out for 2024/2025 Q1-Q4	ADEF&SS	Green				High	High
Biodiversity	Enhancement and protection of biodiversity including community group engagement Q1-Q4		Green				High	High
Energy efficiency	Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q4						Medium	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

Pattern on L17:28:36  
23/09/2024

<b>Executive Director Sign Off</b>	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)
------------------------------------	--

## Strategic Priority 22: Property

**Executive Lead - Associate Director of Estates, Facilities and Support Services**

### Intended Outcome/ Impact

- Integrated Working in agile environments to maximise space efficiency

Commentary on Progress in this Quarter:

- Occupation programme underway and managed by cross-function Task & Finish Group with Primary Care, Digital and CAMHS teams moved in during this quarter. Q2 PTHB occupation planning ongoing, however, final key element of the planning will require confirmation by Powys County Council of which department will be forming part of the integrated hub.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Integrated Hubs / Agile Working	Develop Spa Road, Llandrindod Wells as Integrated Hub Q3	ADEF&SS					High	Medium

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A	
------------------------	-----	----------------------------	-----	--

Patricia on Liz  
23/09/2024 17:28:36

<b>Executive Director Sign Off</b>	Wayne Tannahill (Associate Director of Estates, Facilities and Support Services)
------------------------------------	--

## Transforming in Partnership

### Strategic Priority 23: Key Strategic Partnerships

**Executive Leads - Executive Director of Public Health / Director of Corporate Governance / Board Secretary / Executive Director of Planning, Performance and Commissioning**

#### Intended Outcome/ Impact

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

Commentary on Progress in this Quarter: N/A

Commentary on red rated actions: N/A

#### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail	Summary provided in this section – refer to the separate Strategy / Plan document of each partnership for further detail Q3	ED PH					Medium	Medium

23/09/2024 17:28:36

PTHB Partnership Assurance and Governance Framework to be developed	Framework to be developed, agreed and operationalised Q3	DCG/ ED PP&C						Medium	Medium
---	--	-----------------	--	--	--	--	--	--------	--------

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A	
------------------------	-----	----------------------------	-----	--

--

<b>Executive Director Sign Off</b>	<p>Mererid Bowley (Executive Director of Public Health)</p> <p>Helen Bushell (Director of Corporate Governance / Board Secretary)</p> <p>Stephen Powell (Executive Director of Planning, Performance and Commissioning)</p>
------------------------------------	---

**Strategic Priority 24: Commissioning, Performance, Planning**

**Executive Lead - Executive Director of Planning, Performance and Commissioning**

**Intended Outcome/ Impact**

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

**Commentary on Progress in this Quarter:**

- A positive start has been made against scheduled milestones for quarter 1. It is worth noting however that our overall plan remains un-approvable and unsupported by Welsh Government at the time of writing this update.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Pattinson, Liz  
20/09/2024 11:28:36

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Delivery of Annual Strategic Planning Cycle	Quarterly Reporting cycle (progress against plan and strategic change) Q1-Q3	ED PP&C	Green				High	High
	Annual Plan Review & Development Q3-Q4					High	High	
Delivery of Immediate / Short Medium and Long Term Commissioning and Performance Work Programme	Portfolio of commissioning and performance activity as noted Q1-Q4		Green				High	High
<b>Formal change request (Please tick as applicable and provide explanation below)</b>								
<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A					
<b>Executive Director Sign Off</b>								
		Stephen Powell (Executive Director of Planning, Performance and Commissioning)						

<b>Strategic Priority 25: Governance</b>	
<b>Executive Lead - Director of Corporate Governance / Board Secretary</b>	
<b>Intended Outcome/ Impact</b>	
<ul style="list-style-type: none"> <li>Decisive and effective decision making supported by assurance, oversight and effective management of risks</li> <li>Appropriately skilled, trained and informed Board</li> <li>Excellent Board and Executive administration and governance advice and support</li> </ul>	
<b>Commentary on Progress in this Quarter:</b>	
<ul style="list-style-type: none"> <li>Board Assurance Framework approved in May by the Board, next stage of development now underway</li> <li>All Committee and Board work programmes implemented in quarter 1 as planned including Board Development Board Briefings</li> </ul>	

- Board effectiveness review completed including Board Development session held on the 12<sup>th</sup> June where Audit Wales joined the session to support pan Wales learning
- Corporate business systems continue to develop to maximise efficiency, correspondence tracking being a focus this quarter

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Board Assurance Framework	Board Assurance Framework (BAF) is an integrated part of every Board meeting Q1	DCG	Green				High	High
Board and Committee work plans aligned to the plans Board Assurance Framework and Corporate Risk Register	Board and Committee work plans are agreed, delivered and evaluated Q1-Q4		Green				High	High
Board Development programme that underpins the High Performing Board programme	Board development programme x6 sessions; board briefings x12 sessions Q1-Q4		Green				High	High
Review Boards Risk Management Framework further embedding effective risk management	Risk management framework reviewed and fully implemented Q3	DCG					High	High
Corporate business systems maximising efficiency and effectiveness	Corporate business systems clearly defined and in place Q1		Green				High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Executive Director Sign Off**

Helen Bushell (Director of Corporate Governance / Board Secretary)

**Strategic Priority 26: Effective systems and delivery of engagement and communication****Executive Lead - Director of Corporate Governance / Board Secretary****Intended Outcome/ Impact**

- Clear and effective communication and engagement between the health board and the population it serves
- Communication activity supports strategic priorities and focuses on the management of principal risks
- Increased coherency across partners with a shared approach to public voice and insight to drive positive change

**Commentary on Progress in this Quarter:**

- A structured period of joint engagement between PTHB and PCC on Better Together and Sustainable Powys concluded shortly before the start of the quarter, with the focus moving to engagement analysis and feedback. A summary report has been produced, and approved by Executive Committee, followed by the publication and dissemination of key themes with event participants and with the wider public & stakeholders via the Have Your Say Powys website.
  - Continued progress is also being made through the Powys Engagement and Insight Network (a joint sub-group of the Public Services Board and Regional Partnership Board to develop a shared approach to co-production for Powys, with an agreed definition being finalised which will form the basis of a clearer system-wide approach to training and development. A next key step includes a development session for RPB members to consider the critical factors in system leadership for co-production.
  - In addition to the longer term vision being set out through Better Together and Sustainable Powys, the engagement and communication team has continued to support the short-to-medium term steps to ensure quality, financial sustainability and value. Whilst engagement on the next steps for PTHB – as well as on some developments potentially affecting commissioned services – were anticipated during Q1, the timetable for this work has been affected by the announcement of a General Election which means that some activities planned for Q1 will now take place in Q2 for reasons outside the control of the health board.
  - In response to a compliance investigation by the Welsh Language Commissioner in relation to the health board's website, significant work has been undertaken to review and refresh systems, processes and training for web editors. Following submission to the Commissioner during Q1 of evidence of our work, the Commissioner requires no further evidence and has closed the investigation.
  - Significant work has continued to be undertaken to promote the benefits of Vaccine Preventable Disease Programmes, with a specific focus on MMR (Mumps Measles and Rubella) and Spring COVID boosters. Local work to support a national campaign for a new RSV (Respiratory Syncytial Virus) vaccine was expected during Q1 but this will now be delivered later in the year due to a change in the national timetable.
- The health board has also led a multi-agency digital campaign to seek to reduce abuse and harassment of public sector staff in Powys under the banner "be kind" with a suite of promotional materials available to the health board, local authority and partner organisations to use via their channels. A further key campaign focus has been to support a multi-agency campaign to address the harm from vaping.
- Progress has also been made to strengthen our communications infrastructure and channels through a promotional campaign which has encouraged more residents to subscribe to our GovDelivery channel providing direct information to their inboxes on Start Well, Live Well, Age Well, Engagement and health board news.

Commentary on red rated actions: N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Design and delivery of a programme of marketing and communication	Design and deliver annual programme of communication and marketing activity focusing on those issues offer the most strategic benefit and management of principal risks Q1-Q4	DCG	Green				High	High
Design and delivery of a programme of continuous and targeted engagement	Design and deliver compliant programmes of engagement and/or consultation reflecting the requirements of the health board (e.g. Better Together), local partnerships (e.g. Sustainable Powys), regional programmes (e.g. cross-border / commissioning changes) and national programmes (e.g. all-Wales and specialised services). Q1-Q4		Amber				High	High
Delivery of shared PSB/RPB Engagement and Participation Plan priorities	Design and deliver a shared approach to coproduction across public sector partners in the Regional Partnership Board and Public Services Board Q1-Q4		Green				High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A
------------------------	-----	----------------------------	-----

**Executive Director Sign Off** Helen Bushell (Director of Corporate Governance / Board Secretary)

**Strategic Priority 27: Quality and Safety**

Executive Lead - Executive Director of Nursing, Quality, Women and Family Health

Patterson  
23/09/2024 17:38:36

### Intended Outcome/ Impact

- Delivery of Quality care that meets the needs of the Powys population
- A mature and effective approach to quality embedded throughout the organisation

Commentary on Progress in this Quarter:

- There is an established implementation plan in place and we are actively tracking assurances.

Commentary on red rated actions: N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment	
			Q1	Q2	Q3	Q4	Initial	Current
Year 2 Maturity Plan (building on Year 1 of Duty of Quality and Candour Implementation Plan)	Duty of Quality and Candour Maturity Plan Q1-Q4	ED NQW&FH	Green				High	High

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

<b>Change in Scope</b>	N/A	<b>Change in Timescale</b>	N/A	
------------------------	-----	----------------------------	-----	--

### Executive Director Sign Off

Claire Roche (Executive Director of Nursing, Quality, Women and Family Health)

Patterson, Liz  
23/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.4**

**BOARD 25 SEPTEMBER 2024**

<b>Subject:</b>	<b>CORPORATE RISK REGISTER</b>
<b>Approved and presented by:</b>	Helen Bushell, Director of Corporate Governance / Board Secretary
<b>Prepared by:</b>	Deputy Board Secretary Governance and Risk Assurance Officer
<b>Other Committees and meetings considered at:</b>	Risk Assurance Group (RAG) – 12 September 2024 Executive Committee – 18 September 2024

**PURPOSE:**

To present the Corporate Risk Register (CRR) in order to inform the Board on risks identified to the delivery of Powys Teaching Health Board’s (PTHB) strategic objectives, the controls in place to manage these risks and their efficacy. The CRR also shows actions to address any gaps in controls or assurance.

**RECOMMENDATION:**

The Board is asked to:

- **RECEIVE** the CRR as a full and accurate record of the Health Boards strategic risks
- Take **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps
- **APPROVE** the inclusion of the new risk CRR 012 onto the Corporate Risk Register.

Three of the strategic risks (008, 011 and 012) will be considered in-committee due to the confidential and sensitive nature of the actions and controls. These risks relate to Cyber, Power Outage and Digital Programmes.

<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	Y	N

**ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:**

Objective	Y/N	Notes
1. Focus on Wellbeing	Y	The Corporate Risk Register covers all of the strategic objectives and risks could impact on more than one objective.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

## **EXECUTIVE SUMMARY:**

The Corporate Risk Register (CRR) is a cornerstone of the Board Assurance Framework (BAF) and is the central repository for risks to the delivery of PTHB's strategic objectives.

There are 12 risks on the register; 11 have been considered through the Committee review process and one new risk (CRR012 Digital Programmes) is recommended for inclusion on the CRR.

Appendix 1 (Corporate Risk Dashboard) shows a summary of the risks and the heatmap of risk ratings.

Appendix 2 provides the detail of risks to be considered at the in public meeting.

Appendix 3 provides the detail of risks (008, 011 and 012) to be considered at the in-committee meeting.

## **BACKGROUND AND ASSESSMENT:**

Following structured assessment feedback in 2022 and 2023 and a commitment within the Integrated Plan, the Board approved the Board Assurance Framework (BAF) in May 2024. Alongside the BAF, work has taken place to develop a new Corporate Risk Register (CRR), which is a significant component of the BAF. The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area (e.g. directorate), and risks for which the cost of control is significantly beyond the scope of the local budget holder.

Risk owners submit updated risk information to the Risk and Assurance Group (RAG) for review, check and challenge. The RAG then makes recommendations to the Executive Committee on amendments to risk scores or assurance ratings. The RAG can also escalate risks from Directorate Risk Registers to the Executive Committee, which is ultimately responsible for recommending the inclusion of risks in the CRR for Board approval.

The CRR will continue to develop alongside the BAF to provide summary and detailed information on risks faced by PTHB and the actions being taken, managed and where possible, mitigation of these.

The Boards risk appetite has been embedded into the CRR and work is underway to review and moderate the assurance ratings of controls to agree a consistent approach to assessing this which removes a degree of subjectivity from risk owners. The RAG will play an instrumental role in helping to achieve.

At the July meeting of the Board, an action was agreed to review the risk score of CRR 006 (workforce) to ensure the risk score was relevant in the context of the whole risk register. The SRO and then Executive Committee have considered

this and determined the risk score is relevant in the context of the risk description – in so far as the Health Board is largely able to staff its services, recognising some of those resources will come from bank and agency staff.

**NEXT STEPS:**

Board Committees will continue to seek assurance on the ongoing development and management of all corporate risks. Responsibility is allocated, as per Committee terms of reference against the current risk register as follows:

<b>Committee</b>	<b>Risk Number and Summary</b>
Delivery and Performance	<ul style="list-style-type: none"> <li>• CRR001 (Financial forecast)</li> <li>• CRR002 (Financial resources)</li> <li>• CRR003 (Resource allocation)</li> <li>• CRR008 (Cyber-attack)</li> <li>• CRR009 (Estates)</li> </ul>
Executive	<ul style="list-style-type: none"> <li>• CRR011 (Power outage)</li> <li>• CRR012 (National Digital Programmes)</li> </ul>
Patient Experience, Quality and Safety	<ul style="list-style-type: none"> <li>• CRR004 (Demand - provider)</li> <li>• CRR005 (Demand - commissioner)</li> </ul>
Planning, Partnerships and Population Health	<ul style="list-style-type: none"> <li>• CRR007 (Primary Care)</li> <li>• CRR010 (Public Health Emergency)</li> </ul>
Workforce and Culture	<ul style="list-style-type: none"> <li>• CRR006 (Workforce)</li> </ul>

The Board has previously highlighted the higher number of risks allocated to the Delivery and Performance Committee – this will continue to be monitored as the year progresses against the role but also overall workload for the Committee. Further changes may be recommended to the Board at a later date either through risk oversight allocation or through a review of the Committee terms of reference.

Directorates, RAG and Executive Committee will continue to monitor organisational risks, proposing risks for escalation to the Corporate Risk Register where appropriate, to ensure that the CRR articulates the Strategic Risks identified as presenting an impediment to the delivery of the Organisation’s Strategic Objectives.

Feedback from Board members will be considered by the executive lead for each risk with the relevant staff and any changes will be reflected in the next risk reporting cycle update.

Patterson, Liz  
23/09/2024 17:28:36

## Appendix 1

### CORPORATE RISK DASHBOARD (18 SEPTEMBER 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 Y/N	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	No	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	No	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	No	Delivery and Performance
D Ops / ED PP&C	CRR 004	Quality	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.	4 x 4 = 16	Cautious	12	No	Patient Experience, Quality and Safety
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.	5 x 4 = 20	Cautious	12	No	Patient Experience, Quality and Safety

## Appendix 1

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 Y/N	Lead Board Committee
			Commissioned services may include urgent and emergency health and social care system.					
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	No	Workforce and Culture
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	No	Planning, Partnerships and Population Health
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	No	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	No	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	No	Planning, Partnerships and Population Health
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	No	Executive

Patricia Liz  
23/09/2024 17:28:36

**Appendix 1**

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 Y/N	Lead Board Committee
ED AHPHS&D	CRR 012	Digital and Transformation	National Digital Programmes do not always meet Powys requirements	4 x 4 = 16	Open	4	No	Delivery and Performance

**CORPORATE RISK HEAT MAP: September 2024**

**There is a risk that...**

<b>In-Committee Risks (Private)</b>		<p>CRR 008 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20)</p> <p>CRR 011 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)</p> <p>CRR 012 - National Digital Programmes do not always meet Powys requirements (Risk Score L4 X I4 = 16)</p>						
<b>Impact</b>	<b>Catastrophic</b>	<b>5</b>				<ul style="list-style-type: none"> <li>CRR011 (Power outage)</li> </ul>		
	<b>Major</b>	<b>4</b>				<ul style="list-style-type: none"> <li>CRR001 (Financial forecast)</li> <li>CRR003 (Resource allocation)</li> <li>CRR004 (Demand - provider)</li> <li>CRR006 (Workforce)</li> <li>CRR007 (Primary Care)</li> <li>CRR009 (Estates)</li> <li>CRR010 (Public Health Emergency)</li> <li>CRR012 (National Digital Programmes)</li> </ul>	<ul style="list-style-type: none"> <li>CRR002 (Financial resources)</li> <li>CRR005 (Demand – commissioner)</li> <li>CRR008 (Cyber-attack)</li> </ul>	
	<b>Moderate</b>	<b>3</b>						
	<b>Minor</b>	<b>2</b>						
	<b>Negligible</b>	<b>1</b>						
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
			<b>Rare</b>	<b>Unlikely</b>	<b>Possible</b>	<b>Likely</b>	<b>Almost Certain</b>	
			<b>Likelihood</b>					

# Appendix 1

## 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	Minor	Moderate	Major	Catastrophic
Almost Certain 5	1	2	3	4	5
Likely 4	5	10	15	20	25
Possible 3	4	8	12	16	20
Unlikely 2	3	6	9	12	15
Rare 1	2	4	6	8	10
	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

<b>CRR 001</b>		<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services	
<b>Risk that:</b> The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)		<b>Assuring Committee:</b> Delivery and Performance Committee	
<b>Risk Impacts on:</b> Organisational Priorities underpinning all objectives		<b>Date last reviewed:</b> September 2024	
<b>Risk Category:</b> Financial and Sustainability		<b>Boards Risk Appetite:</b> Open	
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8		<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>Financial planning for 2024/25 has identified that the THB will have a significant deficit. The Plan submitted to WG in March 2024 was for a deficit of £24.948m in 2024/25.</li> <li>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. An ambitious recurrent £9.9m (original £7.9m plus additional £2.0m as per revised plan) savings target.</li> <li>At a Board meeting in August, the Board re-confirmed the Plan.</li> <li>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.</li> <li>The THB forecasts that it can manage its capital expenditure within the capital allocation.</li> </ul>	
<b>Date added to the risk register.</b> Risk Updated June 2024			
<b>Source of risk:</b> Financial Plan			
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>
			<b>Highest Assurance provided to:</b>
7.1	Clear Financial Plan approved by Board of £22.948M	Plan approved by Board	Substantial Board
7.2	Additional control – CEx and DoF meeting regularly with Executive Directors focussed on Finance.	Feedback to Executive Committee	Reasonable Board
7.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable Board
7.4	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery.	Reports to Executive and D&P Committee	Reasonable Board

	Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.			
7.5	Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board
7.6	Introduced joint CEO and FD finance only focussed meetings with each Exec Director individually re Financial Performance	Monthly meetings and agreed action monitoring.	Reasonable	Board

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.	DFC&SS	Review taking place with any identified capacity issues to be identified with prioritisation completed to stop actions where needed or additional resource case completed.	31/07/24	Yes
		Awaiting decision on FBP post.	TBC	
Revisit the assessment of cost pressures in the Financial Plan for 2024/25.	DFC&SS	Under constant review to ensure latest forecast is as accurate as possible with action taken to offset pressures where possible.	Ongoing	Ongoing
Consider whether saving schemes can achieve more in 2024/25.	DFC&SS	Under constant review and all areas encouraged to develop a pipeline of ideas re improved efficiency. Note Bright Ideas, Opportunities Group and Sustainability Group.	Ongoing	Ongoing

Patterson-Liz  
23/09/2024 17:28:36

Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.	DFC&SS/DWOD	Under constant review – Sustainability Group, Value Based Healthcare approach and action as per Route Map to Sustainability (Better Together, ASM).	Ongoing	Ongoing
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>		Score of 16, under review to update for any changes in forecast.		

Patterson, Liz  
23/09/2024 17:28:36

Patterson, Liz  
23/09/2024 17:28:36

<b>CRR 002</b>		<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services	
<b>Risk that:</b> The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.		<b>Assuring Committee:</b> Delivery and Performance Committee	
<b>Risk Impacts on:</b> Organisational Priorities underpinning all objectives		<b>Date last reviewed:</b> September 2024	
<b>Risk Category:</b> Financial and Sustainability		<b>Boards Risk Appetite:</b> Open	
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 5 = 20 <b>Current: 4 x 5 = 20</b> Target: 2 x 4 = 8	Data will be available at the next report	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>Financial planning for 2024/25 has identified that the THB will have a significant deficit. The Plan submitted to WG in March 2024 was for a deficit of £24.948m in 2024/25, including £7.9m recurrent savings.</li> <li>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 - ambitious recurrent £9.9m savings target.</li> <li>The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit.</li> <li>The scale of this deficit against annual expenditure of circa £460m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.</li> </ul>	
<b>Date added to the risk register.</b> Risk Updated June 2024			
<b>Source of risk:</b> Financial Plan			
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>
			<b>Highest Assurance provided to:</b>
7.1	Clear Financial Plan included in revised IMTP Submission	Plan approved by Board	<b>Reasonable</b> Board

	with recurrent mitigating actions of £9.9m.			
7.2	Additional control - Introduced joint CEO and FD finance only focussed meetings with each Exec Director individually.	Regular meetings and agreed action monitoring	Reasonable	Board
7.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
7.4	Group established for Variable Pay, identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery. Variable Pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to D&P Committee	Reasonable	Board
7.5	Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach.	Delivering VFM, improving efficiency and sustainability, report to Executive Committee	Reasonable	Board
7.6	Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board
7.7	An organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings and financial sustainability (Route Map to Sustainability).	Report to Exec Committee and Strategic Change Board.	Reasonable	Board

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
--------	------	---------------	----------	------------------

Executive Directors are focussed on delivery of £9.9m recurrent mitigating actions targeted for 2024/25.	DFC&SS	Reported regularly to Board and Exec Committee and D&P	Ongoing	Ongoing
Revisit the assessment of cost pressures in the Financial Plan for 2024/25.	DFC&SS	Under constant review to ensure latest forecast is as accurate as possible with action taken to offset pressures where possible.	ongoing	Ongoing
As part of financial planning, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings and determine Routemap to Financial sustainability.	DFC&SS	Group reports into Strategic Change Board. There are two temporary service changes being engaged upon.	Ongoing  Board decision in October	Ongoing
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>		Executives focussed on delivery of £9.9m recurrent mitigating actions targeted for 2024/25. Strategic Change Board has been established to identify actions to achieve financial sustainability.		

Patterson, Liz  
23/09/2024 17:28:36

<b>CRR 003</b>		<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services & Director of Strategic Improvement and Transformation		
<b>Risk that:</b> 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 for citizens of Powys.		<b>Assuring Committee:</b> Delivery & Performance Committee		
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs		<b>Date last reviewed:</b> July 2024		
<b>Risk Category:</b> Financial Stability		<b>Board's Risk Appetite:</b> Open		
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8		<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>• PTHB achieved the financial plan agreed with Welsh Government, ending the 2023/24 year with a deficit of £12m. The financial plan for 2024/25 is to end the year with a £22.9m financial deficit, which requires savings of £9.9m to be achieved.</li> <li>• Lack of data re Patient Outcomes and Patient Experience to support understanding of Powys patients' care and treatment.</li> <li>• Value Based Healthcare approach introduced, but not yet embedded into financial plan and budget allocation fully.</li> <li>• Differences between the Welsh and English systems for commissioning inhibit reallocation of resource to the most appropriate parts of the pathway.</li> </ul>		
<b>Date added to the risk register.</b> September 2022				
<b>Source of risk:</b> Financial & data analysis				
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	
		<b>Highest Assurance provided to:</b>		
3.1	Value Based approach in place, including cross-cutting Value Based Health Care programme, with Value Based approach embedded in the IMTP focused on outcomes, experience and cost and agreed approach to embed an	<ul style="list-style-type: none"> <li>• Value Based Health Care programme plan and minutes (including those from relevant subgroups)</li> </ul>	Reasonable	Executive Director of Finance, Capital, and

	organisational understanding of value from induction through to leadership development	<ul style="list-style-type: none"> <li>NHS Performance Framework returns (twice per annum) in relation to embedding Value Based Health and Care within organisational strategic plans and decision-making processes</li> </ul>		Support Services (as Co-Chair of the PTHB Value Based Health Care Programme)
3.2	Improving the collection and analysis of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for Powys patients	<ul style="list-style-type: none"> <li>CIVICA in place for the collection of PROMs for patients treated in Powys.</li> <li>Links made with commissioned providers to collect PROMs and PREMs for Powys patients treated out of county.</li> <li>PTHB Value Based Health Care programme developing a business case for procurement of a PROMs platform for Powys, in line with other Welsh health boards and national requirements. – <i>paused given other priorities at present time</i></li> </ul>	Reasonable	
3.3	Transformation programmes in place, in line with PTHB IMTP Strategic Priorities, to provide the capacity to deliver the transformational deliverables required	<ul style="list-style-type: none"> <li>Transformation updates provided to Executive Committee</li> </ul>	Reasonable	Executive Committee

		<ul style="list-style-type: none"> <li>Programme plans, minutes etc from the North Powys Wellbeing Programme, Frailty &amp; Community Model incorporating the Six Goals for Urgent &amp; Emergency Care Programme, Planned Care &amp; Diagnostics Programme, Mental Health Transformation Programme, Digital Transformation Programme.</li> </ul>			
3.4	Strategic Change programme implementing temporary service changes to support financial sustainability	<ul style="list-style-type: none"> <li>Strategic Change Case for Change documents</li> <li><i>Reporting into SC Board, Executive Committee and Board</i></li> <li><i>Developing an evaluation framework for each of the proposed temporary changes</i></li> </ul>	Reasonable	Updates provided to the Board	
3.5	Work underway to develop the Route Map to Sustainability, linked to Better Together and achieving financial stability within 2-years	Output from workshop sessions.	Reasonable	Updates provided to the Board	
<b>Mitigating Actions (What more will we do?)</b>					
<b>Action</b>		<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>

Continued implementation of the Value Based Health Care programme, including embedded value across the organisation focused on outcomes, experience and cost	EDFC&SS	This continues	Ongoing	On track
Secure access to and analyse PROMs and PREMs data for Powys patients to understand outcomes and experience	EDFC&SS	Collecting data. Identifying arrangements to analyse it	Ongoing	On track
Continued implementation of transformational programmes aligned to the PTHB Strategic Priorities to deliver agreed benefits and deliverables	DSI&T	This continues	Ongoing	On track
Implementation of Strategic Change deliverables to support achieving financial sustainability	DSI&T	In engagement phase of temporary changes.	Sep 2024	On track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>		<b>4 x 4 = 16</b>		

Patterson, Liz  
23/09/2024 17:28:36

<b>CRR 004</b> <b>Risk that: 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.</b>		<b>Executive Lead: Interim</b> Executive Director of Operations/Director of Community & Mental Health July 2024 – provided by Interim Executive Director Planning, Performance and Commissioning)
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Assuring Committee:</b> Patient Experience, Quality & Safety Committee
<b>Risk Category:</b> Quality		<b>Date last reviewed:</b> September 2024
		<b>Boards Risk Appetite:</b> Cautious
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12	Data will be provided at next report	<b>Rationale for current score:</b> <b>Planned Care</b> <ul style="list-style-type: none"> <li>NHS Wales</li> <li>Whilst services generally perform well against access targets, the fragility of some of the in-reach SLAs creates inherent operational risk to delivery.</li> </ul> <b>Inpatient Beds</b> <ul style="list-style-type: none"> <li>At present capacity is part staffed by continued reliance upon agency staff. This is not a sustainable or affordable model.</li> <li>On any given day, up to 40% of our beds can be occupied by patients that are medically and clinically fit for discharge. They are delayed due to a lack of capacity in onward parts of the pathway. Elongated lengths of stay can have a detrimental impact on overall rehabilitation</li> </ul> <b>Primary Care</b> <ul style="list-style-type: none"> <li>There are some recruitment challenges for staffing in primary care.</li> <li>Dental access and capacity required does not currently meet demand.</li> </ul> <b>Minor Injury Units</b>
<b>Date added to the risk register</b> July 24		
<b>Source of risk:</b> Executive Team		

Patterson, Liz  
23/09/2024 17:28

		<ul style="list-style-type: none"> <li>Powys MIUs continue to performance well, in May (latest validated available) reported 100% compliance against 4 hour target and no patients waiting longer than 12 hours.</li> </ul> <p><b><u>Mental Health</u></b> Elements of the service are currently in internal performance and scrutiny escalation</p>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services. Reviewing all in-reach SLA with partner organisations to achieve a more sustainable offer. Implement as many GIRFT and 5 Goals for Planned Care as appropriate for a community-based provider	<ul style="list-style-type: none"> <li>Referral data into services from commissioning data sets and supplementary reports received from commissioned providers</li> <li>Best practice guidance from GIRFT and Welsh Government / NHS Exec</li> </ul>	Reasonable	Section in development
7.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Section in development
7.3	All services - using demand data to plan to provide the correct level of services provision for all services provided in county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Section in development
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	Section in development
7.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in	Various workforce and financial reports recording	Limited	Section in development

	place to authorise the use of agency staff (particularly higher cost agency providers)	agency usage at ward and service level		
7.6	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS & PREMS reporting, clinical audit, regulatory inspections	Limited	Section in development
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
<u>Planned Care</u> <ul style="list-style-type: none"> <li>Continue series of regular meetings with service leads</li> <li>Monitor and manage delivery against performance improvement trajectories for our own services.</li> <li>Medinet contract previously extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2024/25.</li> <li>Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.</li> </ul>	Executive Director of Operations/Director of Community & Mental Health	Performance Trajectories being routinely monitored and managed.	July 2024 and ongoing	On track
<u>General Service Sustainability &amp; Future Models of Care</u>	Executive Director of Operations/Director of	The first two cases for change will be considered by the Board on 24 July.	July 2024 and ongoing	On track

<p>The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges. A number of service reviews are being undertaken with several 'cases for change' being written for onward consideration by the Health Board and stakeholders.</p>	<p>Community &amp; Mental Health</p>			
<p><u>1</u> There are some performance indicators that continue to fail the operational standard eg Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>	<p>Executive Director of Operations/Director of Community &amp; Mental Health</p>	<p>A number of sub-indicator performance targets have been identified. These will be built into the IQPR</p>	<p>August and ongoing</p>	<p>On track</p>
<p><b>Current Risk Rating</b></p>		<p><b>Update including impact of actions to date on current risk score</b></p>		
<p><b>4 x 4 = 16</b></p>		<ul style="list-style-type: none"> <li>Will be provided at next report.</li> </ul>		

Patterson, Liz  
23/09/2024 17:28

<b>CRR 005</b>		<b>Executive Lead:</b> Interim Executive Director of Planning, Performance & Commissioning
<b>Risk that:</b> 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.		<b>Assuring Committee:</b> Patient Experience, Quality & Safety Committee
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Date last reviewed:</b> July 2024
<b>Risk Category:</b> Quality		<b>Boards Risk Appetite:</b> Cautious
<p><b>Risk Rating</b> (likelihood x impact):</p> <p>Inherent: 5 x 4 = 20  Current: <b>5 x 4 = 20</b>  Target: 3 x 4 = 12</p> <p><b>Date added to the risk register.</b>  July 24</p> <p><b>Source of risk:</b>  Executive Team</p>	<p>Graph will be provided at next report when there is more than one data point.</p>	<p><b>Rationale for current score:</b></p> <p><b>Planned Care</b></p> <p><b>NHS Wales</b></p> <ul style="list-style-type: none"> <li>• Powys residents in Welsh acute care providers have continued to see exceptionally long waits fall, however the waiting list as a total continues to grow.</li> <li>• 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 (albeit still substantial number of patients).</li> <li>• Long wait pressure by treatment specialty remains within General Surgery, Trauma &amp; Orthopaedics, ENT, and Ophthalmology.</li> </ul> <p><b>NHS England</b></p> <ul style="list-style-type: none"> <li>• Powys residents in English acute care providers have continued to see generally faster access for treatment.</li> <li>• Total waiting list position deteriorated from March 2024 for those waiting over 36 weeks, 52 weeks, and over 104 weeks.</li> <li>• English providers still report an improved position when compared to waiting pathways in Wales.</li> </ul>

Patterson, Liz  
23/09/2024 17:28

		<ul style="list-style-type: none"> <li>Long wait pressure by treatment specialty remains within General Surgery, Trauma &amp; Orthopaedics, ENT, and Ophthalmology.</li> </ul> <p><b><u>Urgent and Emergency Care</u></b></p> <ul style="list-style-type: none"> <li>Powys MIUs continue to performance well, in May (latest validated available) reported 100% compliance against 4-hour target and zero patients waiting longer than 12 hours.</li> <li>WAST red and amber response remains challenged.</li> <li>Performance in commissioned providers UEC departments does not meet required targets (both in Wales and England).</li> </ul>		
<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services	Referral data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Section in development
7.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Section in development
7.3	Using demand data to plan to commission the correct level of services provision for all services provided out of county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Section in development
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	Section in development

7.5	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS & PREMS reporting, clinical audit, regulatory inspections	Limited	Section in development
-----	--	---	---------	------------------------

**Mitigating Actions (What more will we do?)**

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> <ul style="list-style-type: none"> <li>Continue series of regular meetings with commissioned service providers.</li> <li>Secure performance improvement trajectories from providers.</li> <li>Medinet contract previously extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2024/25.</li> <li>Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.</li> </ul>	Executive Director of Planning, Performance and Commissioning	Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand expected performance 2024/25 and to be reviewed and discussed through CQPRMs.	July 2024 and ongoing	On track
<u>Urgent and Emergency Care</u> <ul style="list-style-type: none"> <li>Continue series of regular meetings with WAST and commissioned service providers.</li> </ul>		<ul style="list-style-type: none"> <li>Regular meetings (ICAP and Q&amp;S) with Health Boards and WAST to cover performance, patient</li> </ul>	July 2024 and ongoing	On track

<ul style="list-style-type: none"> <li>Secure performance improvement trajectories and improvement plans from providers.</li> </ul>		<p>experience, incidents and resultant investigations, clinical indicators.</p> <ul style="list-style-type: none"> <li>Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.</li> </ul>		
<p><u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. 4 Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.</p>		<p>A number of sub-indicator performance targets have been identified. These will be built into the IQPR</p>	<p>August and ongoing</p>	<p>On track</p>
<p><b>Current Risk Rating</b></p>		<p><b>Update including impact of actions to date on current risk score</b></p>		
<p><b>5 x 4 = 20</b></p>		<p>Improved performance experienced within NHS England commissioned service providers; same level of improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents. All commissioned providers failing to deliver the majority of pre-pandemic extant operational standards for access.</p>		

Patterson, Liz  
23/09/2024 17:28

<b>CRR 006</b>		<b>Executive Lead:</b> Executive Director People & Culture
<b>Risk that:</b> Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.		<b>Assuring Committee:</b> Workforce & Culture Committee
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Date last reviewed:</b> July 2024
<b>Risk Category:</b> Quality		<b>Boards Risk Appetite:</b> Minimal
<b>Risk Rating</b> (likelihood x impact):  Inherent: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8  <b>Date added to the risk register.</b> July 2024  <b>Source of risk:</b> KPIs	Data will be provided at next report	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>The risk has been fully reviewed and assessed as a new risk in July 2024.</li> <li>As of 30 June 2024, the Health Board contracted vs budgeted establishment showed a vacancy rate of 14.17%%. After the use of overtime, additional hours, agency, and Bank this fell to 10.64%.</li> <li>The challenges in recruitment are more pronounced in clinical roles with vacancies running at 27.03% for Medical and Dental, 18.83% for registered Nursing and Midwifery, 18.52% for Additional Clinical Services and 17.69% for Allied Health Professionals,</li> <li>To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in June 2024 from information held on the Health Roster/TSU systems:             <ul style="list-style-type: none"> <li>Additional Clinical Services: 25.43 WTE</li> <li>Nursing &amp; Midwifery Registered: 44.04 WTE</li> <li>Medical &amp; Dental: 8.95 WTE</li> </ul> </li> </ul>

Patterson, Liz  
23/09/2024 17:28:04

Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels	Minutes and papers from meetings.	Reasonable	Deputy CEO
6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, predicting future staffing levels against known pipelines.	<ul style="list-style-type: none"> <li>Workforce performance reports produced routinely and shared appropriately.</li> <li>Deep Dive Reports developed annually, or as required.</li> </ul>	Substantial	Lead Executive Directors
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available	38 staff have completed the training to date with MH, W&C, Digital and Corporate nursing	Reasonable	Deputy Director

		receiving a 1-hour overview session.		People & Culture	
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: <a href="https://workforceplanning.sharepoint.com">Workforce Planning (sharepoint.com)</a>	Substantial	N/A	
6.9	Wage stream introduced for Bank staff.	System in place and usage report to be included within the Workforce Performance Report	Substantial	Executive Committee	
<b>Mitigating Actions (What more will we do?)</b>					
<b>Action</b>		<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
<b>Workforce Planning:</b> Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.			Ongoing support available to service leads in the development of workforce plans.		
<b>Candidate Journey application to induction</b> Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.			Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities.	30/9/2024	On Track
<b>Increase bank supply:</b> <ul style="list-style-type: none"> <li>Targeted Recruitment Open days taking place at all Hospital and will continue throughout the year.</li> </ul>			5 Open Days held over June and July across Powys with multiple members recruited to the bank at each event. 3 more Open Days planned in August and another 2 in September.	ongoing	On Track

<ul style="list-style-type: none"> <li>Rolling adverts and Targeted Bank adverts for Registered Nurses and HCSW posts</li> </ul>		Rolling adverts out each week and shortlisting against applicants each Friday.		
<p><b>International Recruitment</b> Continue international nurse recruitment to a target of 18 nurses</p>		18 international nurse offers have been made, first cohort of 6 due in Newtown imminently, further 6 identified for Machynlleth in October, final cohort awaiting allocation due early 2025	Ongoing	On Track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
4 x 4 = 16		16		

Patterson, Liz  
23/09/2024 17:28

Patterson, Liz  
23/09/2024 17:28:14

Corporate Risk Register  
CRR 006

Page 5 of 5

Board  
25 September 2024  
Item 4.4vi  
Appendix 2

<b>CRR 007</b>		<b>Executive Lead:</b> Executive Director of Finance, Capital and Support Services
<b>Risk that:</b> Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.		<b>Assuring Committee:</b> Planning, Partnerships and Population Health
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Date last reviewed:</b> August 2024
<b>Risk Category:</b> Safety		<b>Boards Risk Appetite:</b> Cautious
<b>Risk Rating</b> (likelihood x impact):  Inherent: 5 x 4 = 20 Current: 4 x 4 = 16 Target: 2 x 4 = 8	New risk (no trend data as yet)	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>• Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently. Appointment/contact activity data confirms continued high patient demand.</li> <li>• Financial sustainability of practices may influence the termination of Local Supplementary Services (local enhanced services)</li> <li>• Dental access continues to be challenging in areas with recruitment challenges. The PTHB Dental waiting list/Dental Access Portal continues to demonstrate an increasing pressure on timely access to routine dental services. Currently there are approximately 4300 patients on the waiting list. Access in North Powys is compromised due to ongoing recruitment challenges.</li> <li>• New Optometry Regulations in force Oct 2023, and ongoing implementation. Implementation of WGOS4 challenging due to complex secondary care pathways and implementation may be compromised.</li> </ul>
<b>Date added to the risk register.</b> July 2024		
<b>Source of risk:</b> Primary Care Department		

Patterson, Liz  
23/09/2024 17:28

Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
7.1	Monitoring and liaison with practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks. 4.5% uplift agreed for national and local supplementary service (effective from 1/4/23)	<ul style="list-style-type: none"> <li>Escalation Tool</li> <li>Sustainability matrix score</li> </ul>	Reasonable	Executive Committee
7.2	National Contract Assurance Framework in place – data analysis via desktop review currently being undertaken. This will highlight triggers for further follow-up with practices. Outcome from desktop review to be discussed at GMS Contract Management Group meeting.	<ul style="list-style-type: none"> <li>Contract Assurance Framework</li> <li>Annual Return</li> <li>Enhanced Service Audits</li> <li>Prescribing Data</li> <li>Practice Review Visits</li> </ul>	Reasonable	Executive Committee / D&P
7.3	Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.	<ul style="list-style-type: none"> <li>Cluster Plan progress reported to RPB Executive Group</li> </ul>	Reasonable	Executive Committee / D&P
7.4	Regular contact with Shropdoc to ensure continuation of out of hours services. Contract extension in place from 1 July 2024 – 21 March 2025 via a Contract Variation Notice	<ul style="list-style-type: none"> <li>Weekly Rota (triage &amp; base cover)</li> <li>Monthly achievement against OOH Performance Standards</li> <li>Quarterly Performance Review</li> </ul>	Reasonable	Executive Committee / D&P
7.5	Allocation of new patients from Dental Access Portal to dental practices. Patient urgent access demand has	<ul style="list-style-type: none"> <li>Dental Access Portal</li> </ul>	Limited	Executive Committee / D&P

	sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis.	<ul style="list-style-type: none"> <li>Contract Reform new patient and historic patient metrics.</li> <li>GDS monitoring Group</li> </ul>		
7.6	Utilising CDS service for increased input to support urgent GDS access provision when required.	<ul style="list-style-type: none"> <li>Urgent slot capacity review vs. demand</li> </ul>	Reasonable	Executive Committee / D&P
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
To undertake GP Practice Review visits	Assistant Director Primary Care (ADPC)	Arranged for October 24	December 24	On Track
To undertake GDS End of year review visits	ADPC	Arranged for July/August 24	October 24	On track. Number of visits already undertaken
Review of GMS sustainability matrix	ADPC	Report to Executive Committee	November 24	On track – review commenced
Implementation of additional HB salaried GDS service in Newtown	Associate Dental Director/ADPC	Report to Executive Committee	September 24	On track – Senior Dental Officer appointed. Currently going through recruitment process

Patterson, Liz  
23/09/2024 17:28

Implementation of mobile dental clinic in Hay on Wye	Associate Dental Director/ADPC	Report to Executive Committee	September 24	On track Posts appointed to. Draft comms prepared. Go live date planned for mid September
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
4 x 4 = 16		16		

Patterson, Liz  
23/09/2024 17:28

<b>CRR 009</b>	<b>Executive Lead:</b> Executive Director of Finance, Capital, and Support Services
<b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	<b>Assuring Committee:</b> Delivery and Performance
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4	<b>Date last reviewed:</b> August 2024
<b>Risk Category:</b> Quality	<b>Boards Risk Appetite:</b> Minimal

<p><b>Risk Rating</b> (likelihood x impact):</p> <p>Inherent: 4 x 5 = 20</p> <p><b>Current: 4 x 4 = 16</b></p> <p>Target: 3 x 3 = 9</p> <p><b>Date added to the risk register</b> January 2017</p> <p><b>Source of risk:</b> Multiple risks arising from aging estate and levels of available funding to remedy.</p>	<p>Data available at next report</p>	<p><b>Rationale for current score:</b></p> <ul style="list-style-type: none"> <li>▪ <b>Estates Compliance:</b> 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. Backlog Maintenance at circa £73M. Revenue position is also under significant pressure with energy costs doubling and cost savings plan seeking reductions in expenditure on an aging and already under-invested estate (oldest in NHS Wales). Concerns raised by Internal Audit in March 2024 'Limited Assurance' report on Estates Condition identifying shortfall in funding required to address Backlog and support future Transformation.</li> <li>▪ <b>Capital:</b> Financial constraints for NHS Wales has seen the introduction of a Capital Business Case Prioritisation Process which will test all current projects for benefits and affordability from April 2024 and this could impact the PTHB capital programme / transformation agenda. NWSSP-SSU audit in February 2024 identified a shortfall in WG Capital against backlog maintenance across the NHS estate with a Limited Assurance finding. Affordability concerns for larger contractors working in rural Powys with high overheads impacting scheme viability.</li> </ul>
--	--------------------------------------	---

Patterson, Liz  
23/09/2024 17:28

		<p>▪ <b>Environment &amp; Sustainability:</b> NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.</p>		
Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
	<b>ESTATES</b>			
9.1	Specialist sub-groups for each compliance discipline	Notes from meetings	Reasonable	Estates Compliance Group
9.2	Risk-based improvement plans introduced	Highlight reports tabled at meetings	Reasonable	Estates Compliance Group
9.3	Specialist leads identified	Certificates of competency	Reasonable	Estates Compliance Group
9.4	Estates Compliance Group and Capital Control Group established	Minutes and papers from meetings	Reasonable	Innovative Environments Group
9.5	Medical Gases Group; Fire Safety Group; Water Safety Group; Health & Safety Group and Ventilation Safety Group in place.	<ul style="list-style-type: none"> <li>Minutes and papers from meetings</li> <li>Audits undertaken by NWSSP</li> </ul>	Reasonable	Estates Compliance Group Audit & Assurance Group
9.6	Capital Programme developed for compliance and approved capital programme	Paper to Executive level meeting	Substantial	Delivery & Performance Board
9.7	Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan	Annual Plan	Substantial	Board

9.8	Address (on an ongoing basis) maintenance and compliance issues	Compliance highlight reports, Audit plans, notes and papers from meetings.	Reasonable	Delivery & Performance Group
9.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	Compliance highlight reports, Audit plans, notes and papers from meetings.	Reasonable	Delivery & Performance Group
9.10	30+ maintenance contracts in place to ensure no gaps in key/ specialist service provision	Contracts let via NWSSP- Procurement and contain Key Performance Indicator regime	Reasonable	Estates Compliance Group
	<b><u>CAPITAL</u></b>			
9.11	Capital Procedures for project activity	<ul style="list-style-type: none"> <li>CP/D/1.00 document expiry Jan 2025</li> <li>Audit report from NWSSP</li> </ul>	Reasonable	Innovative Environments Group
9.12	Routine oversight / meetings with NWSSP Procurement	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Annual Procurement report</li> </ul>	Substantial	Innovative Environments Group / Delivery & Performance
9.13	Specialist advice and support from NWSSP Specialist Estates Services	<ul style="list-style-type: none"> <li>Notes from meetings</li> <li>Designated Director role</li> </ul>	Substantial	Innovative Environments Group
9.14	Audit reviews by NWSSP Audit and Assurance	Audit reports and Action Plans	Reasonable	Audit and Assurance Group
9.15	Close liaison with Welsh Government, Capital Function	Regular Capital Review Meetings. Notes and papers from meetings	Substantial	Innovative Environments Group
9.16	Reporting routinely to Delivery & Performance Committee	Notes and Papers from meetings	Reasonable	Delivery & Performance Group

9.17	Capital Programme developed and approved	Paper to Executive level meeting	Substantial	Delivery & Performance Group / Board
9.18	Detailed Strategic, Outline and Full Business Cases defining risk	BJC, SOC, OBC, FBC documents	Substantial	Board
9.19	Capital and Estates set as a specific Organisational Priority	Annual Plan	Substantial	Board
<b>ENVIRONMENT</b>				
9.20	Retained ISO 14001 accreditation	SGS external body award	Substantial	Delivery & Performance
9.21	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
9.22	NWSSP Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
9.23	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group
9.24	Welsh Government Energy Service / Re:fit energy programme of works underway. High Level Appraisal completed, and Investment Grade Proposal (IGP) published to illustrate invest to save projects	Salix Framework arrangement	Substantial	Innovative Environments Group
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Implement the in-year Capital Programme and develop the long-term capital programme.	Associate Director for Estates, Capital, and Property	Reduction in NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital	In line with Annual Plan for 2024-25	On Track

		investment uncertain. Outcome of All-Wales NHS Capital Prioritisation Review should be known in Q3. Pressure on programme to divert capital to Transformation / Urgent Change work.		
Continue to seek WG Capital pipeline programme funding continuity: seek alternative capital funding opportunities to mitigate funding reduction for 2022/23 and develop projects in readiness for any capital slippage. Estates Funding Advisory Board (EFAB) for 2023/24 and 2024/25 to be secured. Phase 2 project Llandrindod with endorsed PBC and SBAR, with a total cost of £3.0M submitted to WG. BJC cases being developed. Machynlleth £15.2 reconfiguration of front of hospital completed March 2023.	Associate Director for Estates, Capital, and Property	PTHB secured £5 million of additional funding via the EFAB for 2023/24 and 2024/25 (Estates Funding Advisory Board) which is aimed to specifically address compliance and backlog maintenance issues across a range of technical specialist areas which may not normally attract business case submissions (Decarbonisation, Infrastructure, Fire, Mental Health). Reduction in NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. WG approval of £3M Phase 2 project Llandrindod Wells.	In line with Annual Plan for 2024-25	On Track

Patterson, Liz  
23/09/2024 17:28

Develop capacity and efficiency of the Estates and Capital function	Associate Director for Estates, Capital, and Property	Capital pipeline for investment by Welsh Government is now significant and capital team structure supported to ensure appropriate resource is available to support organisational ambition. Fluctuations in funding position have historically made core team resource commitment challenging – currently 30% vacancies.	In line with Annual Plan for 2024-25	On Track
Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position	Associate Director for Estates, Capital, and Property	Due to financial challenges within the health board, this item is on hold.	March 2024 TBC	At risk
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>		<b>Estates:</b> Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group.		

Patterson, LIZ  
23/09/2024 17:28

**Fire:** Work to improve operational fire structure has been positive, but significant infrastructure risks related to compartmentation and physical systems remain. Programmes of work implemented but are dependent on capital funding.

**Property:** significant pressure on space with expanding staff numbers alongside implementation of new agile working approach. Rationalisation of space of health board and other public sector bodies underway.

**Finance:** significant cost pressures related to fuel and inflation are acting to increase pressure on Estates Revenue and Capital projects outturn costs and material / Supplier availability. Estates related pressure on revenue due to defects identified and scheduled from new Maintenance Contract roll out.

Patterson, Liz  
23/09/2024 17:28:04

<b>CRR010</b>		<b>Executive Lead:</b> Executive Director of Public Health
<b>Risk that:</b> A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services		<b>Assuring Committee:</b> Planning, Partnerships and Population Health
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 8		<b>Date last reviewed:</b> July 2024
<b>Risk Category:</b> Performance and Service Sustainability		<b>Boards Risk Appetite:</b> Cautious
<p><b>Risk Rating</b> (likelihood x impact):</p> <p>Inherent: 4 x 4 = 16</p> <p>Current: 4 x 4 = 16</p> <p>Target: 4 x 3 = 12</p> <p><b>Date added to the risk register</b> July 2024</p> <p><b>Source of risk:</b> Executive Committee</p>	Data will be provided at next report	<p><b>Rationale for current score:</b></p> <ul style="list-style-type: none"> <li>The impacts of an outbreak of an emerging infectious disease could result in large numbers of people falling ill. At a national level the risk of a pandemic is described as a high risk with catastrophic impacts, and risk of outbreak of an emerging infectious disease as high risk with significant impact. These form the bases of the Health Board’s risk rating scoring.</li> <li>Impacts on society depend on many different factors – transmission route, time of year, symptoms, severity of disease, travel, who gets ill, whether there are effective treatments or vaccines available and healthcare pathways.</li> <li>An event would require an enhanced individual, population and system response to ensure management is effective, efficient and safe. Failure to contain an outbreak could result in a large epidemic or a pandemic.</li> <li>The NHS is already operating at near maximum capacity, and Test, Trace and Protect Programme funding at large scale during the Covid pandemic ended in March 2023 as covid transitioned to covid stable scenario in line with WG ‘Together for a Safer Wales’.</li> </ul>

Patterson, Liz  
23/09/2024 17:28:36

<b>Controls (What are we currently doing about the risk?)</b>		<b>Sources of Assurance</b>	<b>Level of Assurance</b>	<b>Highest Assurance provided to:</b>
7.1	Major Incident Plan developed, regularly updated and exercised in line with Civil Contingency requirements.	<ul style="list-style-type: none"> <li>Plan approved by Executive Committee</li> <li>Civil Contingency Annual Report</li> </ul>	Reasonable	Executive Committee
7.2	Health Board Pandemic Framework updated and working document in place	Executive Committee (March 2024)	Reasonable	Board
7.3	Corporate Civil Contingency arrangements subject to internal audit 2023/24	Audit Report – substantial assurance (Dec 2023)	Substantial	Audit Committee
7.4	The Communicable Disease Outbreak Plan for Wales revised and updated (2023/24). PTHB participated in all Wales multi-agency exercise of the Plan (19/03/24)	Civil Contingency Annual Report (including training plan)	Substantial	Executive Committee
7.5	A joint small Health Protection Team is being developed in line with significantly reduced WG funding to respond to all health protection 'hazards'.	Annual Plan	Reasonable	Executive Committee
7.6	Vaccination surge Plan developed and exercised (March 2023)	Surge Plan	Substantial	Executive Committee
7.7	Health Protection Oversight Group established with membership comprising of Health Board, Local Authority and Public Health Wales	Minutes of Meetings	Substantial	Executive Committee
7.8	Health Board is fully engaged in the Dyfed Powys Local Resilience Forum	Minutes of meetings	Substantial	Executive Director
<b>Mitigating Actions (What more will we do?)</b>				
<b>Action</b>	<b>Lead</b>	<b>Action update</b>	<b>Deadline</b>	<b>Action on Target</b>
Consider recommendations and learning from Covid Inquiry Module reports and updated national pandemic	Corporate & Civil Contingency Manager	Reflection and consideration of learning following module 1 publication on 18/07/24, and	Ongoing	On track

preparedness strategy/guidance when it is published.		incorporate learning into HB plans.		
Audit of Community Services Operational Division critical services Business continuity plans	Director of Community Services	Operational division supported by Civil Contingency Manager to update their business continuity plans. Audit included in annual audit cycle.	Q4 2023/24	On track
Revise and update management of covid-19 in care homes pathway (in partnership with LA and PHW)	Health Protection Oversight Group	Pathway revised, updated and agreed by HPOG (July 2024)	July 2024	On track
Implement Winter respiratory vaccination programme to eligible groups (Flu/Covid/RSV vaccines)	Director of Public Health	Plans being developed in line with planning assumptions and learning from last Winter	March 2025	On track
Maximise uptake of vaccine preventable infections (e.g. MMR, childhood vaccines, respiratory vaccines)	Director of Public Health	MMR Catch-up being implemented, including targeted intervention to children/young people who do not have recorded MMR vaccination. Covid spring booster campaign implemented. Targeted intervention to increase preschool immunisation uptake	July 2024	On track
Continue with Data sharing across borders task and finish group (PHW/LA/HB) to resolve lab results issues and strengthen reporting of results pathways.	PHW lead, with DPH through HPOG	Task and finish group established, progressing actions to resolve flow of results relating to Welsh residents regarding infections to PHW	Dec 2024	On track

MMR Working Task and Finish Group to coordinate system action to increase MMR vaccination rates (includes action on healthcare staff and catch-up of school aged children)	Director of Public Health	MMR Catch-up being implemented to increase MMR rates in secondary and primary school. Drop-in MMR vaccination available at vaccination centres (Bronllys & Newtown). Targeted letters to healthcare staff to offer vaccination & clinics available through vaccination centres and Occupational Health.	July 2024	On track
Development of an internal Policy for the management of high consequence infectious diseases (HCIDs) and supporting procedures.	Consultant Lead Nurse for IPC	Guidance being developed by PHW and due to be issued in Autumn 2024. FIT testing training sessions regularly offered to staff to maintain competency.	Feb 2025	On track
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>				

Patterson, Liz  
23/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.5a**

<b>BOARD</b>		<b>Date of Meeting: 25 September 2024</b>	
<b>Subject:</b>	<b>PTHB Winter Respiratory Vaccination Programme 2024/25</b>		
<b>Approved and presented by:</b>	Mererid Bowley, Executive Director of Public Health		
<b>Prepared by:</b>	Head of Service: Public Health Programmes & Projects		
<b>Other Committees and meetings considered at:</b>	Executive Committee - 31 July 2024		
<b>PURPOSE:</b>			
<p>The purpose of the paper is to:</p> <ul style="list-style-type: none"> <li>inform the PTHB Board Members of the plan for delivering the Winter Respiratory Vaccination Programme (Covid-19 and flu vaccines) to eligible population groups in line with Welsh Government and the Joint Committee on Vaccination and Immunisation (JCVI) guidance.</li> </ul>			
<b>RECOMMENDATION(S):</b>			
<p>Board Members are asked to:</p> <ul style="list-style-type: none"> <li><b>NOTE</b> the eligible population groups for flu and covid-19 vaccines forming part of the Winter Respiratory Vaccination Programme</li> <li><b>NOTE</b> the blended delivery models to deploy the Winter Respiratory Vaccination Programme in Powys.</li> <li><b>NOTE</b> the complex logistics and that 'agile' planning will continue to be deployed to deliver the Programme to eligible population groups throughout the Autumn/Winter period.</li> <li><b>NOTE</b> the shortened window to deliver the campaign this year from 01 October to mid-December 2024.</li> <li>Take <b>ASSURANCE</b> that the Health Board has in place an appropriate plan for the Winter Respiratory Vaccination Programme 2024/25 and that delivery will be continually monitored and adapted to maximise uptake'</li> </ul>			
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Information</b>	
✓		✓	

Patterson, L.  
23/09/2024 10:38:36

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING 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		

**EXECUTIVE SUMMARY:**

Vaccination is a vital tool in helping to mitigate the effects of respiratory viruses circulating in the community, protecting the vulnerable and supporting the resilience of the NHS and care systems.

For 2024-25 the National Influenza Immunisation Programme and the COVID-19 booster programme have been brought together to form a Winter Respiratory Vaccination Programme. Its purposes are as follows:

To protect those at greatest risk from respiratory viruses

To reduce the circulation in our communities

To support the resilience of the NHS and care system through the winter period

The Winter Respiratory Vaccine Programme is guided by the latest clinical and scientific evidence, and by the latest advice from the Chief Medical Officer for Wales and the Joint Committee on Vaccination and Immunisation (JCVI). A summary of the guidance issued to date is set out below together with the hyperlinks to the documents.

A Welsh Health Circular (WHC) was issued to Health Boards on the 11 December 2023 setting out the National Influenza Immunisation Programme for 2024-25. This WHC was subsequently updated on 12 June 2024 to reflect a product removal that did not affect vaccine orders in Powys. The latest version of the WHC can be found at <https://www.gov.wales/national-influenza-immunisation-programme-2024-2025-whc2024028-html>

The final JCVI announcement on the requirements for the COVID-19 vaccination Campaign for the Autumn/Winter booster programme is incorporated into The

Patterson.Liz  
23/09/2024 10:38:36

Winter Respiratory Programme 2024/2025 Welsh Health Circular [WHC/2024/033](#) which was published on 02 August 2024.

This report provides the Board Committee with the plans for the delivery of the Powys Winter Respiratory Vaccination Programme 2024-25.

## **DETAILED BACKGROUND AND ASSESSMENT:**

### **1.0 COVID-19 Booster Campaign**

The JCVI guidance was published on 02 August 2024. The primary aim of the COVID-19 vaccination programme is to boost immunity in those at higher risk from COVID-19 infection and to improve protection against severe illness, hospitalisation, and death.

#### **1.1 COVID-19 Eligible Groups**

The eligible groups, as set out in the JCVI Winter Respiratory Vaccination Programme 2024/25 are as follows:

Residents in a care home for older adults

Individuals in a clinical risk group (aged 6 months and over)

Adults aged 65 years and over

The JCVI continues to review COVID-19 epidemiology and vaccine effectiveness data and has issued updated advice for the upcoming season. The Committee continues to recommend that residents in care homes for older adults, people aged 65 years and older, and those at clinical risk aged 6 months to 64 years, will benefit from vaccination, helping to reduce the risk of serious illness and hospitalisation. However, the JCVI has not recommended the inclusion of the following groups:

Frontline Health and Social Care workers

Unpaid Carers

Household contacts of the immunosuppressed.

The JCVI has advised that on the balance of evidence it does not believe there is a clinical benefit to offering the vaccine to these groups. Nevertheless, owing to the late communication of this advice, Welsh Government has adopted a permissive approach in relation to these groups, and although able to access the vaccine Health Board resources should not be channelled towards maximising uptake for these groups. In view of this, PTHB will not be proactively inviting

these groups, but should they come forward to request vaccine, this will be delivered in line with Welsh Government advice.

For Powys, over 57,000 people are in the eligibility group and will be invited for COVID-19 vaccination during the Autumn/Winter 2024 campaign.

### **1.2 Campaign Delivery Timescale**

The timescale is to commence delivery of the programme from 01<sup>st</sup> October 2024 and complete vaccination for eligible groups by mid-December 2024. The campaign delivery window is four weeks shorter than in previous campaigns which previously commenced in early September.

In addition, the guidance advises:  
vaccines should be offered at least 3 months after the previous vaccine dose, although operational flexibility may be applied.  
where operationally expedient, co-administration of COVID-19 and influenza vaccines may be offered.

### **1.3 COVID-19 Vaccination Uptake Target**

The target is to achieve 75% uptake in eligible COVID-19 cohort alongside a reduction in the difference in uptake between the most and least deprived areas.

### **1.4 COVID-19 Vaccine**

Eligible individuals will be given the most appropriate vaccine available depending on their age and clinical risk. The Health Board administers according to the vaccine stocks supplied to it.

### **1.5 IT and Booking Logistics**

The national online patient rebooking system was decommissioned by Digital Health Care Wales (DHCW) on 26 July 2024 and will not be available for future campaigns. This will increase demand on the Health Board booking team, as direct contact with the team via phone or email will now be the only method to cancel or re-arrange an appointment.

## **1.6 COVID-19 Vaccination Delivery Model**

A blended delivery model is being deployed for the Autumn/Winter COVID-19 programme incorporating vaccination centres, some GP Practices, community hospital clinics, mobile teams, and District Nursing teams.

The majority of the COVID-19 Autumn/Winter Campaign will be delivered through the Vaccination Service at Bronllys and Newtown centres, together with outreach clinics. Expressions of interest have been sent out to all GP practices with the offer of participating. Of the 16 GP Practices, 6 Practices have expressed an interest and confirmed participation in delivering COVID-19 Vaccination in the Autumn/Winter Campaign (See Appendix A).

The deployment model, for Autumn/Winter 2024, has been planned to promote equity of uptake of vaccinations. The Vaccination Service will organise clinics in communities across Powys to improve accessibility to vaccinations and reduce travel distance for residents. Uptake data will be monitored throughout the delivery of the campaign with the aim of reducing inequity of uptake between the most and least deprived areas, and further 'pop-up' community clinics organised in targeted areas as required within available capacity.

The deployment plan commences with residents of care homes for older adults in October 2024. The programme will then invite Powys residents to vaccination appointments in priority group order, ensuring that those most at risk from harm if infected with the virus are prioritised for vaccination. Eligible groups will initially be invited to attend an appointment at one of the main vaccination centres in Newtown or Bronllys, a clinic in one of PTHB's community hospitals or at a participating GP Practice. District Nursing staff will offer vaccination to individuals who are designated housebound. Ward staff will be responsible for vaccination of inpatients.

An agile and flexible approach will continue to be deployed as required, to deliver the programme in line with Welsh Government guidance to maximise local uptake rates.

## **2.0 Influenza vaccine campaign – Welsh Government guidance**

On 21 December 2023 (follow up issued 12 June 2024), the Welsh Government issued a Welsh Health Circular(WHC/2023/047)

<https://www.gov.wales/influenza-vaccines-and-eligible-cohorts-2024-2025-season-whc2023047> which sets out the campaign guidance for the flu vaccination programme for the Autumn/Winter 2024-25. The Welsh Government has set an ambition to improve uptake from the 2023-24 Winter Respiratory campaign.

The WHC/2023/047 states that Health Boards should be focussed on the ambitions outlined in the National Immunisation Framework (NIF) for Wales when developing their flu vaccination plans, and to ensure that every eligible person has the opportunity to receive a vaccine, and as many as possible take up that offer.

## 2.1 Flu Vaccination Eligible Groups

The eligible **adult groups** as set out in the WHC/2023/047 for the flu vaccination programme 2024-25 are as follows:

- children aged two and three years on 31 August 2024
- school aged children from reception to year 11 (inclusive)
- people aged 6 months to 64 years in a clinical risk group
- people aged 65 years and older (age on 31 March 2025)
- all adult residents in Welsh prisons
- pregnant women
- carers of a person whose health or welfare may be at risk if the carer falls ill
- frontline health and care workers
- people experiencing homelessness
- household contacts of the immunocompromised

The Welsh Government National Influenza Immunisation Programme 2024-25 (WHC/2023/047) guidance sets out the **under 18 eligible groups** as:

- children aged two and three years on 31 August 2024
- children in primary school from reception class to year 6 (inclusive)
- children in secondary school from year 7 to year 11 (inclusive)
- people aged 6 months to 64 years in clinical risk groups.

## 2.2 Campaign Delivery Timescale

Based on JCVI advice, the Welsh Government has recommended a phased approach to the delivery of the campaign:

Commence September – 2 & 3-year-olds, school campaign & pregnancy

Commence October 2024 to mid-December 2024 – Main adult Programme and healthcare staff

Welsh Government advised that the adult vaccination programme could begin in September, if delaying until October would mean eligible groups risk missing out on vaccinations and failing to complete delivery of the programme in a timely way.

### 2.3 Flu Vaccination Uptake Target

The targets are to:

Achieve demonstratable incremental increase in uptake in 2 & 3-year-olds and school aged cohorts.

Achieve 75% uptake in all eligible adults aged 65 years and over.

**Co-administration:** Co-administration of COVID-19 and flu vaccines should take place where efficient and effective to do so; however, availability of COVID-19 and/or flu vaccines should not delay either individual programme.

### 2.4 Influenza Vaccine

The table below sets out the vaccines recommended for eligible cohorts. Flu vaccines are ordered directly by GP Practices and pharmacies.

Those aged 65 years and over	Those aged 18 to less than 65 years (including pregnant women)	Children aged 2 to less than 18 years who contraindicated/decline LAIV	Children aged 6 months-2 years in risk groups
aQIV <sup>1</sup> QIV-HD <sup>2</sup> (QIVc where aQIV/QIV-HD is not available)	QIVc QIV HD (those aged 60 years and over only)	QIVc	QIVc

### 2.5 Flu vaccination delivery model

The flu vaccination delivery model is well established with vaccination available through various routes, as set out below (and in the summary in Appendix A).

Patterson Ltd  
23/09/2024 10:38:36

### **Adults and clinically vulnerable delivery plan**

GP practices and community pharmacies will offer flu vaccination to eligible groups commencing with care home residents offered flu vaccination by their GP; with GPs and District Nursing Teams delivering to designated housebound patients.

### **Healthcare Staff**

Powys Teaching Health Board frontline healthcare employed staff will be invited for flu vaccination through a combination of the Health Board Vaccination Service, Occupational Health Team and peer vaccinators with the aim of maintaining accessibility for ease of vaccination.

### **Pregnant women**

The Health Board will offer pregnant women the flu vaccination through the Midwifery Service as part of their antenatal care which has been hailed as best practice by the national immunisation group. Pregnant women can also access through their GP Practice.

### **Childhood delivery plan**

GP Practices are delivering the influenza programme for two-and three-year-olds and to individuals aged six months to eighteen-year-olds in a clinical risk group.

The WHO states that two and three-year-olds should be prioritised and actively invited and offered vaccination in September 2024 by their GP practice. This should help protect them and to reduce flu transmission in the community to other vulnerable groups.

Actions are being implemented to increase uptake in 2024-25 Autumn/Winter campaign including offering support to GP Practices to offer 'child friendly' clinics, writing directly to all parents/guardians of this group informing them of eligibility, and increasing awareness of importance of vaccination through pre-school settings and nurseries.

### **School-aged children/young people delivery plan**

The Health Board School Health Nursing Service is delivering the influenza vaccine to all school aged children in reception class to year 11. Delivery is through the school setting; a mode of delivery which has previously proved very successful with the delivery programme starting during September 2024.

**NEXT STEPS:**

The plans and blended delivery models for Winter Respiratory Vaccination Programme will be deployed to deliver to eligible population groups to offer protection throughout the Autumn/Winter period in line with Welsh Government guidance.

The delivery across all deployment approaches will be continually monitored with the aim of maximising uptake across Powys.

Patterson, L.  
23/09/2024 10:38:36

## IMPACT ASSESSMENT

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

### QUALITY:

	No impact	Negative	Positive	Both	<b>Statement</b> <i>The WRVP is being delivered in line with information and advice provided in the WHC. Further improvements on the outreach model from last year will provide better access to the Covid-19 vaccination. Widespread access to flu vaccination available through GPs and local Pharmacies.</i> <i>Some challenges on resources due to the shortened window and additional expectations on the system to deliver additional programmes during this time e.g. RSV programme.</i>
Safe	x				
Timely			x		
Effective			X		
Efficient			X		
Equitable			X		
Person Centred			X		
Workforce				x	
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	x				

### EQUALITY:

	No impact	Negative	Positive	Both	<b>Statement</b> <i>Vaccination will be offered to eligible groups as defined by Welsh Government and the JCVI. This will positively impact on those over 65 who will all be eligible, pregnant women and anyone in a clinically 'at risk' group.</i>  <i>There will be consideration given to ensuring equity of access to vaccinations throughout the campaign. Vaccine information will be available in Welsh where required.</i>
Age			X		
Disability			X		
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity			X		
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers	x				

### RISK ASSESSMENT:

	Level of risk identified				<b>Statement</b>  <i>There is a risk to reputation of non delivery. There is a financial and operational risk should the cold chain for vaccinations be compromised or should WG financial or operational support for the programmes change. There is a clinical risk should delivery of vaccination be compromised.</i>  <i>Risks will be minimised through regular updates to Executives (through the Director of Public Health) and through Public Health Directorate quality assurance structures.</i>
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical			X		
Financial		X			
Corporate		X			
Operational			X		
Reputational		x			

Patterson, L. J.  
23/09/2024 10:38:36

# Appendix A – Influenza Vaccination Programme – Plan on a page

## Plan on a Page - Influenza Vaccine Programme 2024-25

### PTHB Delivery of Influenza Programme 2024/25

Key Information	Primary Care	Powys Teaching Health Board	
<p><b>Eligible Cohorts</b></p> <ul style="list-style-type: none"> <li>Children aged two and three years on 31 August 2024</li> <li>School aged children from reception to year 11 (inclusive)</li> <li>People aged 6 months to 64 years in a clinical risk group</li> <li>People aged 65 years and older (age on 31 March 2025)</li> <li>All adult residents in Welsh prisons</li> <li>Pregnant women</li> <li>Carers of a person whose health or welfare may be at risk if the carer falls ill</li> <li>Frontline health and care workers</li> <li>People experiencing homelessness</li> <li>Household contacts of the immunocompromised</li> </ul> <p><b>Flu Targets and Ambition:</b></p> <ul style="list-style-type: none"> <li>Adults over 65 years to reach at least 75% uptake</li> <li>2- &amp; 3-year-olds and school Campaign- to demonstrate incremental increase in uptake</li> </ul>	<p><b>Adult Flu</b></p> <p>Delivered through GP practices &amp; Pharmacies</p> <p><b>2- and 3-Years Flu</b></p> <p>Delivered through GP practices in September 2024.</p> <p><b>Campaign Window:</b></p> <ul style="list-style-type: none"> <li>Early September - 2 &amp; 3-year-olds, School campaign &amp; Pregnancy</li> <li>Early October 2024 to Mid-December - Main Adult Flu Programme, staff flu</li> </ul>	<p><b>Staff Flu</b></p> <p>Frontline health and care workers are an eligible cohort within the Adult Flu campaign 2024/25.</p> <p>The delivery model will be a combination of Peer Vaccination, drop-in clinics (Occupational Health and Vaccination Team) and vaccination staff walkabouts.</p> <p><b>Pregnant Women</b></p> <p>Delivered through PTHB Maternity service from September 2024.</p>	<p><b>School Age Flu</b></p> <p>Delivered from w/c 16 September to all Primary and Secondary Schools</p>

Patterson, Liz  
 25/09/2024 17:28:36

# PTHB COVID-19 Vaccination Delivery Model

## Delivery Model for Covid-19 Booster Vaccination Autumn/Winter 2024-25

Eligible Groups	Community Hospital and Outreach Clinics	Primary Care	Mobile provision
<p>Over 57,000 people in Powys will be eligible for Covid-19 vaccination this Autumn/Winter. The eligible groups are as follows:</p> <ul style="list-style-type: none"> <li>Residents in a care home for older adult</li> <li>Individuals in a clinical risk group (6 months+)</li> <li>Adults aged 65 years and over</li> </ul>	<p><b>Glan Irfon Health and Care Centre, Builth Wells</b></p> <p><b>Llandrindod Wells</b></p> <p><b>Knighton Hospital, Knighton</b></p> <p><b>The Corn Exchange, Welshpool</b></p> <p><b>Bro Ddyfi Hospital, Machynlleth</b></p>	<p>6 GP Practices across Powys have confirmed their participation taking part in the Autumn/Winter Vaccination programme;</p> <p><b>Pengorof (Ystradgynlais)</b>  <b>Rhayader</b>  <b>Wylcwm Street (Knighton)</b>  <b>Welshpool</b>  <b>Llanfair Caereinion</b>  <b>Llanfyllin</b></p> <p>We are working closely with the participating GP Practices to develop an approach to booking appointments which works for both the practice and the Health Board.</p> <p>Approximately 15,000 citizens will be invited to a COVID-19 Vaccination appointment at their GP Practice</p>	<p><b>Care homes for older adults</b></p> <p>The vaccination team will visit all care homes in Powys during the first 2 weeks in October to deliver COVID-19 Vaccination.</p> <p>Mop up visits to care homes for older adults will continue throughout the duration of the campaign</p> <p><b>People who are housebound</b></p> <p>PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound and eligible for COVID-19 vaccination</p> <p><b>Inpatients</b></p> <p>The community service group will be delivering COVID-19 Vaccination to all eligible inpatients.</p>
<p><b>PTHB Main Vaccination Centres</b></p> <p><b>Bronllys Community Hospital, Bronllys</b></p> <p><b>Park Day Centre, Newtown</b></p> <p>Our main vaccination centres in Bronllys and Newtown offer a late-night appointment per week and weekend appointments once a month.</p> <p>Attending one of our main vaccination centres remains the quickest way to receive your vaccination.</p>	<p>The campaign has introduced a suite of new Outreach venues alongside regular outreach clinics in our community hospitals to offer local access to our citizens.</p> <p>During the Autumn/Winter 2024 Campaign, the service will utilise PTHB Community Hospital sites to deliver COVID-19 Vaccinations. Community venues will be used to deliver Vaccinations where our community hospitals do not have capacity to accommodate the service.</p>		

Patterson, Liz  
25/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 4.5b**

<b>Board Committee</b>	<b>Date of Meeting: 25 September 2024</b>
------------------------	---

<b>Subject:</b>	<b>PTHB Respiratory Syncytial Virus (RSV) Programme 2024/25</b>
<b>Approved and presented by:</b>	Mererid Bowley, Executive Director of Public Health
<b>Prepared by:</b>	Sarah Barnes, Head of Service: Public Health Programmes & Projects
<b>Other Committees and meetings considered at:</b>	Executive Committee - 31 July 2024

**PURPOSE:**

The purpose of the paper is to:

- brief the Board Members on the introduction of two new Respiratory Syncytial Virus programmes from 01/09/2024 and a subsequent Respiratory Syncytial Virus catch-up programme during 2025.

**RECOMMENDATION(S):**

THE Board is asked to:

- **NOTE** the eligible population groups for the new RSV programmes that started on 01 September 2024.
- **NOTE** the eligible population groups for the catch-up campaign from Spring 2025.
- **NOTE** the complex planning arrangements currently underway.
- Take **ASSURANCE** that the Health Board is planning for an appropriate Respiratory Syncytial Virus (RSV) Programme 2024/25

Approve/Take Assurance	Discuss	Information
✓		✓

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>	
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		

**EXECUTIVE SUMMARY:**

The Joint Committee on Vaccination and Immunisations (JCVI) has recommended the introduction of two new Respiratory Syncytial Virus (RSV) programmes from 01 September 2024. These programmes are guided by the latest clinical and scientific evidence and underpinned by the key principles of:

- Protecting those at greatest risk
- Protecting children and young people
- Protecting the NHS.

This report provides the Board Members with the delivery plans for the introduction of the Powys Respiratory Syncytial Virus (RSV) programme.

**DETAILED BACKGROUND AND ASSESSMENT:**

**1.0 Respiratory Syncytial Virus**

The JCVI has recommended the introduction of two new Respiratory Syncytial Virus (RSV) vaccination programmes to commence from 01 September 2024. RSV is one of the most common viruses that cause coughs and colds during the Autumn/Winter. Globally, RSV infects up to 90% of children within the first two years of their life and frequently reinfects older children and adults. Babies under one year of age and the elderly are at the greatest risk of being hospitalised.

**1.1 RSV Eligible Groups**

On 24 June 2024, the Welsh Government issued a Welsh Health Circular (WHC/2024/032) [www.gov.wales/introduction-rsv-vaccination-programme-2024-whc2024032.html](http://www.gov.wales/introduction-rsv-vaccination-programme-2024-whc2024032.html) instructing Health Boards to introduce two new vaccination programmes from 01 September 2024, together with a catch-up programme.

The new programmes will be offered to the following groups:

- older adults, as they turn 75 years old

Patterson, Liz  
23/09/2024 18:36

- pregnant women, who will be offered vaccination at 28 weeks gestation, with a catch-up programme for those already past 28 weeks gestation, but that have not yet given birth.
- A catch-up campaign for older adults targeting those individuals aged between 76 and 79 years (+364 days) old.

### **1.2 Delivery Timescales**

The RSV Programme will be offered all year round commencing from 01 September 2024, for individuals turning 75 years, and pregnant women at 28 weeks gestation. In addition, a catch-up campaign for those turning age 76-79 years old should commence in Spring 2025.

### **1.3 Programme Expectations**

The WHC/2024/032 states that:

- all those eligible to receive an invite for an RSV vaccination in a timely manner:
  - for older adults, the aim should be for invitations for vaccination to be made within 12 weeks of individuals turning 75 years old
  - for pregnant women, vaccination should be offered at their 28-week antenatal appointment, with vaccination available until discharge from midwifery services
- Health Boards should make every effort to maximise uptake across all groups, with a particular focus on ensuring vaccination equity
- The formal launch of a catch-up campaign for those aged 76-79 years should commence in Spring 2025
- The RSV programme must not disrupt the delivery of the Winter respiratory vaccination programme 2024-25

### **1.4 RSV Delivery Model**

The model for delivery across Powys is as follows:

- Maternity programme – delivered through Powys Maternity Service at 28 weeks of pregnancy.

Patterson/Liz  
23/09/2024 18:36

- Adult Routine 75 years programme – blended delivery model between GP practices and PTHB vaccination service.
- Adult catch-up programme for individuals aged between 76 and 79 years (+365 days) delivered through the Health Board vaccination service from February 2025 to 31 August 2025.

It is estimated that over 10,000 adults in Powys are eligible within the routine and the catch-up programme.

### **1.5 Communication and Engagement**

A national communication and marketing campaign has been developed to support the roll out of the programme led by Public Health Wales. Information available at:

[Respiratory syncytial virus \(RSV\) vaccination information - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/health/wales/respiratory-syncytial-virus-rsv-vaccination-information)

### **1.6 Risks**

There was a short lead-in time to plan the delivery of the RSV programme alongside the planning for the Winter Respiratory Vaccination programme. This has resulted in challenges in preparation, and awareness raising of the new RSV programmes amongst target groups and professionals which may impact uptake rates. This will be addressed through targeted correspondence with eligible residents.

### **NEXT STEPS:**

The next steps are:

- to raise awareness of the new RSV vaccine programmes amongst eligible groups
- to monitor the progress of the deployment plans, with the aim of maximising uptake rates.

## IMPACT ASSESSMENT

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

### QUALITY:

	No impact	Negative	Positive	Both	
					<b>Statement</b>
Safe	x				<b><i>RSV programme is being delivered in line with the information and advice issued within the WHC. The introduction of a new vaccination programme in the lead up to the Winter Respiratory Vaccination programme presents some resource challenges.</i></b>
Timely				x	
Effective			x		
Efficient				x	
Equitable			x		
Person Centred			x		
Workforce				x	
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	x				

### EQUALITY:

	No impact	Negative	Positive	Both	
					<b>Statement</b>
Age			X		<b><i>Vaccination will be offered to eligible groups as defined by Welsh Government and the JCVI. This will positively impact on those over 65 who will all be eligible, pregnant women and anyone in a clinically 'at risk' group.</i></b>
Disability			X		
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity			X		
Race	X				
Religion or Belief	X				
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers	x				

### RISK ASSESSMENT:

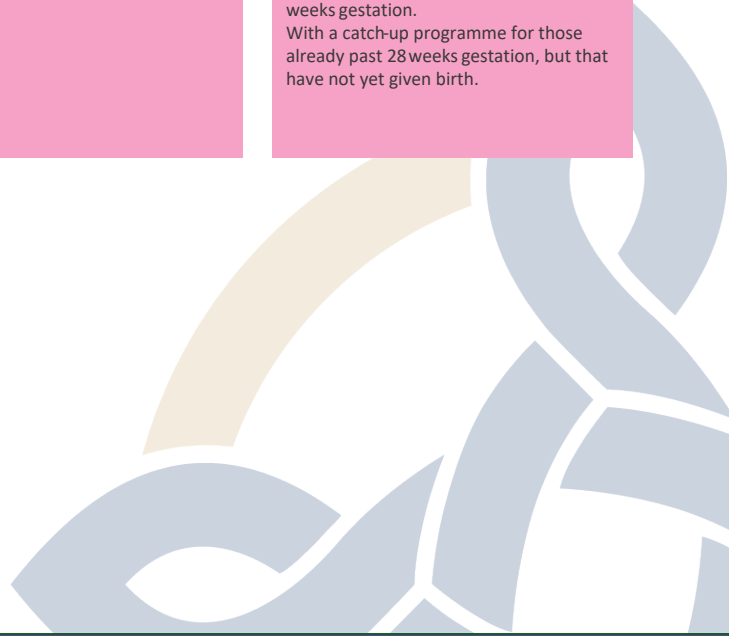
	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
					<b>Statement</b>
Clinical			X		<b><i>There is a risk to reputation of non delivery. There is a financial and operational risk should the cold chain for vaccinations be compromised or should WG financial or operational support for the programmes change. There is a clinical risk should delivery of vaccination be compromised.</i></b>
Financial		X			
Corporate		X			
Operational			X		
Reputational		x			<b><i>Risks will be minimised through regular updates to Executives (through the Director of Public Health) and through Public Health Directorate quality assurance structures.</i></b>

**Appendix A – RSV Programme – Plan on a page**

**Plan on a Page - RSV Programme 2024-25**

**PTHB Delivery of RSV Programme 2024-25**

Key Information	Age 75 years (Routine Programme)	Age 76-79 years (Catch Up)	Pregnant Women
<p><b>Eligible Cohorts:</b></p> <ul style="list-style-type: none"><li>• Older adults as they turn 75 years old</li><li>• One-off catch up campaign for those aged between 76-79 years (+364 days) between 01 September 2024 and 31 August 2025.</li><li>• Pregnant women offered vaccination at 28 weeks gestation (with a catch up for those already past 28 weeks from 01 Sept that have not given birth)</li></ul>	<p>Delivered through participating GP practices and through the PTHB Vaccination Service from 01 September 2024.</p> <p>Inviting those that will turn 75 between 01 September 2024 and 31 August 2025.</p> <p>Vaccination should be given within 12 weeks of person turning 75.</p>	<p>Delivered through the Vaccination Service Delivery Between February 2025 and August 2025.</p>	<p>Delivered through PTHB Maternity service from 01 September 2024 to those at 28 weeks gestation.</p> <p>With a catch-up programme for those already past 28 weeks gestation, but that have not yet given birth.</p>



Patterson, Liz  
25/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.1**

<b>BOARD</b>		<b>DATE</b> <b>25 SEPTEMBER 2024</b>
<b>Subject:</b>	<b>SUMMARY OF JOINT COMMITTEE ACTIVITY</b>	
<b>Approved and presented by:</b>	Hayley Thomas, Chief Executive	
<b>Prepared by:</b>	Interim Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant joint committees.	
<b>PURPOSE:</b>		
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).</p> <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>		
<b>RECOMMENDATION(S):</b>		
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"> <li><b>NOTES</b> the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
N	N	Y

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing		
2. Provide Early Help and Support		
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		
8. Transforming in Partnership		

Liz Peterson  
23/09/2024 17:28:36

## 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 a virtual meeting on 16 July 2024. The papers for this meeting are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#)

The briefing report from the meeting held on 16 July 2024 is attached at **APPENDIX 1**. The briefing report from the In-Committee meeting held on 16 July 2024 is available to Board Members as part of the In-Committee papers.

### **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. The next meeting is scheduled for 14 October 2024.

## NEXT STEPS:

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

## IMPACT ASSESSMENT – NOT REQUIRED

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

Patterson, Liz  
23/09/2024 17:28:36

## JOINT COMMISSIONING COMMITTEE (JCC) MEETING BRIEFING – 16 JULY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 16 July 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 21 May 2024 were **approved** as a true and accurate record of the meeting.

### 2. Action log and matters arising

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

### 3. Patient Story

Members received the first patient story from Alan Owen who suffered a sudden cardiac arrest in 2022 and was transported to Cardiff via the Emergency Medical Retrieval Service (EMRTS) where he underwent emergency cardiac surgery and was fitted with two stents and an Implantable Cardioverter Defibrillator (ICD). CB explained that Alan has become a patient experience advocate and had written a book about his road to recovery to help others.

Alan provided members with a powerful story on experiencing a cardiac arrest whilst participating in a walking-football tournament at Caldicott leisure centre during 2022. He expressed his gratitude to all the NHS services and the public who saved his life and helped him overcome this traumatic event.

Members discussed the need to ensure that more people survive a sudden cardiac arrest and the importance of the community response, the timely arrival of specialist care on the scene via EMRTs and transfer to the specialist cardiac centre.

Members **noted** the patient story and thanked Alan for sharing his story.

### 4. Chairs Report

Members received the Chair's Report and **noted** updates on key meetings attended by the Chair as well as the following:

- **JCC Development Programme** – the Chair and lay members have continued to participate in induction sessions and two sessions took place on the 4<sup>th</sup> June 2024.
- **Annual Attendance at Health Board Meetings** – The Chair is keen to ensure open and transparent communication as the JCC exercises key commissioning responsibilities on behalf of the seven Health Boards (HBs). The JCC will report annually to each HB, whenever possible, in person and a letter has been issued to HB Chairs to request that this opportunity is built into HB forward plans.
- **Lay Member Recruitment** – WG is currently in the process of recruiting the final two Independent Lay Members, which will take the JCC to a full complement of six including the Chair. Interviews are scheduled for early September with a view that appointments will be made from 1 October 2024.

Members **noted** the report.

### **5. Interim Chief Commissioner’s Report**

Members received the Interim Chief Commissioner’s Report and **noted** updates in relation to the following:

- Overarching assessment of delivery of Quarter 1 Transition Plan
- Establishing the JCC Sub-Committee Structure and work programme
- Public Health Input
- Infected Blood Inquiry
- Sexual Assault Referral Service (SARC) Update
- - Business Continuity for the upgrade works within Princess of Wales Hospital Maternal and Neonatal Unit
- North Wales Mother and Baby Unit (MBU)
- Extra Corporeal Membrane Oxygenation (ECMO).

Members **noted** the report.

### **6. Joint Commissioning Committee Risk Register**

Members received a report presenting a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former Emergency Ambulance Services (EASC), National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC).

Members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work is undertaken to fully develop and implement the CTMUHB Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite as part of the JCC development programme.

Patterson  
23/09/2024 17:28:36

Members noted that a significant amount of work had gone into developing the new risk register, and it was important to emphasise that it was a work in progress and there was still much more work to be undertaken to strengthen and develop it in conjunction with risk owners, commissioners and providers.

Members (1) **Noted** the report, (2) **Noted** the work undertaken to date to produce a transitional amalgamated risk register, (3) **Noted** the review work undertaken by the commissioning teams to produce a refreshed, updated version of the transitional amalgamated risk register to be presented to the JCC meeting on 16 July 2024, (4) **Approved** the JCC risk register as at 30 June 2024, (5) **Noted** the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it; and (6) **Noted** that the CTMUHB Audit & Risk Committee (ARC) meeting for hosted bodies on 15 August 2024 will receive an update on the progress of the JCC risk register.

## **7. NHS 111 Wales Commissioning Arrangements**

Members received a report providing an update on NHS 111 Wales Commissioning Arrangements.

Members noted that responsibility for the commissioning of NHS 111 Wales transferred to the NHS Wales Joint Commissioning Committee (NWJCC) on the 1 April 2024 and that Quarter 1 had seen transitional arrangements in place, with the previous programme team continuing to hold meetings of the Commissioning Board and Delivery Assurance Group (DAG).

Members noted that the transitional arrangement had ended, and the NWJCC Team would now assume full responsibility for the commissioning of the service. The JCC Team had submitted a request to WG for resources to support this function and it was noted that WG had confirmed that some funding would be available which would enable the commissioning function to be established.

Members (1) **Noted** the report, (2) **Approved** the adoption of the commissioning arrangements for NHS 111 Wales into the existing committee arrangements until such time as the formal sub-committee structure of the NWJCC is fully established, (3) **Approved** the proposed actions outlined for each of the risks of the previous programme and the development of specific risks required for the NWJCC to monitor in relation to their responsibilities in commissioning the service; and (4) **Noted** the NWJCC team capacity to undertake the commissioning of the NHS 111 Wales service is limited without additional resource.

## **8. Emergency Medical Retrieval and Transfer Service (EMRTS) Review Update**

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) recommendation to develop a

bespoke road based enhanced critical care response for rural and remote areas and recommendation 4.

Members noted that:

- as part of the EMRTS Review a recommendation was agreed to develop a bespoke road-based enhanced/critical care response for rural and remote areas,
- Recommendation 4 was made in order to respond to the concerns raised by residents during the public engagement processes around the provision of emergency healthcare in rural and remote areas that would not fall into the remit of the EMRTS, this included 999 incidents for example such as falls, strokes and chest pain
- the Recommendation 4 Task and Finish Group had been established in line with the timescale agreed at the last NWJCC meeting. The group met on 28 June 2024 and as agreed, was chaired by the Interim Director of Commissioning – Ambulance and 111.
- the Task and Finish Group’s project plan included a communications plan linked in with the national Communications and Engagement leads across NHS Wales, and that a Stakeholder Update had already been issued to the stakeholder distribution list summarising the current implementation position and that more detailed content was in development,
- the NWJCC continued to work closely with Wales Air Ambulance Charity Trust (WAACT) as its strategic partner in the delivery of pre-hospital critical care as we jointly implement the Review recommendations and future improvements to service delivery, and that the charity continued to actively engage with their stakeholders and the EMRTS on the implementation of the recommendations; and
- the EMRTS leadership team had welcomed the certainty the decision provided for them and the operational teams, that the leadership team continued to focus on the development of the operational implementation plan and that the team had met with staff at their bases and will continue to engage with colleagues across Wales through the changes required as part of this important service development.

Members (1) **Noted** the first meeting of the Recommendation 4 Task and Finish Group meeting held on 28 June 2024, (2) **Approved** the revised Terms of Reference for the Task and Finish Group, (3) **Discussed** and **Approved** the approach to communication and engagement relating to the additional bespoke road-based service (Recommendation 4), (4) **Noted** the Wales Air Ambulance Charity Trust position in relation to the decision of the NWJCC, the engagement with their stakeholders, the work being undertaken to secure an appropriately located operational base and the work with EMRTS on the joint transition plan, (5) **Noted** the EMRTS Leadership team position in relation to the decision of the NWJCC, and that the team will continue to engage with colleagues across Wales,

(6) **Noted** the petition that will be considered by the Petitions Committee for debate, (7) **Noted** the commissioning approach, (8) **Noted** the work to update the previous legal advice following the decision made at the NWJCC in April 2024; and (9) **Noted** the receipt of the Letter Before Action in relation to a potential judicial review.

### **9. Implementation of Legacy Plans – Quarter 1**

Members received a report providing an update for assurance against the Quarter 1 deliverables of the extant predecessor organisation legacy Plans.

Members noted that prior to the formation of the JCC, WHSSC and EASC produced plans in line with the Welsh Government NHS planning requirements, which were approved by the respective Joint Committees in March 2024. These plans remained extant in 2024/2025 as part of the legacy arrangements and the NWJCC has responsibility for assurance of their delivery.

Members **Noted** the assurance on delivery of the legacy Plans at the end of Quarter 1.

### **10. Development of Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028**

Members received a report outlining the proposed process for the development of the inaugural JCC Integrated Medium Term Plan (IMTP) 2025-2028.

Members (1) **Noted** the feedback on legacy planning arrangements and plans that had been received from DOPs, DOFs and CEOs/Chairs, (2) **Noted** that the JCC Standing Orders stated that the JCC will develop an Integrated Medium Term Plan (IMTP) for 2025-2028, (3) **Agreed** the approach laid out in section 3.4; and (4) **Agreed** the process and timeline for developing the 2025-2028 JCC IMTP.

### **11. Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPIs)**

Members received a report outlining the options in relation to achieving the Welsh Government key performance indicators (KPIs) in 2024/2025 for the plastic surgery service for South Wales provided by SBUHB.

Members noted:

- that the waiting list and waiting times for plastic surgery had increased and that some patients were waiting in excess of the 104 weeks WG waiting time target,
- that the WHSSC Integrated Commissioning Plan (ICP) for 2024/25 did not include allocated funding above the SLA baselines to address long waits in plastics and achieve the 104 weeks target because choices were made on the balance of performance and finance in line with the difficult choices facing all HBs - the WHSSC Joint

Patterson, Liz  
23/09/2024 17:28:36

Committee agreed not to accelerate improvement beyond a continued steady improvement towards the targets. However, following the approval of the ICP, WG published targets to achieve the 104 week waiting time target by March 2025. Members noted that this target was further revised through the NHS Wales CEO letter in May 2024 with revised Ministerial KPIs of no patients waiting over 104 weeks by the end of December 2024,

- that the NWJCC and SBUHB had worked collaboratively to consider the options for additional activity and cost to commissioners of achieving the WG KPIs for elective waiting times and members discussed these.

Following the detailed discussion around the affordability of the additional activity required and the other priorities HBs were needing to balance, members approved Option 2 subject to further urgent due diligence by the JCC Management Group.

Members (1) **Noted** the information presented within the report (2) **Advised** on the approach to the options in table; and (3) **Approved** Option 2 subject to additional due diligence by the Specialised Services Management Group.

## **12. Gender Identity Services for Children and Young People – Final Report of the Cass Review**

Members received a report providing further information following the request made by the JCC on 21 May 2024 on the Cass Review recommendations. Members welcomed the additional work that had been undertaken and information that had been provided. It was agreed that the commissioning pathway for the service would continue, but recognised that it would be appropriate to review this in the future if further evidence became available.

Members (1) **Noted** the recommendations of the Cass Review and **supported** the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan; and (2) **Endorsed** the establishment of an 'Expert Clinical Advisory Group' to inform the review of the policy and specification for the adult gender identity service and associated terms of reference.

## **13. NWJCC Performance Report – April 2024**

Members received a report providing an integrated overview of the performance of services commissioned by NWJCC up to the end of April 2024 for scrutiny and assurance.

Members (1) **Noted** the Performance Report for services commissioned by the NWJCC.

## **14. Financial Performance Report Month 2**

Members received the month 2 and 3 financial positions.

Members noted that:

- the NWJCC financial position for 2024-2025 reported at Month 2 was a £1.6m overspend against the ICP financial plan to date, with a forecast year-end overspend of £655k at this point,
- the NWJCC financial position for 2024-2025 reported at Month 3 was a £2.8m overspend against the ICP financial plan to date, with a forecast year-end overspend of £2.5m,
- there had been a £1 million deterioration in position between the month 2 position and month 3 position with a £2 million deterioration in the year end forecast; and
- in relation to the savings target WG had requested a 2% savings target which amounted to a £10 million savings target. To date, only £802,000 savings were reported. Members noted that if this continued the NWJCC would be looking at a significant overspend at year end.

Members **noted** the month end financial position for Months 2 and 3 which was concerning and agreed the need for a recovery plan to ensure that the current rate of overspend was brought back in to balance. This would be brought to the JCC for consideration in September, having been worked up by the Director of Finance with commissioning teams and Health Board Directors of Finance

### **15. All Wales Molecular Radiotherapy (MRT) Programme**

Members received a report setting out the context, challenges and opportunities for an All Wales Molecular Radiotherapy (MRT) service.

Members (1) **Noted** the report, (2) **Noted** the All-Wales MRT programme strategic report at for publication; and (3) **Supported** continuation of the programme as outlined in the All-Wales MRT programme strategic report subject to Welsh Government (WG) confirmation of continued funding to support a dedicated resources for the programme.

### **16. Corporate Governance Report**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members noted the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work of the JCC, and noted the results of the former WHSSC committee effectiveness survey for 2023-2024 and that the results will be used to inform the work of the JCC development programme.

Members (1) **Noted** the report, (2) **Approved** the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work, (3) **Noted** the results of the former WHSSC committee effectiveness survey for 2023-2024; and (4) **Received assurance** that the Annual Committee effectiveness self-assessment for 2023-2024 was completed for the previous WHSSC Joint Committee.

## 17. Ambulance Services Performance – Update

Members received a presentation on emergency ambulance services performance.

Members noted:

- All Wales Daily EMS Performance Tracker,
- Verified Incidents, Conveyances, Emergency Department (ED) attendances and lost hours,
- Lost Hours and Total Arrivals per HB,
- The top 10 conveyed by nature of condition,
- Lost Hours by Age Profiles 2023,
- Monthly Indicators Dashboard,
- Performance Plan – Actions.

Members discussed the data, patient pathways and demand and capacity. Members welcomed the deep dive into the data and requested additional granular detail and agreed that further discussion was required to tackle the challenges would be included the JCC Development Session in August 2024.

Members **noted** the presentation.

## 18. Other Reports

Members also **noted** update reports from the following joint Sub-Committees/groups:

- Audit and Risk Committee (ARC) Assurance Report
- Management Group Briefings
- Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)
- Quality Patient Safety Committee (QPSC)
- South Wales Trauma Network Delivery Assurance Group (DAG)
- Neonatal Transport DAG
- Non-Emergency Patient Transport Service (NEPTS) DAG Minutes
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Minutes

Patterson, Liz  
23/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.2**

<b>BOARD</b>	<b>DATE OF MEETING: 25 SEPTEMBER 2024</b>
--------------	---

<b>Subject:</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>
<b>Approved and presented by:</b>	Hayley Thomas, Chief Executive
<b>Prepared by:</b>	Interim Head of Corporate Governance
<b>Other Committees and meetings considered at:</b>	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.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

**ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:**

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

## EXECUTIVE SUMMARY:

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

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

The Shared Services Partnership Committee met on **18 June 2024**. The papers for this meeting are available at: [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#). The assurance report from that meeting is attached at Appendix 1 .

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

The PSB met on **18 July 2024** where the following items were discussed:

- 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 **12 July 2024** where the following items were discussed:

- Digi-story: Active Office
- RPB Executive Group update
- Annual Report.

The RPB are next scheduled to meet on 19 September 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.

#### **IMPACT ASSESSMENT – NOT REQUIRED**

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

Patterson, Liz  
23/09/2024 17:28:36

## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

<b>Reporting Committee</b>	<b>Shared Service Partnership Committee (SSPC)</b>
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details</b>	James Quance, Assistant Director of Corporate Services
<b>Date of meeting</b>	18 July 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 included:

- The Welsh Risk Pool Committee (WRPC) had met twice since the May 2024 SSPC meeting and a report on Scheme of Delegation and functioning of the Committee was presented, in addition to a report on the WRPC as a Sub-Committee of the SSPC being received;
- There had been two Chairs' Peer Group meetings in May and June 2024, attended by Chair and Judith Paget;
- A collaboration meeting took place on 30 May 2024 with Police Commissioners, the Crown Prosecution Services, Welsh Government members and NHS organisations' representatives to refresh the Obligatory Responses to Violence in Healthcare. This was attended by Chair and Managing Director highlights would be taken to the NHS Leadership Board in July 2024;
- The Chair met with the new Chair of the Joint Commissioning Committee;
- The SSPC autumn development workshop would be held on 11 October 2024. The Chair reminded Committee Members to diarise in advance to ensure good attendance and participation; and
- The Chair requested suggestions for areas the Committee would benefit from exploring as deep dive sessions in future meetings.

The Committee **NOTED** the update.

##### **Ratification of Chair's Action**

Chair requested the Committee ratify the Chair's Action taken between the May and July meetings, regarding the purchase of three isolators for RadioPharmacy to deliver the safe preparation of radioactive medicines in sterile conditions as set

out in the ratification paper.

The Committee **RATIFIED** the Chair's Action.

### **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- The financial position at the end of quarter 1 was a surplus of just over £1 million. There were challenges in the Covid allocation, which were currently being discussed with Welsh Government;
- There were no issues raised by Audit Wales in the audit of the NWSSP element of the Velindre University NHS Trust annual accounts;
- Around 80% of IMTP objectives were being met at present;
- The Radiopharmacy Business Justification Case was on the agenda for approval and the purchase of isolators was in progress, noting that it was likely that the selected supplier would be unable to deliver as anticipated and therefore discussions were ongoing regarding an alternative solution;
- Laundry Services continued to develop well and NWSSP continued to work with Health Boards on the transition of service;
- Regulations for the Death Certification Reforms were laid in parliament, including the introduction of a statutory Medical Examiner system on the 15 April 2024. The legislation would come into force on 9 September 2024, meaning independent scrutiny by a Medical Examiner would become a statutory requirement prior to the registration of all non-coronial deaths in England and Wales from this date;
- The new ESR system was being worked on with NHS England in a joint endeavour;
- Primary Care Services continued to work closely with Digital Health and Care Wales regarding the implementation of the new prescribing service;
- The National Health Application and Infrastructure Services (NHAIS) system decommissioning would take place and was being worked with Digital Health and Care Wales and colleagues in NHS England;
- Contingency plans for the Primary Care Workforce Intelligence Tool have been implemented to ensure resilience;
- Quantities of Personal Protective Equipment to be kept in storage and amounts to be purchased are being discussed with Welsh Government;
- Welsh Government outlined a new approach for the Flu Vaccination Program for the whole of Wales. NWSSP would acquire and store the vaccines to roll-out throughout Wales;
- An agreement regarding the new Medicine Buffer Stock had been finalised; and
- Reimbursement of medical negligence claims, circa of £6 million had been approved at the last Welsh Risk Pool meeting. Services had seen an increase in claims, such as maternity, radiology and cancer units.

The Committee **NOTED** the update.

## Items Requiring SSPC Approval/Endorsement

### Transforming Access to Medicines South-East Wales RadioPharmacy Business Justification Case

NF presented the Business Justification case for the RadioPharmacy Service covering the South East of Wales. This service is part of the overall TrAMS programme and its urgency to be started is due to the forced closure of the C&VUHB RadioPharmacy unit. As a result the NWSSP RadioPharmacy unit will be established to provide a safe regulatory compliant facility to meet the future expected clinical demand of the South East. The preferred location is IP5 in Newport.

The case recommends a capital investment of £9.2 million with no additional capital contribution required from health boards. £2.3 million funding from Welsh Government as base investment has already been approved by the Cabinet Secretary and has been received, which leaves a further £6.9 million of additional capital which will need to be agreed through Welsh Government. A new revenue model has been set out in the business case following in depth discussions with finance colleagues. The potential additional costs that would impact on the commissioner discussions with regard to Velindre's share of any revenue implications were noted in the business case. NWSSP has submitted a Planning Permission application to Newport Council covering the proposed area in IP5 where the new TRAMs unit is to be situated. Given the lead in times the purchase of radio pharmacy Isolators had been subject to the previously ratified Chair's Action and is in progress.

The Committee **APPROVED** the Business Justification Case.

### Annual Review 2023/24

The Annual Review was received as a positive reflection of staff going the extra mile during the previous financial year to fulfil the objectives set out in the Integrated Medium-Term Plan, showcasing best practice and achievements. Chair echoed the feedback of Committee Members, highlighting the importance of providing a balanced view of the positive impact of NWSSP across NHS Wales. It was recommended that the areas for improvement and lessons learned be included in the report, going forward.

The Committee **ENDORSED** and **NOTED** the Report.

### All Wales Overpayments Procedure

The Procedure was revisited based on feedback received and places more emphasis on repayments, affordability and avoiding unnecessary hardship to staff, as well as providing for local flexibility for colleagues to address a dispute locally. Consultation had been sought through the Directors of Finance Peer group, including Trade Union and it was endorsed by all parties. It had also been to the Local Partnership Forum and through the NWSSP Equality Integrated

Impact Assessment process.

Following approval, it would become operational from 1 October 2024, to allow time to translate all correspondence and to communicate the changes to all stakeholders. Members praised the focus on indicating accurately when the overpayment occurs, the reason for its occurrence, and the root cause, as to prevent reoccurrence.

The Committee **APPROVED** the Procedure.

### **Procure to Pay Governance Update**

The All Wales Governance Group met on two occasions and seven priorities had been identified, to include the Procure to Pay (P2P) Policy, which required refreshing and updating. The Policy emphasised how payments should only be made against an approved purchase order that already exists in the system, subject to certain agreed exceptions.

The revised Policy had been approved by the Deputy Directors of Finance in each organisation. Under the current governance arrangements, the Committee was asked to approve the revised Policy, for relaunch. The Group would share the Policy with suppliers and the Directors of Finance in each organisation to sign and distribute to staff internally.

The Committee **APPROVED** the Policy.

### **Welsh Energy Group and Welsh Energy Operational Group Terms of Reference**

The Welsh Energy Group and the Welsh Energy Operational Group had a requirement to review their Terms of Reference annually and therefore met to carry out a review. Minor amendments were suggested and the Committee was content to approve the sub-groups' proposed revised Terms of Reference.

The Committee **APPROVED** the updated Terms of Reference.

### **Items for Noting**

#### **2023/24 Annual Governance Statement**

The Statement provides assurance that NWSSP has a sound system of internal controls that supports the achievement of its policies, aims and objectives. Whilst strictly not a legal requirement for a non-statutory hosted organisation, it remains best practice to produce one. A particular highlight to note is the achievement of NWSSP's organisational Customer Service Excellence. Attention was drawn to the Limited Assurance review of Decarbonisation, but there were no further control issues reflected in the report.

Members praised the assurances and transparency of the document and noted

that attendance at SSPC meetings could be improved, with some organisations not regularly being represented by a voting member. It was important that each organisation remains properly represented in the discussion and agreement of important issues, which support the work of NWSSP to benefit organisations.

The Committee **NOTED** the Report.

### **2023/24 Head of Internal Audit Opinion**

The report was a vital source of assurance and the Opinion for the year was given as Reasonable Assurance overall. The report was presented to the Audit Committee, by the Head of Internal Audit on 25 July 2024. All reports from the 2023-24 Internal Audit Plan were almost complete with the exception of two, which were expected to be concluded shortly.

The Committee **NOTED** the Report.

### **Finance, Performance, People, Programme and Governance Updates**

**Finance** – NWSSP reported a surplus of £1.153m at the end of month 3, made up of a reported surplus of £0.846m against core operational budgets and £0.307m against the Covid allocation, which was currently under review. Work was ongoing on the arrangements for the vaccination campaign as well as the PPE stockholding, logistics, distribution and storage. The Welsh Risk Pool (WRP) was on forecast at month 3 and WRP cost drivers for 2024 and 2025 were being reviewed and updated ready for reporting in September 2024. There had been a saving of £5.5 million on energy that had been communicated to NHS organisations for cascading.

**People & OD Update** – PADR compliance remained marginally below target at 83.6%. Reported sickness absence was consistent and within target and expectations. Turnover was being investigated in terms of accurately capturing the reasons people leave, with exception of Single Lead Employer, benchmarking turnover with the rest of Wales to understand performance. In terms of agency and bank staff, the numbers were expected to reduce in the next cycle. May 2024 figures show NWSSP has been non-compliant in several areas, while overall Time to Hire remained under target at 55 days (target 71 days). However, positive progress to improve these statistics had been made, internally and across the board.

**Performance** – Due to timing of the reporting cycle, there were no significant performance concerns to bring to the Committee's attention. The Procurement Team was working with Finance colleagues to identify savings within the organisation. Performance review meetings were completed with colleagues across NHS Wales to discuss further collaboration and areas of improvement. The Outcome Measures Report focussed on outcomes as per the IMTP. A workshop session was held with the SLG on 13 June 2024 and it was agreed that more work was needed on customer experience and benchmarking.

**IMTP Quarter 1 Update Report** – IMTP performance as at quarter 1 was on track and performance against divisional plans would be scrutinised in upcoming quarterly performance reviews.

**Project Management Office Update** – Current progress against projects was highlighted and confirmation received that controls were in place to ensure monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Audit Committee also received further information on the TrAMS programme at its July 2024 meeting.

**Corporate Risk Register** – The refreshed and reframed version of the Register was presented following SLG consultation and would develop further through review and scrutiny. The decarbonisation risk had been split to show where NWSSP has a role both in delivering the organisation’s targets and where it provides support across NHS Wales.

The Committee **NOTED** the above reports.

### **Papers for Information**

The following items were provided for information only:

- NWSSP Annual Report on Conflict of Interests Declarations and Gifts, Hospitality & Sponsorship 2023-24;
- Annual Performance Review on Welsh Language 2023-24;
- Health and Safety Annual Report 2023-24;
- Counter Fraud Annual Report 2023-24;
- Annual Report on Information Governance 2023;
- Finance Monitoring Returns Month 3;
- PPE Dashboard Report; and
- SSPC Forward Plan 2024-25.

Members noted the importance of the assurance that each of the Annual Reports gives to the Committee and to Velindre University NHS Trust as NWSSP’s hosting body. The hard work of the Teams involved in producing was recognised and appreciated.

The Committee **NOTED** the Information Reports.

### **Part B (Private Session)**

*Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960*

Chair sought clarification that the Legal and Risk Case Management System procurement, as raised in the May 2024 meeting, had been approved by the Velindre University NHS Trust Board.

The Committee **NOTED** the following items discussed in Part B:

- 2.1 Wales Energy Operational Group Decision Outcome;
- 2.2 All Wales Costing System Commitment of Expenditure;

2.3 All Wales Junior Doctors E-Rota Monitoring Solutions; and	
2.4 Welsh Risk Pool and Legal & Risk Services Annual Review 2023 – 2024.	
<b>Any Other Business (AOB)</b>	
No further items were raised for discussion.	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"> <li>The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</li> </ul>	
<b>Matters referred to other Committees</b>	
No further matters were referred to other Committees.	
<b>Date of next meeting</b>	19 September 2024

Patterson Liz  
23/09/2024 17:28:36



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**Agenda item: 5.3**

<b>BOARD</b>		<b>DATE:</b> <b>25 SEPTEMBER 2024</b>
<b>Subject:</b>	<b>Regional Partnership Board (RPB) Annual Report 2023-24</b>	
<b>Approved and presented by:</b>	Mererid Bowley, Executive Director of Public Health	
<b>Prepared by:</b>	Interim Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	Regional Partnership Board - 12 July 2024	
<b>PURPOSE:</b>		
To present to the Board the Regional Partnership Board's Annual Report for 2023/24.		
<b>RECOMMENDATION(S):</b>		
The Board is asked to: <ul style="list-style-type: none"> <li>• <b>RECEIVE</b> the Regional Partnership Board (RPB) Annual Report and</li> <li>• Take <b>ASSURANCE</b> that the RPB is fulfilling its role and providing an effective mechanism for delivery of the Joint Area Plan as part of the ten year Health and Care Strategy 'A Healthy, Caring Powys'.</li> </ul>		
<b>Approve/Take Assurance</b>	<b>Discuss</b>	<b>Note</b>
Y	N	N

<b>ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:</b>		
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

### **EXECUTIVE SUMMARY:**

The Regional Partnership Boards Annual Report outlines the activity undertaken from April 2023 to March 2024 to deliver the Joint Area Plan as part of the ten year Health and Care Strategy 'A Healthy, Caring Powys'.

The report outlines the work undertaken the Start Well, Live Well and Age Well Partnerships, specific streams of work including Carer's Voice, Improving the Cancer Journey, the Regional Innovation Coordination Hub and the North Powys Wellbeing Hub.

The report concludes by outlining the focus of work for the following year.

### **NEXT STEPS:**

Continue to work in partnership with other members of the Regional Partnership Board to foster strong relationships working together to address shared challenges.

### **IMPACT ASSESSMENT – NOT REQUIRED**

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

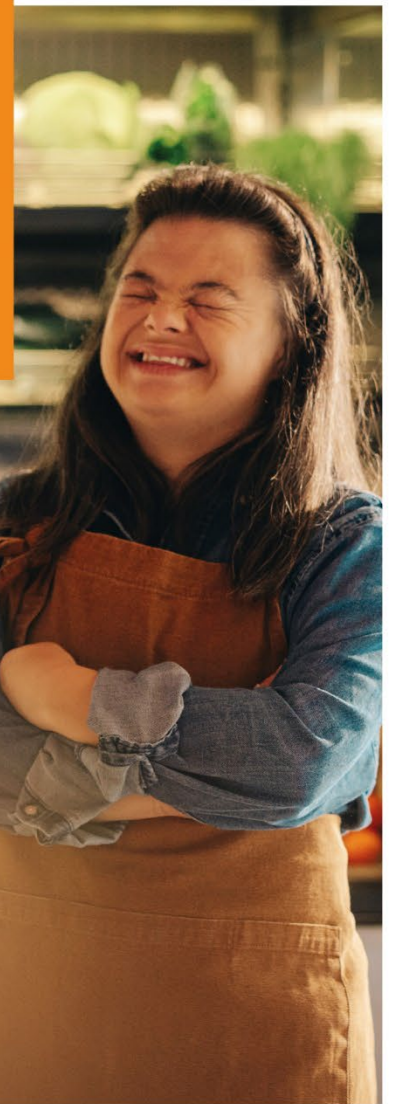
Patterson, Liz  
23/09/2024 17:28:36



# Powys Regional Partnership Board

Annual Report

April 2023 to March 2024



Bwrdd Partneriaeth  
Ranbarthol Powys  
Iechyd a Gofal  
Cymdeithasol



Powys Regional  
Partnership Board  
Health and  
Social Care



Llywodraeth Cymru  
Welsh Government

# CONTENTS



» EXECUTIVE SUMMARY	PAGE 3
» THE BOARD'S ROLE AND PURPOSE	PAGE 4
» THE HEALTH AND CARE STRATEGY	PAGE 5
» THE WORK OF THE BOARD GETS DONE	PAGE 6
» THE BOARD'S MEMBERSHIP	PAGE 7
» START WELL	PAGE 8
» LIVE WELL	PAGE 11
» AGE WELL	PAGE 13
» CROSS-CUTTING WORK	PAGE 16
Carers	
Welsh Language	
Improving the Cancer Journey	
Research, Innovation and Improvement Coordination Hub	
North Powys Wellbeing Programme	
Health and Care Academy	
Participation	
Social Value	
» HOW THIS WORK WAS RESOURCED	PAGE 29
» FORWARD LOOK	PAGE 30

Patterson NZ  
23/09/2024 17:28:36

# EXECUTIVE SUMMARY

The Powys Regional Partnership Board (RPB) is pleased to introduce its annual report which highlights achievements from 1 April 2023 to 31 March 2024. The RPB continues with a strong commitment to transforming health and social care services that improve lives for people in Powys.

This has been the first delivery year of our refreshed Joint Area Plan following our mid-term review of our ten-year Health and Care Strategy “A Healthy, Caring Powys” and first Joint Area Plan. It has been another challenging year, with ongoing pressures put on the health and care system, particularly in terms of the workforce, across the year. The RPB however continue to play an important role in fostering strong relationships and a space to plan and co-ordinate a response across partners and emphasise the importance of working together to address shared challenges. There is still much progress to celebrate again this year as we continue to aim to support people in Powys to Start Well, Live Well and Age Well.

The Start Well Partnerships continues to focus on transforming services for children and young people, with notable achievements including the embedding of a comprehensive mental health and well-being framework, NEST/NYTH model, and expansion of emotional health support services. Efforts this year have also emphasized preventing family breakdowns and providing safe accommodation options for children with complex needs. The Live Well Partnership continues to strive to create a supportive environment promoting good health outcomes and access to timely support services. Key highlights include extensive community engagement initiatives to identify and address the needs of diverse populations, particularly focusing on day opportunities, supported living, and initiatives supporting autism and neurodiversity. The Age Well Partnership remains dedicated to supporting older individuals to live independently, combatting isolation, physical and mental frailty. The work of the Unscheduled Care Programme continues to tackle challenges around the discharge and flow of people from hospital.

Co-production practice remains an important underpinning value for how the partnership operates. Work this year has been undertaken to collectively define across both the Regional Partnership Board and Public Service Board a shared definition of co-production. This co-productive practice itself will help determine how we further embed co-productive practice across all partners in a more consistent and meaningful way.

Cross-cutting work encompasses initiatives addressing various issues across partnerships, such as ensuring support for unpaid carers, Welsh language, improving the cancer journey, and workforce development. The North Powys Wellbeing Programme remains our flagship programme to support integrated health and care services, including the development of a health and wellbeing campus in Newtown.

Due to the breadth and depth of the work through the Regional Partnership Board, this Annual Report can only highlight some of the key work that has taken place and spotlight specific areas of good practice for wider sharing, learning and adoption. Whilst there is clearly much to be proud of, work must continue at pace as we move into the second year of our refreshed Joint Area Plan.

Patterson, Liz  
23/09/2024 17:28:36

## THE BOARD'S ROLE AND PURPOSE

Powys Regional Partnership Board (RPB) brings together a range of public service representatives and other key people, including citizens, to ensure that organisations work better together to improve the health and wellbeing of the people of Powys. The RPB Terms of Reference contains a statement of intent which sets out what it is trying to accomplish:



- » Create a momentum for critical improvements, by identifying key priorities for Powys citizens and concentrate efforts to ensure those are being addressed
- » Increase the focus on early intervention and prevention by encouraging citizen control and ownership in health and wellbeing matters to minimise the escalation of need
- » Ensure the voice of the citizen is not only heard but acted upon to improve services
- » Utilise intelligence on existing and future needs of citizens in the planning of services throughout the spectrum of need and ensure resources are maximised through judicious engagement with other bodies undertaking similar activity
- » Ensure quality services are delivered efficiently and effectively through a skilled and motivated workforce and volunteers
- » Promote the integration of care and support between Social Services and Health
- » Ensure co-production and the commissioning of services with the public, private and voluntary sectors that promotes connected and seamless services working effectively together
- » Foster innovative new practices and promote a learning culture ensuring effective mechanisms are in place to bridge the gap between organisational and public communication on the planning and achievements of services.

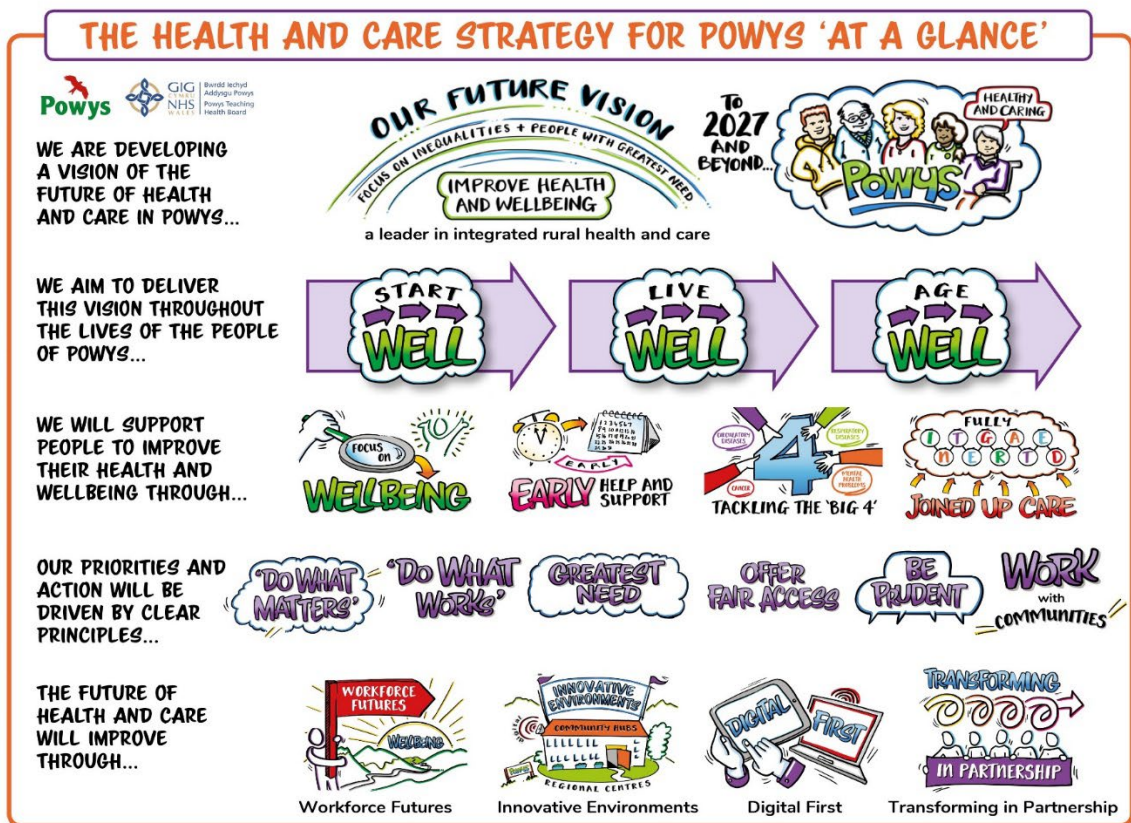
# HEALTH AND CARE STRATEGY

The RPB's work is driven by Powys' Health and Care Strategy, "A Healthy Caring Powys" which sets out the priorities for transforming health and care in Powys up to 2028. All partners came together to review and refresh these priorities and to produce our second Regional Partnership Board Joint Area Plan.

The new Joint Area Plan builds on the progress and learning of the previous five years and responds to what people of Powys have said about their health and care, and what matters to them.

We've drawn extensively on our refreshed understanding of life in the county with the updated views and evidence gathered as part of the [Powys Population Needs Assessment \(2022\)](#), [Wellbeing Assessment \(2022\)](#), [Powys Market Stability Report \(2022\)](#) as well as other new research, feedback and policy.

The new Area Plan sets out how we can improve the health and wellbeing of people in Powys and will deliver the final stages of our ten-year ambition. To see the updated Area Plan along with reviewed priorities visit [www.powysrpb.org](http://www.powysrpb.org)



Patterson, Liz  
23/09/2024 17:28:36

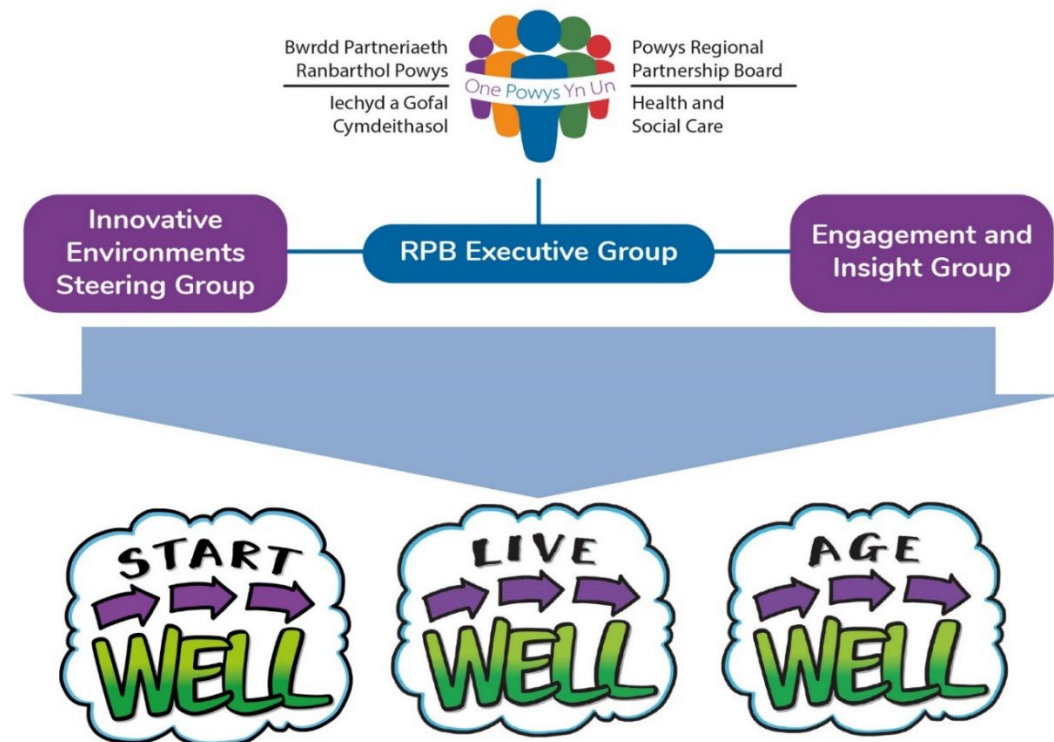
## HOW THE WORK OF THE BOARD GETS DONE

The Regional Partnership Board sets the strategic direction for health and care in Powys and the joint priorities for working together. Key to delivering on the ambition and priority areas, are the four subsidiary partnerships: Start Well, Live Well, Live Well (Mental Health) and Age Well. They each involve a much wider group of people and have their own sub-groups that carry out more detailed work.

Each has a particular focus on a specific population group – children, young people and families (Start Well), Adults (Live Well), and Older People (Age Well). Some areas of focus are relevant to all these age groups and therefore are cross-cutting. These include unpaid carers for example, as well as the requirement to provide relevant information, advice and assistance.

Wider engagement with people is crucial and the partnerships and subgroups have various ways in which they can involve people to help shape decisions. Start Well for example have a Junior Start Well Board made up of young people who can discuss key issues and feed these in.

The RPB Executive Group helps drive the work of the RPB forward across partners and offers support and challenge for key decisions. The Boards’ work is co-ordinated through the RPB Team which provides high level support and co-ordination across all this.



Patterson, Liz  
23/09/2024 17:28:36

# THE BOARD'S MEMBERSHIP

**RPB Chair**, Vice Chair of Powys Teaching Health Board

**RPB Co-Vice Chair**, Cabinet Member for a Caring Powys, Powys County Council

**RPB Co-Vice Chair**, Chief Executive Officer, Powys Association of Voluntary Organisations

**Director of Social Services and Housing**, Powys County Council

**Chief Executive of Powys Teaching Health Board**

**Director of Education and Children**, Powys County Council

**Head of Commissioning and Partnerships**, Powys County Council

**Policy Advisor**, Care Forum Wales

**Head of Adult Social Care**, Powys County Council

**Director of Partnerships and Engagement at Welsh Ambulance Services NHS Trust**, Powys Teaching Health Board

**Executive Director of Primary, Community and Mental Health**, Powys Teaching Health Board

**Carer Members**

**Citizen Members**

**Social Value Landlord Representative**, Barcud

**Cabinet Member for Future Generations**, Powys County Council

**RPB Autism Champion**, Action for Children

**Assistant Director of Woman and Children's Services**, Powys Teaching Health Board

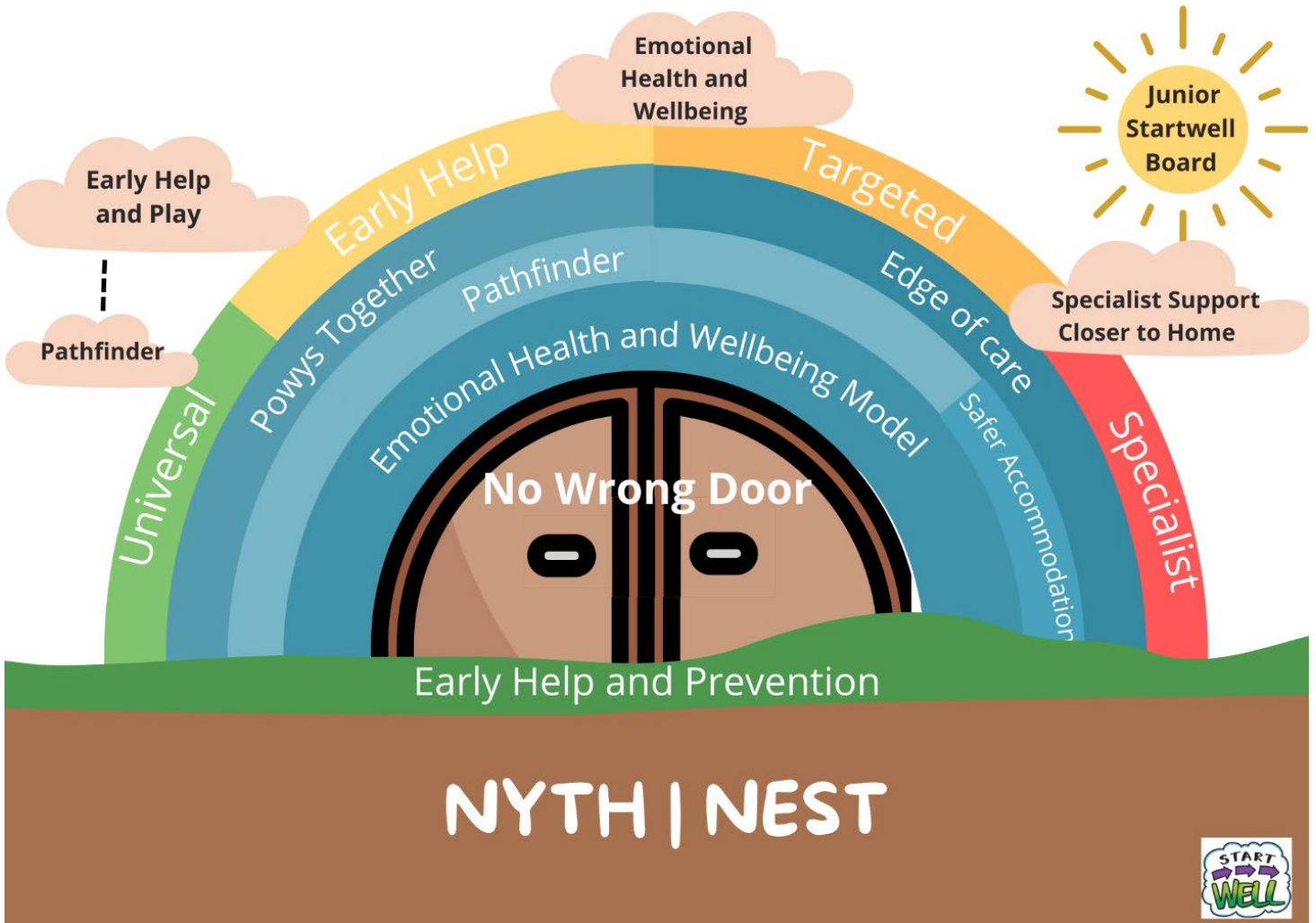
# START WELL



The Start Well Partnership works to strengthen and transform services for children and young people in Powys. The Partnership works to meet key priorities across the spectrum of need including children with complex needs.

The Start Well Partnership Members have been working to develop a NEST/NYTH model for Powys. This framework aims to ensure a 'whole system' approach for developing mental health, well-being and support services for babies, children, young people, parents, carers and their wider families across Wales.

NEST / NYTH in Powys cuts across the workstreams that sit under Start Well and underpins the development of key priorities such as Pathfinder project, Powys Together, Edge of Care, Safer Accommodation and the Emotional Health and Wellbeing Model.



Patterson, Liz  
23/09/2024 17:28:36

# Start Well Highlights

## Emotional Health and Wellbeing

Powys has developed an Emotional Health and Wellbeing Model, which brings together all elements of children, young people and families' emotional health and wellbeing. The project provides support across a range of needs by addressing the gaps in emotional health and wellbeing services.

The project primarily works with children, young people, families, and staff who require additional emotional health and wellbeing support. This year the project has been able to expand capacity in services providing emotional health support, as well as develop new services such as Year 5 and 6 therapeutic group work in primary schools.

**The project has worked with over 5,000 young people through 1:1 support, group work and universal sessions.**

Overall young people have reported a 95% improvement rate following support from the project. The Emotional Health and Wellbeing Project has therefore been key to delivering an enhanced service to children and young people in Powys.

## Specialist Services Closer to Home

The partnership continues to provide intensive support to improve the current living arrangements for children and young people so that they can remain living with their families rather than entering care, where it is safe to.

The *Edge of Care Project* works with children, young people and their families to support children on the "Edge of Care".



Through evidence-based interventions and an early intervention approach, the project supports families to stay together and keep children at home safely. Trained and experienced staff have provided a rapid response to children and families in crisis, enabling them to address and overcome the difficulties that have led to the family being at risk of breakdown, and prevent further escalation and referral to care proceedings.

From January to March this year 99% of children and young people referred to the service for work around family breakdowns remained with the parent, and 100% of children and young people referred to intervention and prevention for placement stability remained in their placement.

The Partnerships *Residential Developments* have created flexible, diverse, high-quality placements for children and young people who are looked after Closer to Home. This has included registration of Ty'r Orsaf, a therapeutic residential multi agency provision providing

Safe Accommodation for children and young people with complex needs in Powys. Capital funding has also allowed for the purchase of property in South Powys which will provide 4 placements for 16+ Accommodation and Support.

## Pathfinder



The project is running in the two pilot areas of Knighton and Llanfyllin and surrounding villages, with a new Early Years Model driving a strong focus on Early Intervention and Prevention. The project offers access to groups, activities and support for children and families in the foundation years (0-7years).

The project has developed open and accessible pathways for children and families through collaboration of services, providing the right level of service at the right time.

## Integrated Children's Home



Deputy Minister for Social Services Julie Morgan joined the team in Powys in February to find out more about the newly opened children's home in the north of the county.

Powys County Council and Powys Teaching Health Board have joined together to create this additional support for local children and young people with complex emotional and behavioural difficulties.

The fully refurbished home, funded by Welsh Government has a dedicated team of therapeutic and care staff to support young people in the county.

The home will provide stability to children and young people with the most complex needs in their own communities, enabling children to stay closer to home

Patterson, Liz  
23/09/2024 17:28:36



## LIVE WELL

The Live Well Partnership works to create a supportive, empowering environment in Powys that will enable people to “Live Well” and achieve good health outcomes, through being healthy and active and by being able to access the right help and support, at the right time.

The Partnership addresses the wider determinants of health and wellbeing of the working age population in Powys, through a public health and community development approach, including strengthening and transforming services for people with disabilities.

Live Well links with other strategic partnerships in Powys, including the Area Planning Board and the Live Well Mental Health Partnership, where there is an overlap with complex care and mental health. They also partner with the Housing Support Grant Board where support for homelessness prevention intersects with supported living.



There are a number of subsidiary partnership groups, particularly to engage with and hear the voice of service users and their carers, and also to engage with Third Sector Providers of mental health services. This year the Partnership has worked to improve its governance and particularly focussing on engagement and co-production with service users and carers.

## Live Well Highlights

### Day Opportunities

The Day Opportunities Engagement delivered as part of the *Work, Leisure and Learning* project was a large-scale public engagement about what people with learning disabilities, older people, and their families and carers, as well as staff and professionals, value in a day opportunity.

Patterson, Liz  
23/09/2024 17:28:36

## The engagement began with 472 survey response. There were 33 live events held, with 357 people attending.

The engagement and subsequent reports will produce a robust evidence base of what matters to people in day opportunities in the county and will be the basis of recommendations for future day opportunities. The scale of the engagement has enabled the team to gain greater depth and breadth of insight into the day opportunities that make a good life, including looking at diverse and innovative delivery options.

### Closer to Home

The aim of the *Closer to Home* project was to develop the systems to enable more people to stay in the communities they consider to be their home. The project has run for the past five years, and over that time has supported individuals to return or remain within their communities, thus supporting with their sense of belonging and promoting a fulfilled life and listening to their requirements and choices.

The project is now moving into core services, so that people in Powys can continue to live with the care and support they need without having to leave their home communities. Learning from the project is being carried into a new Complex Care initiative, focusing on the needs of people with complex, multiple and profound disabilities whose support offer in Powys requires focus and strengthening.

This year the Supported *Living* developments has included the purchase and refurbishment of a four-bedroom house in Welshpool to provide accommodation for three young adults with learning disabilities, and the purchase of property in Ystradgynlais to provide more appropriate accommodation for three adults in their local community.

### Autism and Neurodiversity

Powys have created a Neurodiversity (ND) Strategic Group over the last year in response to the creation of the Autism Code of Practice. The group are working towards a local strategic plan for ND and Autism which is being influenced by the results of the recent evaluation report.

Based on the evaluation, key areas for the strategy will be raising awareness of services and workforce development. There will also be focus on leadership and enabling change, settings, and services. An action plan has been created to track and give direction to the work on the wider ND strategy. The agenda is all age and pan-Powys.

Patterson, Liz  
23/09/2024 17:28:36



## AGE WELL

The Age Well Partnership works to support older people, including those with frailty and frailty of memory, to live a thriving and independent life, maximising opportunities in the community, reducing isolation and loneliness, and providing care closer to home through an early intervention and prevention approach.



Where individuals' care and support needs cannot be met within a community setting or within the home, emphasis is on increasing capacity and capabilities to ensure people are supported in the most appropriate setting for their needs with an emphasis on a 'home first' ethos, ensuring seamless patient flow across the health and care system whilst maximising opportunities for care closer to home.

**The partnership also recognises the importance of addressing wider issues too, such as food poverty and homelessness.**

### Age Well Highlights

#### **Supporting older people to remain independent at home.**

Providing support and practical assistance to older people who need a little extra help in their day-to-day lives can keep people living at home, safely and independently, for longer. The partnership's *Early Intervention and Prevention (Home Support) Service* continued to provide early help and support in the form of welfare visits, telephone calls, essential shopping, collecting prescriptions, assisting carers, signposting to community services, as well as 24/7 cover for emergencies through community alarms. Results of a survey for

people using the service revealed that 100% of individuals felt more confident accessing services following support from the project.

### **The service helps prevent and or delay the need for additional care and support and reduces feelings of isolation and loneliness.**

The Partnership's [Community Connector Service](#) has continued to support people to access community-level services and activities. The service has developed its delivery over a number of years to meet the changing needs of the population and health and care priorities. The service has a focus on:

- Supporting people to access the right community services at the right time
- Working with health and social care and the third sector to prevent admission to hospital to support people to go home from hospital
- Prevention and Early intervention

### **This year 2,545 people have accessed the project, helping people to maintain independent lives and prevent the need for higher level health or social care services.**



Over 1,400 referrals were received from health and social care professionals and departments, highlighting the close and trusted working relationships the service has developed and built.

**“I’ve been keeping very busy (since being in contact with the Community Connectors) I’m now attending singing, dancing, lunch at church. All down to the information from the Community Connector - thank you!”**

Community Connector Feedback

This year *Technology Enabled Care Project* prescribed 776 items of technology to residents, to provide care and support at home. The service continues to use cost-effective technology to help keep people safe in their own homes for longer, whilst also reducing the demands on carers. The technology can trigger automatic calls for assistance and allow family members to keep a remote eye on loved ones.

Patterson, Liz  
23/09/2024 17:28:36

## Dementia

Community Engagement events took place across the county as part of the Listening Campaign including the Dementia Matters in Powys summer games and events in Mid Wales led by the Alzheimer’s Society and an county wide conference.

Over 100 people attended the Powys Dementia conference held in May 2023.



Frances Isaacs, who has been living with dementia spoke at the conference about her experiences. She said that it felt like being a statue under the chisel of a sculptor, where bits kept getting knocked off. Frances also shared a joyful sense of humour.

This picture shows her with an electronic cat used as therapy on dementia wards. She said: *“We’ve been expecting you, Mr Bond!”*

The Listening campaign surveys feedback highlighted five key themes. Access to statutory care and support, Access to community-based support, Awareness raising on dementia and support services, Access to support in Welsh and Day centres.

The Alzheimer's Society led an event at a local primary school in December with adults and children aged 9-11years old. The children were asked: ‘Imagine you are a person affected by dementia or having bad memory problems or helping to care for someone with dementia. What do you think you would like to help you?’ Here are some of the responses:



Powys is now a testbed for the Diagnosing Advanced Dementia Mandate project started with a care home in Powys in collaboration with Improvement Cymru. The tool can be used by carers to support people living in care homes who have a diagnosis of dementia.

Patterson, Liz  
23/09/2024 17:28:36

## CROSS-CUTTING WORK

### Carers

The partnership's carers service is delivered by CREDU, a registered Carers charity in Powys. In the last year CREDU have supported 1,479 Carers across the county through a range of 121 intervention support and peer groups. It continues to provide high-quality support which enables Carers to have a space to feel truly listened to and to understand what supports them with their own personal outcome, feel more connected to others, and feel valued. The number of Carers who have received support with the core contract is slightly less than last year as we have had more projects which support respite for Carers.



### The number of respite opportunities increased from 559 Carers last year to 1183 Carers this year.

Unpaid Carers of all ages are supported to represent themselves and others in Powys and CREDU are continuing to listen to Carers on what respite looks like to them, providing creative and innovative respite opportunities. They have also developed tools to reach more Carers, this year they identified 504 new Carers previously unknown to them.

CREDU's social media and email engagement has reached over **50,000** people this year, raising awareness and knowledge of the information and support available for Carers. Their Raising Awareness project has also supported organisations to help identify and support Carers.

A successful Carers Conference hosted by CREDU was held in November 2023; the event was hosted across three venues in Powys to enable a wide number of Carers to meet face to face, those who could not attend in person were enabled to contribute to the event virtually.

### Strategic Reset

The Powys Strategic Carers Steering Group (CSG) has undergone a recent reset as a key part of ensuring that the priorities of Carers in Powys are delivered against and that system (and other) barriers are unblocked. The CSG brings together partners and Carers into a strategic alliance to provide strategic oversight, guidance, and drive forward improved outcomes for all unpaid Carers in Powys across all related unpaid Carers activity. The reset has included a review of the governance arrangements, and this has been captured within an up-to-date Terms of Reference document.

The CSG members have also co-produced a fit for purpose Unpaid Carers Plan on a Page linking all carer related activity, including RIF funded projects, into one document to capture the strategic intent of the carers offering in Powys and is aligned with the Powys Health and Care Strategy and National Priorities for Unpaid Carers as outlined by Welsh Government. The CSG is currently in the process of identifying the actions, timeframes, and measures to

track and report on the true impact/difference made to allow young and adult Carers to live a good life alongside caring.

## Carers' Voice

Unpaid Carers play a vital role in looking after some of our most vulnerable citizens in Powys. Much work is underway locally and nationally to recognise and support young and adult unpaid Carers to live their best life whilst caring for a friend or family member.

**Two key priorities have been identified by Powys Carers. They are to:**

- **Raise the profile of carers in Powys**
- **Provide creative respite opportunities to support unpaid Carers to carry on caring**

Local charity Credu, are leading on two Regional Integration Funded projects to address these priorities.

The Raising Awareness project has enhanced the way hidden Carers are identified and supported in Powys. Complementing this work, the Co-producing Respite Project has enabled creative community-based respite opportunities within the county.

This creative approach to respite has provided opportunities and spaces for Carers to think about what respite means to them. To provide numerous individual grants to Carers to have a break as they define it. This supported Carers to continue to have a good life alongside caring.



Credu has held some of these events, for example a Carers book launch in Hay-on-Wye, but for the most part Credu workers have attended events organised by a range of project partners both within and outside the third sector.

You can find stories on the [Credu Carers You Tube channel](#).

Patterson, Liz  
23/09/2024 17:28:36

## Welsh Language

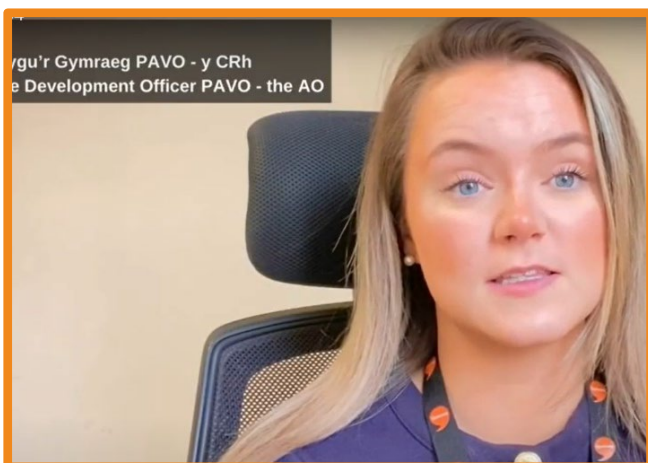
The Active Offer helps organisations with their use of Welsh as set out in Welsh Government's 'Mwy na Geiriau / More than Just Words' policy.



The partnership offers help to third sector organisations with the Active Offer. The project offers a support package which includes covering one-off translation costs, helping organisations to develop a Welsh language action plan, as well as delivering training. More information is available on the [PAVO website](#)

This year, new Active Offer resources, including flash cards have been created to support organisations. Support was provided to a number of organisations through awareness sessions, resources, follow-up sessions, and support to develop Welsh language action plans.

The project has helped organisations to understand the importance of the Active Offer and to gain confidence in offering services in Welsh. In addition, a video has been created that captures the positive impact of the support to provide the Active Offer has had on organisations. You can view the video on the [PAVO Google drive files](#)



**“One of our Welsh speakers absolutely lit up and was really happy that someone was trying to learn to speak Welsh. It’s good to know that the Active Offer is there and it’s an absolutely invaluable service and so important.”**

*Service feedback*

**“The session gave me a better insight into the problems faced by Welsh speakers.”** Active Offer session feedback

Patterson, Liz  
23/09/2024 17:28:36

## Improving the Cancer Journey

Over the last year, the Improving Cancer Journey (ICJ) programme in Powys has transitioned from the end of phase 1, to the early days of phase 2 of the programme.

ICJ delivery partners, Ceredu, Powys Association of Voluntary Organisations' (PAVO) Community Connector Service, the Bracken Trust Cancer Support Centre, and the Health Board's Specialist Palliative Care Team support people living with cancer to access a tailored package of support through a 'what matters conversation' and, where appropriate, the offer of a Macmillan Cancer Support 'holistic needs assessment' (HNA). The programme also continued to offer residents of Powys living with cancer the opportunity to have their voices heard as part of the patient and carer Journeying Together Forum.

ICJ representatives attended four public events to promote the support available to people living with cancer, in particular the benefits of completing an HNA to receive a tailored, person-centred care plan. Events included Brecon Military Fair, Men's Shed and Men's Mental Health events.

A member of the Journeying Together Forum, along with partners also attended a Tenovus Cancer Care event at the Senedd in Cardiff to raise the profile of the programme with delegates from across Wales.



Posters were produced to showcase the ICJ. One promoted the benefits of the ICJ Peer Support Group approach. Another poster was displayed at the Macmillan Cancer Support Professionals Conference and highlighted how linking with local community assets like parkrun and a series of canal towpath walks supported people living with cancer by helping to boost their wellbeing.

A multi-media testicular cancer awareness campaign was promoted on social media and on community posters.

In September 2023, the ICJ staff and partners were featured in an episode of the [Cancercast Cymru podcast series](#). The series, hosted by the Moondance Cancer Initiative, showcases examples of innovative improvements to cancer services across Wales.



Patterson, Liz  
23/09/2024 17:28:36

## Regional Innovation Coordination Hub

The Regional Innovation Co-ordination (RIC) Hub in Powys has been supporting and coordinating projects in research, innovation and improvement over the last year.

### Powys Health & Care Eco-System Collaborative

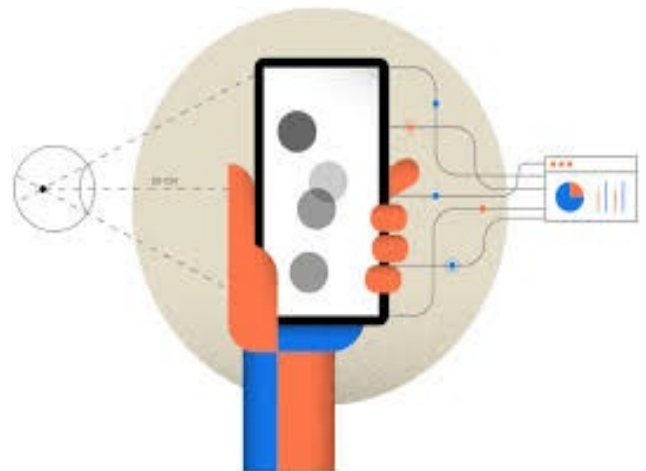
The Eco System event was the first of its kind to be hosted in Powys and was well attended by 40 representatives from across key partnerships in Wales.

The event focused on challenges faced across Powys and looked to identify collaborative solutions. Technology, education, research and innovation were key themes and seen as opportunities for health and care in a rural area. The event set a foundation for an All-Wales approach to utilising research, innovation and improvement.

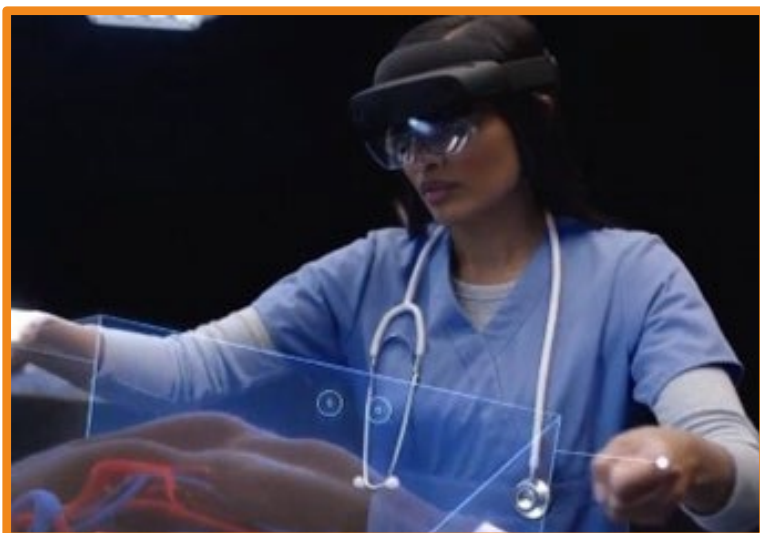


The RIC Hub continues to consider innovative ways to improve health and care across Powys, this can be done by testing and implementing technology. Here are some examples of technology being tested and implemented by the RIC Hub:

The team have begun testing a smart phone app which measures visual acuity. Visual acuity is the measurement of the eyes ability to distinguish shapes and detail of objects from a given distance. The hub is comparing the app against current pathways for individuals diagnosed or receiving treatment for WET Age-related Macular Degeneration. This enables us to better understand how people experience using an app like this in their own homes.



Patterson, Liz  
23/09/2024 17:28:36



HoloLens is an augmented reality (AR)/mixed reality (MR) headset which allows users to view and interact with varying types of content that can be displayed in the headset. The Hub hosted workshops to identify where HoloLens could provide benefit to health and care.

The Bright Ideas app, developed by the RIC Hub, allows users to search for projects that have been undertaken across Powys. The app hosts details such as the purpose of the project, when it was opened, what strategic priority it might align to. The app currently has over 500 projects uploaded from across the RPB.

The hub co-ordinates research, innovation and improvement and an element of this is improving staff engagement or increasing the opportunity for staff to participate in research, innovation or improvement.

Think BIG! is an innovation and improvement community of practice which brings together members of staff from the health and care system who have an interest, passion or would like to know more about innovation and improvement. The community of practice acts as a safe place for individuals to share ongoing projects, learn from each other and asks experts or other members for guidance and support.

Individuals or teams can now bid for financial contribution to implement research, innovation or improvement across Powys. The new grant scheme was launched in collaboration with Powys Charitable Funds.

If you would like to find out more about the work being undertaken by the RIC Hub or how we can support you in your research, innovation or improvement journey email at [Bright.IdeasPowys@wales.nhs.uk](mailto:Bright.IdeasPowys@wales.nhs.uk).

Patterson, Liz  
23/09/2024 17:28:36



## North Powys Wellbeing Programme

The North Powys Wellbeing Programme was established as a key priority to deliver the county's joint Health and Care with a vision to **“assess and deliver a new integrated model in North Powys, and to support effective learning and transfer across Powys.”**

This programme will address the biggest causes of ill health and poor wellbeing through partnership between professionals and communities, offering early help and technology-enabled health and provision to ensure residents have a more seamless service when they need it.

A major strand of this programme is a proposed multi-agency health and wellbeing campus in the centre of Newtown. The campus' Programme Business Case was endorsed by Welsh Government in 2022 and the Strategic Outline Case is currently awaiting endorsement by Welsh Government.

### Proposals for the campus site include:

- » A new school for pupils of Ysgol Calon y Dderwen.
- » Health and care facilities, including the transfer of the town's hospital facilities from their current home on Llanfair Road as well as introducing more diagnostic equipment and facilities to undertake day surgery. Repatriation of services from outside Powys is a key ambition of the programme, helping to save travel time and cost for local patients as well as introduce additional capacity into the system.
- » A Health and Care Academy, building on the model introduced at Bronllys Hospital in the south of the county.
- » Library and information services, including a new Academic library
- » Community space for wellbeing activities to take place, working alongside the voluntary sector

The programme team has undertaken continuous engagement throughout the life of the programme and will continue to do so up to and after the campus opens to make sure that the citizen voice is at the heart of the programme's plans.



Photo caption: The Programme team meet with residents to discuss plans for the programme.

**More information about the Programme can be found at [www.powyswellbeing.wales](http://www.powyswellbeing.wales)**

Patterson, Liz  
23/09/2024 17:28:36

## Workforce Futures

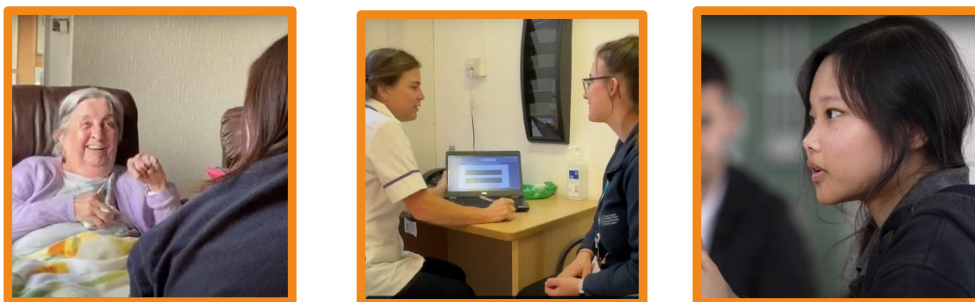
Many resources have been developed in the last year to support and encourage local people to take up a career in health and social care.

New interactive digital graphics showing different routes that people can take into careers in health and social care were created and published in the autumn. These resources are available on the RPB website [www.powysrpb.org/careers-in-health-and-social-care](http://www.powysrpb.org/careers-in-health-and-social-care)



A series of **Day in the Life of** videos produced to inform and inspire young people across Powys to consider various careers have been shown across schools in the county.

Emily, a Reablement Worker from Ystradgynlais shares her passion for the role. She loves that “every day is different.” Karen, a Dietician based in Newtown says, “it’s just great when you feel like you’ve made a difference.” It’s why she came into the job and is still a highlight of the role.



Earlier this year the team produced a video featuring students talking about their experiences and how the academy is helping them make decisions about and progress in their health and care careers. You can view the video on the RPB You Tube channel <https://youtu.be/pIPQRRSbzLs>

In 2023/24 it was decided to rename the Academy the Powys Health, Care and Social Care Academy. You can find out more information about the work of the Academy by visiting the RPB website: <https://www.powysrpb.org/powyshealthandcareacademy>

## Participation

Much of the work relating to Participation have been woven into the report but it is worth highlighting here some key pieces of work and our approach. We recognise the importance of involving Powys citizens across RPB partners, making best use of resource, and maximising voice and impact for people.

### Citizen and Carer Representatives

The Regional Partnership Board is proud of the work it does in supporting citizens and carers to get involved with the work of the partnership. The Board has two citizen representatives and two carer representatives who are full members of the RPB and equal to all other members.

**The involvement of these representatives not only informs and shapes decisions, but it continues to provide a better way to identify and tackle ‘what matters’ to people.**

There are a diverse range of people who are involved in the work of the Board, and they do this through commenting on proposed work, helping to recruit key roles, and informing various processes and procedures. Over the course of the year citizen/carers representatives took part in 40 RPB meetings and Carers Steering Group meetings.

A huge thank you to the Carer and Citizen members for their valued work on the board and beyond. Kim Spelman stepped down this year after three years as a carer member, giving generously of her time, energy and passion to improve things for others.

And we are fortunate to welcome our latest members Nick Lancaster who joined as a Citizen member in June 2023 and Jean Carter as a carer member in January 2024.

The members have been able to share their experience to influence the work of the board. Also taking an active part in workshops such as the Defining Co-production in Powys session.



Jean image

Helen | Hayley | | Nick | Kim | Jean

Patterson, Liz  
23/09/2024 17:28:36

## Engagement and Insight Network

The Powys Engagement and Insight Network was established to ensure that how we engage with Powys citizens across the partnership is joined up and to enable citizens to be more meaningfully involved in shaping policy, service design and delivery. The group meets monthly to share information on engagement activities, good practice and training.

The network has started to strengthen co-productive practices by developing and driving a set of actions to improve participation practices. This work has been carried out collaboratively with the Public Service Board. Developing a shared definition of what we mean by co-production in Powys has been the first step.

## Co-production

There are some good examples of Co-production working across the partnership– doing 'with' local communities and not doing 'to' which have been highlighted in this report. Looking forward, we will learn from these good examples and support a more consistent approach to citizen involvement. Building more equal relationships of shared power and shared responsibility with our communities, based on understanding and respect.

There will be a focus on embedding best practice methods such as those established by the [Coproductioin Network for Wales](#)



Workshops to define co-production in Powys took place in January and March 2024 to bring together a group of people with different lived experiences and also professionals from across the health board, council services and third sector reps.

Out of these sessions which involved wider feedback from a range of fora and networks a definition of co-production in Powys has been established:

***“Working together as equals for positive change in Powys”***

Further sessions with the group will now follow to finalise and agree a set of principles that will guide our work.

Wider engagement with people is hugely important and the partnerships and subgroups have various ways in which they can hear the voice of people to help shape decisions. Start Well for example have a Junior Start Well Board made up of young people who can discuss key issues and feed these in.

Patterson, Liz  
23/09/2024 17:28:36

## Junior Start Well

Powys Junior Start Well Board are a group of young people aged 11 – 17 years old who meet regularly to discuss issues facing children and young people across the county.

Deputy Minister for Mental Health and Wellbeing, Lynne Neagle met with members in December 2023 to talk about their work and how they have helped to set up the Youth Café in Newtown. The café came about in response to the Junior Start Well Board's consultation about mental health with young people across the county.



Junior Start Well Board Member Ffion said: "We are all passionate about the Youth Café project. It was created to be a safe space where young people can go for a drink and low-cost food to just sit and talk to friends or use as a quiet space for homework or revision if there is nowhere suitable at home."

"We are trying to create links with local services to provide a relaxing atmosphere for young people to access support services for emotional wellbeing if it is needed."

The Deputy Minister said: "These are fantastic facilities which are making a real difference to communities in Powys, by prioritising mental health and wellbeing, and helping people to get the help and support they need."

"The brilliant work of the Junior Start Well Board, highlighted how the NYTH / NEST Framework is working in practice to put the voice of users at the forefront of services to ensure they provide the right help at the right time and in a way that is right for the individual."

## Live Well Forum

The Live Well Forum, has been strengthened and membership significantly increased this year. There has been a positive shift towards the Forum being for the individuals and hearing their voice, as well as being heard by different partners around the table. The group have worked co-productively to create an identity for the group and promotional materials to help recruit others to join.

Patterson, Liz  
23/09/2024 17:28:36

## Older People Forum

The Powys Older People Forum was reviewed and reinvigorated last year to increase the number of residents of Powys aged 60+ represented, recruiting from each of the 13 locality areas.

Members include people from across the county with representation from specific areas of interest including those living in supported housing or care homes, unpaid carers, those in current employment, LGBTQ+ and Welsh language.

Eighteen Older People Forum engagement events have been held throughout the county in the last year, speaking to over 400 older people to determine what people think of services and any issues affecting them in their local communities.

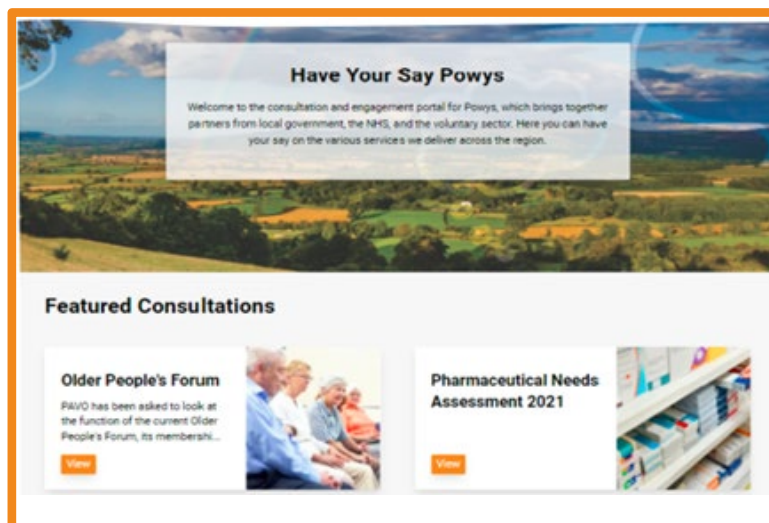
**As a result of this engagement, breast cancer screening will now return to the Knighton area and older people with mobility issues can access COVID-19 vaccination boosters in their local areas.**

## Digital Tools

We have continued to build on digital opportunities around engagement.

**There have been 26,626 visits to the 'Have Your Say' Powys Engagement HQ site with 7,700 visitors taking part in engagement activities.**

**(1 April 2023 - 31 March 2024)**



Through the Engagement HQ platform, the partnership can access the latest engagement tools such as quick polls, social subscribing, and online focus groups, to help capture people's thoughts in a timely manner.

Patterson, Liz  
23/09/2024 17:28:36

## Social Value

The Powys Social Value Forum enables community organisations to help decide where best to target resources to improve health and wellbeing in Powys. The forum aims to:

1. Identify need in Health and Care provision in the area and target funding and other resources to fill those gaps
2. Increase the capacity of the sector by supporting the creation of new organisations and developing the capacity of existing ones

We worked a group that have benefitted from a Social Value Forum scheme to produce this a short film – you can watch it on our [You Tube channel](#) to hear more about the forum, the development fund and how it's working.



This year much progress has been made by and via Powys' Social Value Forum

- » Over 500 third sector organisations involved in the forum
- » 303 activities related to Social Value initiatives were developed
- » 85% reported that new or developed initiatives have helped to improve well-being.

For further information on the Powys Social Value Forum visit the RPB webpage [www.powysrpb.org/cross-cutting-work](http://www.powysrpb.org/cross-cutting-work)

Patterson, Liz  
23/09/2024 17:28:36

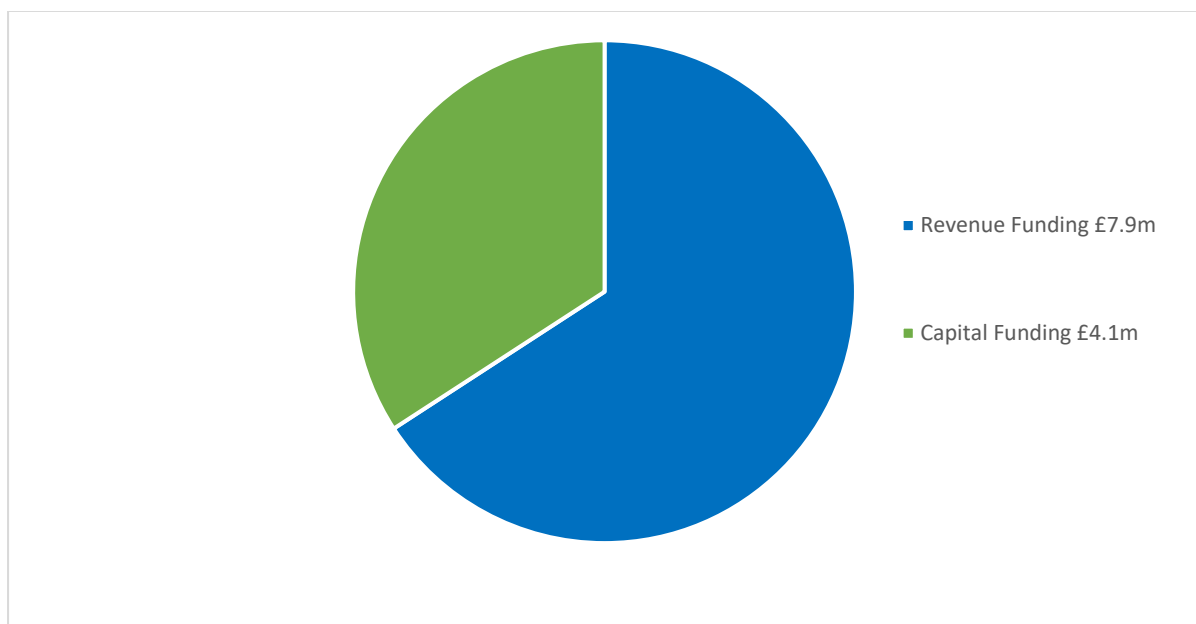
## HOW THIS WORK WAS RESOURCED

The Board uses its allocations from Welsh Government revenue and capital funds as a key resource. The largest proportion of revenue funding comes from the *Regional Integration Fund* (RIF). The *Housing with Care Fund* (HCF) is also accessed to resource the Boards capital work.

Decisions around the use of funding are made collectively by the Board’s Members. Proposals for how it is used are put forward by the Board’s partnerships (Start Well, Live Well, Age Well) which involves the input of other stakeholders and citizen/carer representatives.

Spend is closely monitored to ensure good financial management of the funding and to maximise the benefits from it. Additional funds are also committed for some projects and there continues to be significant contributions of time and staff resource.

As the RPB continues to develop it will continue to seek opportunities to access other funding to maximise the reach and impact of its work. Here is a breakdown of revenue and capital funding utilised by Powys Regional Partnership Board in 2023-24:



Patterson, Liz  
23/09/2024 17:28:36

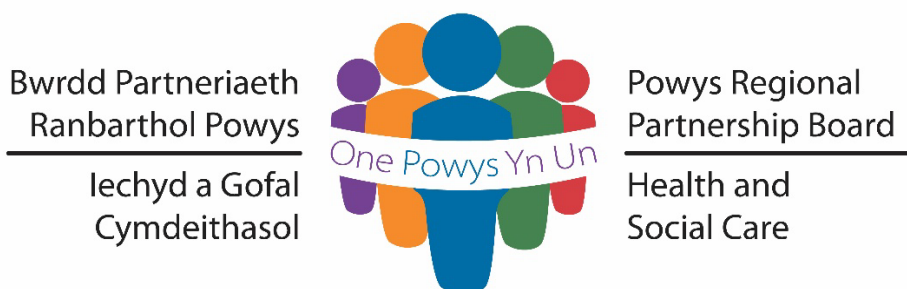
## FORWARD LOOK

As we move into the next year, it is clear the landscape remains challenging for health and care delivery across all partners, and therefore, the emphasis on working together in the face of these shared challenges remains paramount to improving the lives of people in Powys. Partners clearly remain committed to partnership working and delivering on our collective ambition detailed within our Health and Care Strategy.

Our focus over the next year includes:

- Reviewing our Delivery and Resource Plans across partners to ensure these remain fit for purpose and offer best value.
- Continuing to improve how we measure impact to have a stronger evidence base through intelligence-led approaches to data, engagement and insight.
- Further embed innovative reporting approaches that will bring a stronger and shared understanding of what works well and demonstrate impact through a mixture of quantitative and qualitative information.
- Continue to share best practice and learning from across the work of partners as part of developing sustainable models of health and wellbeing in the region and influencing national developments too.
- Further strengthening our participation approaches across partners, with a specific focus on improving co-productive practice.

A huge amount has been progressed, despite the challenges, and yet there is clearly more that is needed. We look forward to continuing our journey to deliver on the health and care strategy and Joint Area Plan in the forthcoming years.



For more Information contact the Powys Regional Partnership Team

[prpb@powys.gov.uk](mailto:prpb@powys.gov.uk) | [www.powysrpb.org](http://www.powysrpb.org)

Patterson, Liz  
23/09/2024 17:28:36

Board 2024-25									
Theme	Item Title	Exec Lead	22/05/2024	11/07/2024 (Annual Accounts)	24/07/2024	25/09/2024 (F2F)	27/11/2024	29/01/2025	26/03/2025
Governance	Minutes of previous meeting	Chair	✓	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	Chair	✓	✓	✓	✓	✓	✓	✓
Listening and Learning	Patient Experience Story	ED NQW&FH	✓		✓	✓	✓	✓	✓
Listening and Learning	Staff Experience Story	ED P&C	✓		✓	✓	✓	✓	✓
Governance	Update from Chair (inclu PSOW in Nov update)	Chair	✓		✓	✓	✓	✓	✓
Governance	Update from Vice-Chair	Vice-Chair	✓		✓	✓	✓	✓	✓
Governance	Update from Chief Executive	CEO	✓		✓	✓	✓	✓	✓
Governance	Assurance Reports of Board Committees	Committee Chairs	✓		✓	✓	✓	✓	✓
Governance	Board Action Log	DCG	✓		✓	✓	✓	✓	✓
Risk	Corporate Risk Register	DCG	✓		✓	✓	✓	✓	✓
Risk	Risk Appetite	DCG							✓
Risk	Review of Risk Management arrangements	DCG						✓	
Governance	Assurance Reports of Board Partnership Arrangements	CEO			✓	✓	✓	✓	✓
Governance	Assurance Reports of Joint Committees	CEO			✓	✓	✓	✓	✓
Governance	Assurance Report of Local Partnership Forum	Chair of LPF			✓		✓	✓	✓
Governance	Committee Terms of Reference	DCG							✓
Governance	Committee Work Plans	DCG							✓
Governance	Board Work Programme	DCG			✓	✓			
Governance	Standing Orders	DCG							✓
Governance	Scheme of Delegation	DCG							
Governance	Common Seal	DCG			✓				
Governance	Committee Membership	DCG			✓				
Governance	Annual Assessment of Committee and Board Effectiveness	DCG							✓
Governance	Committee Annual Reports	DCG							✓
Governance	JCC Governance documents	DCG				✓			
Governance	Socio-economic duty assurance report	ED PH							✓
Governance	Register of Interests	DCG						✓	
Governance	Speaking Up Safely and Raising Concerns	DCG							✓
Governance	Board Assurance Framework	DCG				✓			
Governance	Structured Assessment	DCG						✓	
Planning	Integrated Plan Approach to development	CEO					✓		
Planning	Draft Integrated Plan	CEO						✓	
Planning	Integrated Plan 2024-25	CEO							✓
Planning & Finance	Annual Delivery Plan 2023-24 including budget allocation and framework	CEO	✓						✓
Planning	Winter Planning/Resilience	ED PH				☒	✓		
Partnerships	RPB Annual Report	CEO				✓			
Partnerships	RPB Delivery (6 monthly)	CEO	✓				✓		✓
Partnerships	PSB Wellbeing Plan (Future Generations Act)	ED PH							
Partnerships	Partnership Governance Framework	CEO/DCG							✓

Population Health	Annual Report of Director of Public Health	ED PH	✓						✓
Performance	Integrated Performance & Quality Report	ED PP&C			✓	✓	✓	✓	✓
Performance	Integrated Quality Report - incorporated into IPR								
Performance	Annual Delivery plan - by quarter	ED PP&C			✓	✓	✓	✓	
Finance	Approach to the Annual Accounts	ED FC&SS							✓
Finance	Annual Report and Financial Statements	CEO/ED FC&SS		✓					
Finance	Financial Performance	ED FC&SS	✓		✓	✓	✓	✓	✓
Finance	Finance Savings Report								
Finance	Charitable Funds Annual Accounts and Report	ED FC&SS/DCG	✓					✓	
Finance	Approve contracts and financial delegations above the CEOs limit	Lead Director							
Partnerships	Llais Regional Director Report	RD Llais			✓	✓	✓	✓	
Compliance	Anti Racism Plan	ED P&C				☒	✓		
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report	ED P&C			✓				
Equality, Diversity & Inclusion	Strategic Equality Plan 2023-27	ED P&C							✓
Equality, Diversity & Inclusion	Welsh Language Annual Report	ED P&C			✓				
Compliance	Safeguarding Annual Report								
Quality	IPC Assurance Report	ED NQW&FH			✓				
Listening and Learning	Patient Experience Approach	ED NQW&FH			☒			✓	
Compliance	Wellbeing of Future Generations Act Report	ED P&C					✓		
Civil Contingencies	Major Incident and Emergency Response Plan	ED PH			✓				
Civil Contingencies	Civil Contingencies Annual Report	DED PH			✓				
Planning	Corporate Business Continuity Plan	ED PH			✓				
Capital and Estates	Health and Safety Annual Report	ED P&C							✓
Capital and Estates	Capital and Estates Strategy	ADEF&SS							✓
Governance	PSOW Annual Letter					✓			
	Therapies and Health Sciences Annual Update	ED AHPHS&D							
Digital	Digital Strategic Framework	ED AHPHS&D				☒	✓		
Transformation / Change	Temporary Service Changes				✓				
Workforce	Nurse Staffing Levels					☒	✓		
Governance	Petitions Protocol	DCG				✓			
Governance	Annual Report of Petitions received	DCG							✓

Patterson, Liz  
23/09/2024 17:28:36



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

rhanbarth powys region

<b>Report:</b>	<b>Regional Directors Report</b>
<b>Period Covered:</b>	<b>18 July to 18 September 2024</b>
<b>Author:</b>	<b>Katie Blackburn</b>
<b>Status:</b>	<b>For Information</b>
<b>Date:</b>	<b>18 September 2024</b>

## Health and Social Care Advocacy Team Update

Verbal Update

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

The joint workshop to discuss the key themes of what we heard in the Llandrindod Wells and Rhayader locality was held on 6<sup>th</sup> September. Working with Health Board, Local Authority colleagues and PAVO representatives, we developed a joint action plan which will be included in the final report that will be published and circulated to our stakeholders.

We conducted a visit to Glan Irfon Rehabilitation Unit in August. This was a follow-up to the visit carried out during the engagement in Builth Wells & Llandrindod Wells locality in November 2023.

We have just completed our locality focused engagement in Machynlleth area and we are in the process of analysing the information and preparing the report.

Patterson  
23/09/2024 17:28:36

As part of this engagement, we were able to visit the traveller site in Machynlleth and we held drop-in sessions in Glantwymyn and Machynlleth. We also visited the Dyfi Valley Practice and Bro Ddyfi Community Hospital.

We joined the online service change webinars and attended the public meetings held in Brecon and Llandrindod Wells, to hear people's comments about the temporary service change proposals.

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

The report from our Llais Local engagement in Brecon is available on our website:

[Llais Powys - Executive Summary - Brecon Engagement | LLais \(llaiswales.org\)](https://llaiswales.org/Llais-Powys-Executive-Summary-Brecon-Engagement-LLais)

Key themes from engagement:

#### **1. Exceptional Care and Dedicated Staff**

Many people praised certain services such as cancer care, the Leg Club in Rhayader, District Nurses, the National Exercise Referral Scheme, and third-sector organisations such as Mid and North Powys MIND, Credu and RNID. Positive experiences were also noted in local GP practices, pharmacies, and hospitals.

#### **2. Home Adaptations and Assistive Technologies**

Older residents appreciated home adaptations and technologies which supported them being able to live in their own homes.

#### **3. Common Healthcare Challenges in Powys**

Many issues raised in Llandrindod Wells & Rhayader area were consistent with what people in other areas of Powys have told us – such as long waiting times for planned care, long travel distances to access services, difficulties around transport, poor communication, lack of availability of some services, with specific gaps in dental care and support for mental health.

#### **Digital Divide in GP Services**

Llandrindod Wells Medical Practice had introduced an online appointment system, but some people reported that it was difficult to

use. Concerns were raised about people who would not be able to access the system.

5. **Support for Children with Neurodevelopmental Needs**

Extended wait times for assessments, fragmented services and poor communication were highlighted. Families expressed frustration over the lack of support.

6. **Primary Care Concerns**

We heard about concerns which were having an impact on patient trust and satisfaction. These have been raised with the Director of Primary Care

7. **Issues with the transition from People Plus to Virtual Wallet for Direct Payments**

People are encouraged to contact Social Services if they have issues so that they can be resolved as quickly as possible.

8. **Improvements at Glan Irfon**

We received more positive feedback from patients on this follow-up visit, with people explaining that they were receiving physiotherapy and occupational therapy they required and they all had an understanding of why they were there and what the plans were for the future care/discharge.

The list of activities undertaken since my last report are shown in the table below:

<b>Date</b>	<b>Activity</b>
22-25 July	Royal Welsh Show
23 July	Live Well Mental Health Planning & Development Partnership Board
25 July	Engagement with Mums Matter Peer Support Group, Llandrindod Wells

Patterson, Liz  
23/09/2024 17:28:36

8 August	PTHB Service Change Webinar
12 August	Catch-up Meeting with PAVO
14 August	Visit to Glan Irfon Rehabilitation Ward, Builth Wells – follow-up from visit carried out during Llais Local engagement
14 August	PTHB Service Change Webinar
14 August	Meeting re. digital connection on Felindre Ward, Bronllys Hospital
21 August	PAVO Community Workers Network – Ystragynlais Locality – via Teams
22 August	PAVO Community Workers Network – Llandrindod, Rhayader, Builth & Llanwrtyd Wells, held at PAVO offices
22 August	Visit to The Hazels Mental Health Centre, Llandrindod Wells
28 August	Monthly catch-up meeting with PTHB Engagement Manager
28 August	Public Meeting re. PTHB Proposals for Temporary Service Change held in Castle Hotel, Brecon
29 August	Public Meeting re. PTHB Proposals for Temporary Service Change held in the Pavilion, Llandrindod Wells
3 September	PAVO Community Workers Network – Machynlleth Locality, via Teams
3 September	Llais Local Machynlleth – Engagement with British Legion
4 September	Llais Local Machynlleth – Engagement with Camad Women’s Support Group
4 September	Llais Local Machynlleth – Llais Drop-in Session at the Dovey Valley Hotel, Cemmaes Road
6 September	Llais Local Machynlleth – Engagement at RNID Hearing Aid Clinic

Patricia Liz  
23/09/2024 17:28:36

6 September	Llais Local Machynlleth – Llais Drop-in Session at Y Plas
9 September	Visit to Dyfi Valley Health Centre
9 September	Llais Local Machynlleth – Bro Ddyfi Hospital
10 September	Llais Local Machynlleth – Woody’s Lodge Veterans Drop-in, Caffi Glyndŵr
11 September	Llais Local Machynlleth – Bore Coffi
11 September	Llais Local Machynlleth – Engagement at parent and children group
12 September	Llais Local Machynlleth – Engagement at the travellers’ site
12 September	Meeting with Shrewsbury & Telford Hospital NHS Trust, Healthwatch Shropshire, Healthwatch Telford & Wrekin and Llais
17 September	Llais Local Machynlleth – Engagement at Credu Carers’ Group Meeting

Katie Blackburn

Regional Director – Llais Powys

18 September 2024

Patterson, Liz  
23/09/2024 17:28:36