Board

Wed 27 November 2024, 09:30 - 14:45

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_Agenda_27Nov24 FINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

1.3. Board Action Log

Board_1.3_Action Log Nov24.pdf (1 pages)

1.4. Staff Experience Story - Chante Momburg

Debra Wood-Lawson

1.5. Questions to Board from the public

1. How has the health board sought to communicate openly and transparently with residents in the Llanidloes area, regarding the changes to admissions criteria for the palliative care suite at Llanidloes War Memorial Hospital?

1.6. Update from the:

1.6.1. Chair

Carl Cooper

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

1.6.2. Vice-Chair

Kirsty Williams

Board_1.6b_VC_Report November24.pdf (3 pages)

1.6.3. Chief Executive

Hayley Thomas

Board_1.6c_CEO's Report to Board Nov 2024.pdf (10 pages)

1.7. Assurance Reports of Board Committees

Helen Bushell

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Board_1.7_Committee Chair Reports_Nov 24.pdf (7 pages)
Board_1.7a_AppA_ARA_Committee Chair's Assurance Report_08Oct2024.pdf (5 pages)
Board_1.7b_EC Chair's Assurance Report NOV24.pdf (8 pages)
Board_1.7c_App_C_D&P_Chairs Assurance Report_22Oct24.pdf (4 pages)
Board_1.7d_AppD_Chairs AAAI Report for PEQS Nov 24.pdf (3 pages)
Board_1.7e_App_E_PPPH_Chairs Assurance Report_11Nov2024.pdf (1 pages)

Board_1.7f_W&C_AppF_Chairs Assurance Report 03Oct2024.pdf (5 pages)

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2. CONSENT AGENDA BUSINESS

09:30 - 09:30
0 min

3. ITEMS FOR APPROVAL/DECISION

3.1. Director of Corporate Governance Report

Helen Bushell

Board_3.1a_AppA_Declaration Of Interests summary Nov 2024.pdf (4 pages)
Board_3.1_DCG report.pdf (4 pages)

3.2. Minutes of the previous meeting held on 25 September and 10 October 2024, for approval

Carl Cooper

Board_3.2a_Minutes 25Sept24 Draft.pdf (15 pages)
Board_3.2b_Board Minutes 10Oct2024 Draft.pdf (9 pages)

3.3. Compassionate Leadership Charter

Debra Wood-Lawson

Board_3.3_Compassionate Leadership Pledge 2024.pdf (6 pages)

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0 min

4. ITEMS FOR BOARD ASSURANCE

4.1. PTHB Temporary Service Change update

Debra Wood-Lawson

Board_4.1_Temporary service change.pdf (7 pages)

4.2. Financial Performance 2024/25 Month 07

Pete Hopgood

Board_4.2_Financial Performance Report Mth 07.pdf (19 pages)
Board_4.2a_PTHB 2024-25 Mth 07 Monitoring Return Commentary.pdf (14 pages)

4.3. Integrated Quality and Performance Report 2024/25 Month 06

Nicola Johnson

Board_4.3_Month6_IQPR_Cover_.pdf (8 pages)
Board_4.3a_IPR_24-25_Month 6_Full Slides_Board.pdf (73 pages)

4.4. Annual Delivery Plan 2024/25 Quarter 2

Nicola Johnson

Board_4.4_Q2 Delivery Plan Cover Paper Board Nov 2024.pdf (3 pages)
Board_4.4a_Integrated Plan Q2 Progress Report.pdf (61 pages)

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4.5. Corporate Risk Register

Helen Bushell

- Board_4.5_CorpRiskReg and Heatmap (CRR).pdf (8 pages)
- Board_4.5ai_CRR001 (Financial forecast).pdf (3 pages)
- Board_4.5aii_CRR002 (Financial Resources).pdf (3 pages)
- Board_4.5aiii_CRR003 (Resource Allocation).pdf (4 pages)
- Board_4.5aiv_CRR004 (Demand - provider).pdf (4 pages)
- Board_4.5av_CRR005 (Demand - commissioner).pdf (6 pages)
- Board_4.5avi_CRR006 (Workforce).pdf (6 pages)
- Board_4.5avii_CRR007 (Primary Care).pdf (4 pages)
- Board_4.5aviii_CRR009 (Estates).pdf (8 pages)
- Board_4.5aix_CRR010 (Public Health Emergency).pdf (5 pages)

4.6. Winter Planning/Resilience

Nicola Johnson

- Board_4.6_RPB System Resilience Plan ('Winter Plan') Cover.pdf (4 pages)
- Board_4.6a_RPB System Resilience Plan Final Draft_071124.pdf (27 pages)

4.7. Integrated Plan

Nicola Johnson

- Board_4.7_Plan Approach_Board_November24 FINAL.pdf (26 pages)

4.8. Report of the Regional Director of Llais

Katie Blackburn

- Board_4.8_RDs Report Llais Nov 2024.pdf (6 pages)

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5. CONSENT AGENDA

5.1. Assurance Reports of the Board's Joint Committees

- Board_5.1_Joint Committee Reports_Nov2024.pdf (2 pages)
- Board_5.1a_App1_Highlight Report - JCC 17 Sept Final.pdf (6 pages)
- Board_5.1ai_App1_Highlight Report - JCC 12 November 2024.pdf (8 pages)
- Board_5.1b_App2_MWJC Update report Oct 2024 v2 071124.pdf (13 pages)

5.2. Assurance Report of the Board's Partnership Arrangements

- Board_5.2_Summary of Partnership Board Activity Nov 2024 new template.pdf (3 pages)
- Board_5.2a_App1_SSPC Assurance Report 19 September 2024.pdf (5 pages)

5.3. Assurance Report of the Board's Advisory Groups

- Board_5.3_ Assurance Report of Boards Advisory Group Oct 24.pdf (2 pages)
- Board_5.3a_Chairs report_LPF_7 October 2024.pdf (3 pages)

5.4. Board Work Programme

- Board_5.4_Work Programme November 2024.pdf (3 pages)

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0 min

6. OTHER MATTERS

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6.1. Any Other Urgent Business

Chair

6.2. Close

6.3. Date of the Next Meeting: 25 January 2025 via Microsoft Teams

09:30 - 09:30
0 min

7. CONFIDENTIAL MATTERS

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

Chair

7.1. Welcome and apologies for absence

Chair

7.2. Declarations of interest

All

7.3. Minutes from the In-Committee meetings held on 25 September 2024 and Action Log

Chair

7.4. Judicial Review (EMRTS) update

7.5. In-Committee Corporate Risk Register

Director of Corporate Governance

7.6. Financial Performance: Year End Forecast 2024/25

7.7. Any other urgent business

7.8. Close

Patterson,Liz
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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 27 NOVEMBER 2024
09:30 – 14:45
Via Teams
CHAIR: Dr Carl Cooper

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

AGENDA

1: PRELIMINARY MATTERS				
09.30	**1.1**	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest	Verbal	All
	1.3	Board Action Log	Attached	Chair
09.40	**1.4**	Staff Experience Story - Chante Momburg	Attached	Executive Director of People and Culture
	1.5	Questions to Board from the public: 1. *How has the health board sought to communicate openly and transparently with residents in the Llanidloes area, regarding the changes to admissions criteria for the palliative care suite at Llanidloes War Memorial Hospital?*	Verbal	Director of Corporate Governance
09.50	**1.6**	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Attached Attached Attached	Chief Executive
10.10	**1.7**	Assurance Reports of the Board's Committees	Attached	Committee Chairs Chief Executive
2: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.				
3: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.35	**3.1**	Director of Corporate Governance Report	Attached	Director of Corporate Governance
10.45	**3.2**	Minutes of Previous Meeting held on 25 September and 10 October 2024.	Attached	Chair
10.50	**3.3**	Compassionate Leadership Charter	Attached	Executive Director of People and Culture
10.55	**BREAK 15 minutes**			

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4: ITEMS FOR BOARD ASSURANCE				
11.10	**4.1**	PTHB Temporary Service Change update	Attached	Executive Director of People and Culture
11.25	**4.2**	Financial Performance: Month 07 - 2024/25	Attached	Executive Director of Finance, Capital and Support Services
11.45	**4.3**	Integrated Quality and Performance Report 2024/25 month 06	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.25	**4.4**	Annual Delivery Plan 2024/25 Quarter 2	Attached	Executive Director of Planning, Performance and Commissioning
12.35	**4.5**	Corporate Risk Register	Attached	Director of Corporate Governance
12.45	**4.6**	Winter Planning/Resilience	Attached	Executive Director of Planning, Performance and Commissioning
13.00	**4.7**	Integrated Plan • approach to development • planning maturity matrix	Attached	Executive Director of Planning, Performance and Commissioning
13.15	**4.8**	Report of the Chief Officer of Llais	Attached	Llais Regional Director
13.20	**LUNCH – 40 minutes**			
5: CONSENT AGENDA				
	5.1	Assurance Report of the Board's Joint Committees **Purpose**: Assurance	Attached	Chief Executive
	5.2	Assurance Report of the Board's Partnership Arrangements **Purpose**: Assurance	Attached	Chief Executive
	5.3	Assurance Report of the Board's Local Partnership Forum (07 October 2024 - written) **Purpose**: Assurance	Attached	Executive Director of People and Culture
	5.4	Board Work Programme	Attached	Director of Corporate Governance
6: OTHER MATTERS				
14.00	**6.2**	Any Other Urgent Business	Verbal	Chair
	6.3	Close		
	6.4	Date of the Next Meeting: ▪ 29 January 2025 via Teams		

7. The Chair, with advice from the Director of Corporate Governance, has determined that the following items include confidential or commercially sensitive information which is not

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in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting:

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

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

Time	Item	Title	Attached / Oral	Presenter
14.10	**7.1**	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
	7.3	Minutes of Previous In-Committee Meetings held on 25 September 2024 and Action Log	Attached	Chair
14.15	**7.4**	Judicial Review (EMRTs) update	Verbal	Director of Corporate Governance
14.20	**7.5**	In-Committee Corporate Risk Register	Attached	Director of Corporate Governance
14.25	**7.6**	Financial Performance: Year End Forecast 2024/25	Verbal	Executive Director of Finance, Capital and Support Services
	7.7	Any other urgent business	Verbal	Chair
14.45	**7.8**	Close		

MESSAGE TO THE PUBLIC:

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

Patterson,Liz
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Board Action Log								
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
Board								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
24/07/2024	PTHB/24/66	DCG	Report from Llais	Explore and feedback to Board concerns regarding access to services	**25.09.2024 update:** Action in progress, not yet due to report **27.11.2024 update:** Action in progress, request for action to be reported to January 2025 Board	Nov-24	Jan-25	At risk
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING								
24/07/2024	PTHB/24/65	DPPC	IQPR	Deep dives into a series of areas of performance data to be undertaken at Board Development sessions	**25.09.2024 update:** Initial discussion taken place, further planning being done to programme deep dives into the programme of Board & Committees. Action not yet due to report	Jan-25		On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 27 NOVEMBER 2024)								
25/09/2024	PTHB/24/98	Chair of PEQS	Chair's update	PEQS Committee to consider Public Services Ombudsman Wales Report	**27.11.2024 update:** This was considered at PEQS on 07.11.2024	Nov-24		Completed
25/09/2024	PTHB/24/100	DCG	Annual Duty of Quality Report	Format of Annual Reports to be considered at Executive Committee or Chair's Forum	**27.11.2024 update:** work in progress, will be reported via Chairs forum in early 2025. Action recommended for closure	Nov-24		Completed
25/09/2024	PTHB/24/105	DCG	Financial Performance	Staff Bank Service to be considered at Workforce and Culture Committee	**27.11.2024 update:** Item transferred	Nov-24		Transferred
IN-COMMITTEE ACTIONS FOR REVIEW - NONE								
IN-COMMITTEE ACTIONS RECOMMENDED FOR CLOSURE (MEETING 27 NOVEMBER 2024)								

Patterson,Liz
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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6a

BOARD MEETING	**27 NOVEMBER 2024**
Subject:	**CHAIR's REPORT**
Approved and presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair
Prepared by:	Carl Cooper, PTHB Chair
Other Committees and meetings considered at:	N/A

PURPOSE:

To bring to the Board's attention key points for awareness from the Chair of Powys Teaching Health Board, since the previous Board meeting in September 2024.

RECOMMENDATION(S):

It is recommended that the Board **RECEIVES** this report.

Approve/Take Assurance	Discuss	Note
N	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Chairs report covers a board spectrum of updates that impact on a number of the wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

Patterson,Liz
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CHAIR'S REPORT:

Board Membership

We are currently working with Welsh Government in the recruitment to two IM vacancies. Recommendations will be made to the Cabinet Secretary, and we will await his decisions regarding appointments.

Escalation, Assurance and Accountability

We have recently been informed of our raised escalation status as regards Finance, Strategy and Planning to Targeted Intervention (level 4). This reflects the forecast deficit position in our budget, which is a deterioration compared with last year. More detail is provided in the CEO report and financial report. It is important to note that we remain in routine monitoring (level 1) for all other domains of the escalation framework.

This will make greater capacity demands on our executive colleagues due to the increased number and frequency of performance monitoring meetings with Welsh Government and the NHS Wales Executive (NHSWE). However, we also look forward to the partnership and support as we develop our route-map to sustainability.

As a Board, and via our committees, we will also monitor and scrutinise carefully the ways in which we are responding to the current challenges and implementing plans to improve and strengthen our position.

Board to Cabinet (Powys County Council)

It is encouraging to report the positive and constructive working relationship we are continuing to develop with Local Authority colleagues. In addition to the joint working of our two senior/executive teams via regular and frequent meetings of the Joint Leadership Team, we have also begun to strengthen strategic leadership by bringing appropriate members PTHB Board and Powys County Council (PCC) Cabinet. The most recent meeting focussed on how we can work more effectively together in planning for sustainable public services in Powys, and in the engagement of people in those consideration. We also focused more specifically on greater impact via collaboration as regards delayed discharges from hospital. It was encouraging to receive information about a new information and data dashboard that will ensure both organisations share and own an understanding and analysis of the situation at any given time. This will better enable a shared approach to solutions and improvement.

Integrated / Annual Plan 2024-2025

The Board continues to give careful attention to the situation regarding our Annual Plan for this year. As reported to previous meetings the Chief Executive, as Accountable Officer, submitted a further response following Board deliberation and consideration. Whilst we await Welsh Government's formal response, we are working tirelessly towards delivering the submitted & subsequently updated plan that aims to balance our legal duties as regards

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providing safe, high-quality services alongside working towards a financially balanced budget as quickly and safely as possible.

Listening and Learning

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

Each monthly Board development session includes an opportunity to engage with different, operational colleagues.

The Vice Chair and my 'Out and About' programme of visits continues apace. More recently, it has included visits to some of our corporate teams, whose vital work enables the smooth running of our organisation. I'm particularly grateful to colleagues for their warm welcome and useful conversations since our last Board meeting, namely:

- Presteigne GP Practice
- Welshpool GP Practice
- Infection Prevention and Control Team
- People and Culture Team

Board to Floor Experience

I recently had the pleasure of spending the day in Newtown Hospital work-shadowing the porter and two domestic cleaner colleagues. Not only did I enjoy the experience tremendously, but I am also grateful for everyone's warm welcome and patient tolerance of my skill set. I learned much about the breadth, significance and importance of the work carried out every day by support services. I was particularly struck by the impressive contribution to compassionate, kind patient care made by cleaners and porters. We must be constantly vigilant in our valuing of the people delivering these essential services withing our organisation.

Community Engagement

The partnership between ourselves and the people and communities of Powys has always been important and is especially so as we look to developing a different, sustainable model of health care for the foreseeable future.

I was recently delighted to accept invitations from the communities of Talgarth and Tal-y-Bont to participate in discussions about building effective and sustainable public services. It was helpful to hear about people's concerns, but also encouraging to consider how communities might work in partnership with public bodies to build mutually supportive and caring resilience.

I also had the pleasure of attending and contributing to the annual conference of Powys Association of Voluntary Organisation (PAVO), the umbrella body for Powys' 4000+ voluntary sector organisations. It was a well-attended, vibrant event that facilitated important discussions on how we meaningfully value and

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evaluate the contribution of the third sector in Powys. There was a helpful focus on the huge contribution of volunteers across our county.

NHS Wales Confederation Conference

It was good to be able to attend this year's NHS Wales Confederation Dinner and Conference. The key address was given by the Cabinet Secretary for Health and Social Care, Jeremy Miles MS. He expressed appreciation for all that the NHS continually achieves for people in Wales, whilst also setting out his expectations as regards necessary improvements. In particular, he asked that a principle of '*Adapt, Adopt or Justify'* be applied to how we operate, thereby ensuring the embedding of proven good practice across the system of health care and public services.

There were also thought-provoking contributions from the UK Confederation Chief Executive and from others within the break-out groups e.g. Carers Cymru. I was grateful for the opportunity to lead group conversations on the role of equality within partnerships, particularly when working with third sector partners.

Leagues of Friends (LoFs) Forum

The newly established Leagues of Friends Forum met for its first, regular meeting in October. Those who attended commented on its usefulness in improving the working relationship between LoFs and PTHB, and also in providing an opportunity to raise issues of mutual interest, concern and importance.

The support and management of this forum now sits within Powys Health Charity and will be reported to Board via the Charitable Funds Committee Report.

Patterson.Liz
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GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:1.6b

BOARD MEETING	**DATE: 27 November 2024**
Subject:	**VICE CHAIR'S REPORT**
Approved and presented by:	Kirsty Williams, PTHB Vice Chair
Prepared by:	Kirsty Williams, PTHB Vice Chair
Other Committees and meetings considered at:	N/A

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in September 2024.

RECOMMENDATION(S):

It is recommended that the Board **NOTES** this report.

Approve/Take Assurance	Discuss	Note
×	✓	×

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y/N	The report of the Vice Chair covers a variety o topics spanning the health boards wellbeing objectives.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

Patterson,Liz
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VICE CHAIR'S REPORT

Quality and Safety

Earlier this month the Joint Commissioning Committee's (JCC) Quality and Patient Safety Committee met. This is the last meeting of the committee in its current form. Going forward Lay Members of the JCC will form members of the Committee together with Chief Execuitve representatives from individual Health Boards who will attend the meeting as "observers". The JCC sub committee will continue to send reports to our own Patient Experience, Quality & Safety committee.

Veterans Champion

The PTHB Armed Forces and Veterans Forum held it latest meeting at the beginning of November. Issues discussed included access to dentistry services for the families of those stationed in the area, which I will follow up with our service lead.

Community

Alongside the Chair I attended the League of Friends (LOF) Forum held in October. Representatives of four communities contributed to a very positive discussion of how PTHB, our own charity and the LOFs can work together to enhance our estate for the benefit of patients and staff.

I attended an event organised by the High Sheriff of Powys at Christ College Brecon. It highlighted the impact of domestic violence and what as a society we can do to respond more effectively to victims and survivors.

Listening to Staff and Visits

Since my last report to the Board, I have visited Ystradgynlais Hospital alongside Elaine Lorton and Helen Bushell. I was particularly pleased to meet two students who were on placement with us from Aberystwyth University's nursing degree and a student Dietitian. All reported that they were enjoying their time with Powys and were interested in returning once qualified.

The Chair and I also spent time on Felindre Ward. This was a valuable opportunity to hear from staff their experience of delivering a service that had been placed in local escalation and what we as an organisation could learn. It was also an opportunity to reflect on how we can respond as a Health Board to growing demand and complexity of patients, improve patient experience and address recruitment challenges.

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Partnership

It has been a busy period of activity related to the Regional Partnership Board (RPB) and associated committees. This has included attendance at the All Wales Integrated Care Summit, an RPB Chairs meeting with the new Cabinet Secretary and Ministers, and meeting of the Start Well Partnership. Most recently the RPB presented it plans for winter resilience and our response to the 50 Day Challenge to the Cabinet Secretary for Health & Social Care as part of a series of Care Action Committee assurance meetings. I am grateful to all our partners for the work that was undertaken to prepare for what was a successful meeting.

Patterson,Liz
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GIG CYMRU NHS WALES
Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6a

BOARD MEETING	**DATE: 27 November 2024**
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Helen Bushell, Director of Corporate Governance with contribution from other colleagues
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

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

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

The report specifically covers:

- Welsh Government NHS Escalation and Intervention Framework – Change of PTHB status
- Joint Executive Team – mid year review
- Temporary Service Changes
- EMRTS / Wales Air Ambulance
- Judicial Review - EMRTS
- Health Protection – Winter Respiratory Vaccination Programme
- Energy cost saving measures
- New X-ray equipment
- Staff Recognition

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
N	Y	N

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The CEO report covers a board spectrum of updates that impact on a number, if not all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

Patterson,Liz
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CEO REPORT:

WELSH GOVERNMENT NHS ESCALATION AND INTERVENTION FRAMEWORK – CHANGE OF STATUS

Welsh Government through its NHS Wales Escalation and Intervention Arrangements meet at least twice a year with Audit Wales and Healthcare Inspectorate Wales to discuss issues and concerns about each NHS Wales Health Board (HB), Trust and Special Health Authority (SHA).

As part of the Joint Escalation and Intervention Arrangements. HBs, Trusts and SHAs in Wales are given an intervention and escalation status in five bands:

- Routine Arrangements (level 1)
- Area of concern (level 2)
- Enhanced Monitoring (level 3)
- Targeted Intervention (level 4)
- Special Measures (level 5)

A 'band' is applied to each of the domains of the framework:

1. governance
2. leadership, capability and culture
3. performance and outcomes
4. finance, strategy and planning
5. quality of care
6. fragile services

On the 5 November 2024, Powys Teaching Health Boards status for the domain of Finance, Strategy and Planning raised to level 4 (targeted intervention).

Powys Teaching Health Board remain in "routine arrangements" (level 1) for all other aspects of Health Board delivery.

The Framework and further information can be viewed here - NHS Wales escalation and intervention arrangements | GOV.WALES

A formal meeting will soon be arranged by Welsh Government to discuss Targeted Intervention arrangements.

JOINT EXECUTIVE TEAM MEETING – WELSH GOVERNMENT

The mid year Joint Executive Team (JET) meeting was held with Welsh Government colleagues on the 13 November. The session focussed on the first six months of year considering our delivery against the Accountability Conditions, Ministerial Priorities and performance trajectories as well as important areas such as the Duty of Quality, winter planning and resilience, NHS waiting times and cancer care, key workforce indicators, women's health and population health.

We recognised the very challenging financial challenges we in Powys as well as the wider NHS face, we also recognised some of the successes over the last six

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months year, many of which are reflected in both the Integrated Performance Report and the Annual Delivery Plan report the Board is receiving at its November meeting.

TEMPORARY SERVICE CHANGES

On the 10 October 2024, the Board approved the implementation of two Temporary Service Changes to Health Board services as follows:

- Changes to operational hours of Minor Injury Units to improve efficiency and effectiveness of same day response.
- Colocation of patients - Dedicated units for patients according to clinical need, to optimise clinical outcomes and value.

The Board has a specific agenda item for the 27 November 2024 Board meeting to receive a report in relation to these changes.

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) / WALES AIR AMBULANCE

The NHS Wales Joint Commissioning Committee met on the 12 November and approved the commissioning intention for Recommendation 4 'The development of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas' as part of the Emergency Medical Retrieval and Transfer Service (EMRTS) Review.

The Board held a focussed Board Development session on the 11 November 2024 to receive an update, further information is also available in appendix 1 to this paper for the Board's information.

JUDICIAL REVIEW - EMRTS

As I reported in July, the Health Board received a Letter Before Action on the 5 July 2024 in relation to a potential Judicial Review of the decision related to the EMRTS Service Review. The Letter Before Action was sent to all Health Boards and other interested parties in Wales.

Later in July, a Claim form was lodged with the Court and sent to a number of organisations including Powys Teaching Health Board bringing a Judicial Review (JR). The relevant response was sent from the Health Board in August. A judicial review has been granted and the court is due to hear the case in February 2025.

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HEALTH PROTECTION - Winter Respiratory Vaccination Programme

The Winter Respiratory Vaccination Programme is being implemented with the aim:

- 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.

A blended delivery model is adopted involving GP, Pharmacies, vaccination service, school nursing, midwives and occupational health with the aim to increase accessibility.

The Covid programme is on track to offer all eligible individuals their vaccinations by mid-December, and in the first 6 weeks of the delivery of the campaign, by 14th November, over 18,500 have been administered to Powys residents, with a coverage of 29.0% of all eligible population (in line with Wales average 29.4%). Offers have been made to all care home residents with an overall uptake of 76.3% (compared to an all Wales average of 66.9%).

As of 05th November, one month into the delivery of the adult flu vaccination programme, uptake stands at 51.6% for those 65years and (slightly below the Welsh average of 53.2%), and at 28.8% in the at risk group (higher that the Welsh average of 22.8%). Work is ongoing to promote and maximise uptake as vaccination is one of the best defences we have to protect citizens from the effects of Winter respiratory viruses.

Respiratory Syncytial Virus RSV programme

Two new Respiratory Syncytial Virus (RSV) Programmes have been introduced from September 2024 following the Welsh Government Welsh Health Circular issued on 24th June. The target groups for the programmes are: older adults, as they turn 75 years old (routine programme) and pregnant women. This will be followed by a catch-up campaign for older adults targeting those individuals aged between 76 and 79 years (+364 days) old in spring 2025.

The routine programme is being delivered through a blended model, 6 GP Practices participating and the vaccination service; with pregnant women offered vaccination through the maternity service.

Mpox virus

Following the World Health Organisation determining the upsurge of mpox virus in the Democratic Republic of Congo and a growing number of countries in Africa constituted a public health emergency of international concern under the

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International Health Regulations (2005), the UKHSA has reported, on 6th November, a total number of 4 confirmed individuals with this infection in the UK, all of which belong to the same household. As a Health Board, work continues by the Task and Finish Group to ensure we are prepared to respond to potential cases, this includes ensuring patient flow charts in place in key service areas and unannounced visits at 2 MIUs to test the Health Board's management of High Consequence Infectious Diseases (HCID) pathway, Health & Safety team continuing to offer face fit testing, and participating in an all-Wales Exercise.

Support to Care Homes

Acute respiratory infections can have serious consequences for vulnerable people, as they are often elderly and frail with underlying health conditions. The Powys Health Protection Team has contacted all care homes for older adults offering support to care homes to help prevent, control and manage respiratory incidents including advice on infection prevention and control, respiratory testing guidance and the importance of vaccination

Major Incident - Train crash

Sadly, a train crash involving 2 trains occurred in mid Wales on 21 October. The Health Board responded in its role as Category One Responder, participating in the Dyfed Powys Local Resilience Forum Strategic and Tactical Coordinating Groups and subsequent debriefs.

ENERGY COST SAVING MEASURES

The Welsh Government is supporting public sector bodies in Wales to make their buildings and assets more energy efficient. Their Re:FIT Cymru programme enables the Welsh public sector to secure guaranteed savings and reduce carbon impacts by accessing Energy Performance Contracts.

The health board was successful in securing a grant of £4.2m from Welsh Government to install new solar panels, improved heating systems and LED lighting as well as upgrades to roof and pipework insulation at hospitals across Powys.

The grant will provide funding to undertake a range of measures across a number of sites to reduce energy consumption, including:

- Installation of roof mounted solar panels
- Upgrade of building management systems (BMS) to allow remote monitoring and increased control of localised heating controls
- Upgrades of roof and pipework insulation

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- LED lighting

These improvements will also create improved environments for both patients and staff.

Following the completion of the works, the investment will provide PTHB with an estimated annual energy cost savings of £415,718 and will reduce the hospitals' emissions by an estimated 350 tonnes of carbon each year.

Further information is available here - Energy and cost saving measures to be implemented across Powys as HealthBoard is awarded £4.2m - Powys Teaching Health Board

NEW X-RAY EQUIPMENT FOR YSTRADGYNLAIS, LLANDRINDOD WELLS AND WELSHPOOL

A £1.7million investment in new digital X-ray equipment has been announced by Powys Teaching Health Board. Funded by Welsh Government, the new equipment will produce faster, clearer images than ever before, helping to improve diagnostics for the people of Powys.

As well as providing quicker results and more accurate diagnoses, it will also help to reduce waiting times for X-rays which in turn will improve access to treatment.

The new equipment will be installed in two phases, with the first phase beginning earlier this month at Ystradgynlais, Llandrindod Wells and Welshpool.

STAFF RECOGNITION

Congratulations to Charlotte Lote from the Health, Care and Social Care Academy who was the proud winner of Apprentice of the Year at the Skills Academy Wales Awards earlier this month. Charlotte was nominated by her tutor at NPTC Group of Colleges who recognised the work Charlotte does to help us address our shared workforce challenges in Powys. It's been a big year for Charlotte after winning the HPMA Rising Star award a few months ago.

The Maternity Services team at Powys Teaching Health Board has been awarded a Bronze Distinction Award by Diverse Cymru for the work they have been doing to progress how they approach diversity and equality in the workplace for both staff and patients. Representatives of the team travelled to Cardiff for an Awards Ceremony and Learning Day at Sophia Gardens to receive their award, as part of the Diverse Cymru Cultural Certification Scheme 2024.

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And the Powys Living Well Service were creditable Runners Up in the NHS Wales Awards on 24 October 2024, for their work to reduce the number of people not attending appointments and to improve user satisfaction and outcomes.

I am also looking forward to our next Certificate of Appreciation event which is due to take place on 12 December, providing an opportunity to celebrate people across the organisation who make a positive difference to the lives of colleagues, patients and communities.

Also, following the success of our Staff Excellence Awards, work is under way to finalise arrangements for the Staff Excellence Awards 2025 which are due to be launched before the next meeting of the Board. I will ensure that information is shared with Board Members when the awards are launched.

Appendix 1 – update with regards to the Emergency Medical Retrieval and Transfer Service (EMRTS) – Recommendation 4:

EXECUTIVE SUMMARY

The NHS Wales Joint Committee approved the recommendation of the EMRTS service review at their meeting on 23 April 2024. During the conversation with the public about the EMRTS review, the public and stakeholders raised concerns. As a result, the Joint Commissioning Committee (JCC) approved the establishment of a Recommendation 4 Task and Finish (T&F) Group in May 2024 to develop the commissioning requirements for the new bespoke road-based service to:

- Develop the operational model (how the service will work).
- Agree the clinical response criteria (what conditions the service will respond to.
- Identify the infrastructure requirements (what type of buildings, vehicles and equipment the service will need).
- Ensure an appropriate joint communication and engagement plan.

Members of all Health Boards, Welsh Ambulance Service NHS Trust (WAST), EMRTS and the JCC are members of the group.

The T&F Group has been supported by the Recommendation 4 Technical Sub-Group to undertake analysis and modelling work as required with membership drawn from JCC, EMRTS, WAST, Powys Teaching Health Board, Betsi Cadwaladr University Health Board and Cardiff and Vale University Health Board.

The work of the T&F Group has now concluded and has informed the development of a Commissioning Intention for the service to be issued to WAST for the Trust to develop the detailed service model. The Commissiong Intention was approved by the Joint Commissioning Committee on 12th November 2024.

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DETAILED BACKGROUND AND ASSESSMENT

Outcomes of the T&F Group- Commissioning Requirements

- In response to the concerns raised during the public engagement the rural, remote and coastal communities that would be served by the new service areas were considered and agreed by the T&F Group, defined as Upper Super Output Areas (USOA): South Gwynedd, North Ceredigion and North Powys.
- A modelling exercise was undertaken to identify the two most effective locations for two road vehicles (one in each area) to cover as much of the population in a sixty minute response in the defined area. The Technical Sub-group considered the key results and that as existing infrastructure and availability of staff were key factors, the two most effective and workable locations were identified with two options as below:

Travel duration	Location	Geographic coverage (of defined area)	Population coverage (of defined area)
60 min	Porthmadog and Newtown	**94%**	**95%**
60 min	Porthmadog and Dolgellau	**75%**	**78%**

- Further modelling was undertaken in order to optimise the outcomes for the population from the two locations identified and considered the type and nature of conditions that the resource could respond to with modelling undertaken on:
    - The response to EMRTs calls; Amber 1 calls; Breathing difficulties calls; Chest pain calls; Stroke calls; Cymru High Acuity Response Unit (CHARU) calls.
    - The proportion of incidents that could be reached within 30,60 and 90 minutes.
    - Average daily incidents by hour.

- This further modelling indicated 15,595 incidents of this nature in the defined area per annum and indicated that locating the vehicles at Porthmadog and Newtown would ensure that more incidents are reached (within the agreed response times at light and sirens speed) and these were agreed as the preferred locations.

Location	<30 minutes	<60 minutes	<90 minutes
Porthmadog and Newtown	50%	95%	100%
Porthmadog and Dolgellau	34%	78%	98%

- On the basis of the Task and Finish Group's work the Ambulance and 111 Commissioner recommended that the following Commissioning Intention to be endorsed by the JCC on 12th November 2024 with the key principles of the intention including the WAST delivering a bespoke road-based service that:
    - Includes two road-based assets based in Porthmadog and Newtown.
    - Responds to wide range of conditions.

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- Provides highly trained staff providing enhanced clinical care over and above the care provided normally by the ambulance service.
- Operates on a 24/7 basis.
- Offers a rotational model for staff working on this service to develop, enhance and maintain their exposure and skill set.

- The Health Board had the opportunity to comment on the Commissioning Intention through membership of the Task and Finish Group and via a Board Development Session hosted by the JCC on 11th November. The Health Board's feedback throughout has been given with the aim of ensuring the bespoke service is deliverable in the Powys context, meets the needs of our population, doesn't build in additional steps/delays in patients receiving the care they need, particularly the time to critical intervention; and is affordable.

- On 12th November 2024 the JCC approved the Commissiong Intention on this basis.

- WAST is responsible for responding to the strategic requirements of the Commissioning Intention including making recommendations relating to the infrastructure and operational modelling. The next step is for the options to be put forward by WAST, with the preferred option being presented to the JCC in January for approval to proceed to public engagement.

  As agreed by the JCC following advice from Llais, the public engagement phase will last 6 weeks. Following time to give due consideration to the results of the engagement the final decision on the service model is planned to be at the JCC meeting in March, with implementation in 2025/26.

NEXT STEPS:

The PTHB Board will be further updated as work progress, via the JCC, as WAST develop a detailed delivery model (s) that the JCC will determine the preferred option at the January 2025 meeting.

Public engagement requirements will be further planned and returned to the PTHB Board for consideration in due course.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.7

BOARD	**DATE: 27 NOVEMBER 2024**
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:

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

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Committee Chairs report
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 08 October 2024 is attached at Appendix A.

Executive Committee:

- The Committee Chair's report of the meetings held from 18 September 2024 –30 October 2024 is attached at Appendix B.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 22 October 2024 is attached at Appendix C.

Patient Experience, Quality and Safety Committee:

- The Committee Chair's report of the meetings held on 07 November 2024 is attached at Appendix D.

Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 14 November 2024 is attached at Appendix E.

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 03 October 2024 is attached at Appendix F.

New reporting templates

For the Delivery and Performance and Patient Experience, Quality and Safety Committees, a revised reporting template is being tested for this Board meeting. The template categorises updates into a highlight report using the themes – alert/escalate, advise, assure and inform.

Feedback is welcome from the Board. The use of the template will develop and expand to other Committees over time.

Escalation and Information to the Board

A summary of the position of items escalated/communicated to Board from the Committees is outlined below to support the Board in keeping track of these items. Whilst items are reported to the Board at each meeting, the table below includes the latest update for ease of reference. Historic updates are included as **Appendix One**.

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Meeting	Escalated Matter	Date Escalated	Purpose of Escalation	Latest Update
PEQS	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	July 2023	For Board awareness, no specific action requested	**7 Nov 2024:** A presentation on the 'Peoples Experience Framework' was brought to Committee. The Draft People's Experience Framework will be brought to PEQS in February 2025. **Item remains escalated to Board.**
	Infection Prevention and Control	July 2023 (In-Committee)	For Board awareness, no specific action requested	**7 Nov 2024:** Progress has been made (see PEQS Chair's Report to Board). **Item remains escalated to Board.**
	Mental Health Services have been placed in Level 2a local escalation		For Board awareness, no specific action requested	**7 Nov 2024:** Executive Committee have de-escalated this service from Local Escalation. The (PEQS) Committee will receive update to the February 2025 meeting for assurance that improvements are continuing and are becoming embedded. **Item is no longer escalated to Board.**
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	**7 Nov 2024:** PEQS received this item noting the recent local escalation recognising the

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				change of status and opportunity to focus on improvements to the service. An update will be received at the February 2025 meeting. **Item remains escalated to Board.**
Executive Committee	Tawe Ward – staffing levels	August 2023 (In-Committee)	For Board awareness, no specific action requested	**27 Nov 2024:** Staffing levels now resolved for some time with ongoing monitoring. **Item is no longer escalated to Board.**

NEXT STEPS:
Further updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 29 January 2025.

IMPACT ASSESSMENT – NOT REQUIRED
This section must be completed for all strategic organisational decisions including approval of health board policies.

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Appendix one – reporting history to the Board

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. **PEQS 16 April 2024:** • received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. **PEQS 30 July 2024:** • A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed.
PEQS 4 July 2023	Infection Prevention and Control (Reported to Board IC July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and • agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board)

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		PEQS 23 Jan 2024: • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee **PEQS 16 April 2024:** Action plan is nearing completion and all actions are on track **PEQS 30 July 2024:** • Progress has been made (see PEQS Chair's Report to Board) but this matter remains escalated to Board.
PEQS 16 April 2024	Mental Health Services have been placed in Level 2a local escalation	**PEQS 16 April 2024:** The Committee: • NOTED the actions that have been taken since 23 January 2024 • NOTED the escalated status of Mental Health Services to Level 2a (in line with the newly approved escalation framework within the Integrated Quality and Performance Framework IQPF) • Took ASSURANCE of the plans in place to monitor progress in mental health services to ensure effective oversight, assurance and improvement. **PEQS 30 July 2024:** • Progress has been made (see PEQS Chair's Report to Board) but this matter remains escalated to Board.
Delivery and Performance Committee (22 October 2024)	Neurodiversity Services	**D&P 22 Oct 2024:** • This service has been placed into local escalation by the Executive Committee. D&P have transferred oversight of this service to PEQS to enable a focus on quality as well as performance.
Executive Committee	Tawe Ward	Considered at Board IC 11 August 2023 **Executive Committee 20 Sept 2023:**

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(9 August 2023)	(Reported to Board In-Committee September 2023)	• update on safe staffing and estate options, advised of enhanced monitoring of staffing levels and recruitment efforts, and • Director of Operations to further develop options with support of CEO and Deputy CEO. Nothing further to escalate to the Board at this stage. Plans continue to be considered in line with the 2024/25 Annual Delivery Plan.

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Rhobert Lewis
Date of last meeting:	08 October 2024
Paper prepared by:	Director of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

As Chair of the Audit, Risk and Assurance Committee, I am pleased to provide the Board with a summary of the matters discussed and reviewed by the Committee on 8 October 2024.

The Board is asked to **NOTE** that the following matters were considered by the Committee on 08 October 2024:

- Internal Audit Progress Report 2024/25 and Final Internal Audit Reports
- External Audit Progress Report
- Audit report – roles and responsibilities
- Audit Recommendation Tracker
- Board Assurance Framework
- Losses and Special Payments
- Single Tender Waiver (including extensions to contracts)
- Counter Fraud Update
- Information Governance Performance Report
- Standards of Behaviour
- Welsh Health Circulars Tracker
- Committee Annual Work Programme

The papers of the meeting held on 08 October 2024 can be accessed here: 08 October 2024 - Powys Teaching Health Board

INTERNAL AUDIT PROGRESS REPORT 2024-25 AND FINAL INTERNAL AUDITS

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

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- The following audit completed from 2023/24
  - End of Life Care Services (Reasonable Assurance)
- The following audit completed from 2024/25
- End of Life Care Service (Reasonable Assurance)
  - Integrated Performance Framework (Substantive Assurance)
  - Integrated Plan Development Progress (Reasonable Assurance)
  - Cleaning Standards (Reasonable Assurance)
- Seven audits were work in progress
- Six audits were at the planning stage
- 11 audits were not yet started
- One audit had been deferred from Q2/3 to Q4 (Mental Health Care and Treatment Planning)

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

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

EXTERNAL AUDIT UPDATE REPORT 2024/25

The Committee **RECEIVED** the report update and **NOTED** the time scales for the presentation of the financial statements.

The Committee also **RECEIVED** the Cost Savings Report and Management response.

In summary, the status of the audit recommendations was mostly complete and/or complete and ongoing.

It was agreed that, going forward, consideration will be given to introducing a staggered approach to presenting reports to the committee.

AUDIT REPORT – ROLES AND RESPONSIBILITIES

The Committee **CONSIDERED** the presentation outlining the suggested roles and responsibilities relating to the Internal and External Audit reports and demonstrated support towards the development of the Audit Process Handbook.

AUDIT RECOMMENDATION TRACKER

The Committee **RECEIVED** the Audit Recommendation Tracker (External and Internal Audit), which provided an overview of the position relating to the Implementation of Audit Recommendations arising from reviews undertaken by Internal Audit, External Audit (Audit Wales) and Local Counter Fraud Services as of 31 August 2024.

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The report confirmed there were no outstanding recommendations from Local Counter Fraud Services.

The overall number of outstanding recommendations had increased from 13% to 21% since the last report. The increase related to a small number of recommendations where responses had not been received. This was being actively followed up.

The Committee **TOOK ASSURANCE** that the organisation has an appropriate system for tracking and responding to audit recommendations.

BOARD ASSURANCE FRAMEWORK

The Committee **RECEIVED** the update to the Board Assurance Framework (BAF) approved in May 2024.

The update focused in the three main areas of the BAF:

- Strategic level risks – ongoing
- Board Governance – expected to be brought for discussion at the Board in January 2025.
- The process to conduct thematic reviews – work expected to commence in 2025/26.

The Committee **NOTED** the Board Assurance Framework update.

LOSSES AND SPECIAL PAYMENTS

The Committee received the item which provided the Interim Report of Losses and Special payments for the period 01 April 2024 to 31 August 2024. Payments fall into the following key areas:

- Clinical negligence and personal injury
- Redress
- General Medical Practice Indemnity
- Other Special Payments

The Committee **RECEIVED** the Interim Report on Losses and Special payments covering the period 01 April 2024 to 31 August 2024 taking **ASSURANCE** relevant systems are in place to report losses and special payments.

SINGLE TENDER WAIVER (INCLUDING EXTENSIONS TO CONTRACTS)

No Single Tender Waiver requests made between 01 July 2024 and 30 September 2024.

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COUNTER FRAUD UPDATE

The Committee received the Counter Fraud Report which provided an update on key areas of work undertaken by the Local Counter Fraud Specialists during 2024/25.

The report explained the proposals to change the approach to counter fraud and highlighted the following matters:

- Renewed emphasis on prevention
- Strengthening arrangements for staff to make referrals to Counter Fraud Services

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

INFORMATION GOVERNANCE PERFORMANCE REPORT

The Committee received the item which provided updates on:

- Freedom of Information requests
- Requests for personal information
- Information Governance Training
- Audit and monitoring

The Committee **RECEIVED** the contents of the report for assurance and **NOTED** any actions required to improve compliance.

STANDARDS OF BEHAVIOUR

The Committee received the item which provided updates on:

- Declarations of Interest made as of 05 September 2024
- Register of Gifts and Hospitality to 05 September 2024

The Committee **TOOK ASSURANCE** that the organisation has appropriate processes to support the collection, management and reporting of Declarations of Interests, Gifts and Hospitality in line with the Standards of Behaviour Policy.

WELSH HEALTH CIRCULARS TRACKER

The Committee received the item which provided updates on:

- Completion status of Welsh Health Circulars
- Completion status Ministerial Directions

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The Committee **TOOK ASSURANCE** that the organisation has a system in place to receive, monitor and implement Welsh Health Circulars (WHCs) and Ministerial Directions (MDs).

COMMITTEE ANNUAL WORK PROGRAMME

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

NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 14 January 2025.

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Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	16 October 2024
Paper prepared by:	Director of Corporate Governance / Corporate Business Manager

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

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

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 18 September, 24 September, 2 October and 16 October. Meetings following these dates will be reported to the Board in January 2025.

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
18 September 2024						
Strategic Change Programme Board Update		X			The Committee received a verbal update on the strategic change programme, noting that the board were undertaking final check on the two cases for temporary change.	
SBAR: Medical Gases	X				The Committee NOTED the content, DISCUSSED and DID NOT AGREE the preferred option, but requested further work is undertaken to fully understand numbers and scope.	
Finance Report (Month 5)		X	X		The Committee RECEIVED an update on the financial report on the August 2024 position and noted that there was £12.949M overspend against planned year to date deficit of £9.562M. The Committee TOOK assurance that the organisation has effective financial monitoring and reporting mechanisms in place; and CONSIDERED and DISCUSSED the financial forecast for 2024/25 and the underlying deficit.	D&P Board
Integrated Quality and Performance Report (Month 4)		X	X		The Committee RECEIVED the updated performance position for July 2024. The Committee DISCUSSED the content of the report, particularly around the Neurodevelopmental performance measure, due to it continually not being met. The Committee took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board

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Care Home Provision		X			The Committee were informed of the ongoing joint work with Bethshan to support the continued operation of the care home and SUPPORTED the recommendations of the report.	
Workforce Performance Report				X	The Committee received this report for NOTING and following a discussion a request for a deep dive into 'stress, anxiety and depression' sickness absence to fully understand the reasons, trends and what support is in place.	W&C
Stroke Service Change Programme Update				X	The Committee received an update on the progress being made to ensure clinically sustainable stroke services are in place across Herefordshire and Worcestershire.	PPPH via strategic change report
Welsh Speaking Communities Commission				X	The Committee NOTED an update for information on the range of recommendations from the Commission for Welsh-speaking communities.	
Corporate Risk Register (September)			X	X	The Committee REVIEWED the September 2024 version of the Corporate Risk Register, ensuring that it is a complete and a true reflection of the health board's current high level risks; and also APPROVED for risk 12 for inclusion on the corporate risk register; to be raised in Board In-Committee meeting.	Board

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
2 October 2024						
Strategic Change Programme Board Update				x	The Committee DISCUSSED and REVIEWED the paper and appendices and determined to RECOMMEND the temporary changes to the Board on the 10 October 2024.	
Neuro-Development (children) Escalation Assessment Report	X		X		The Committee RECEIVED and DISCUSSED the Quality and Performance indicators in line with the escalation framework within the IQPF. It therefore AGREED that the service be escalated to IQPF Level 3. The Committee AGREED to mobilise an Executive Oversight Group (EOG) to manage the Level 3 escalation period and CONSIDERED the reporting schedule of the EOG (with monthly updates to this Committee to provide wider oversight and assurance).	PEQS, D&P
EMRTS update				X	The Committee received an update following the recent task and finish group.	Board
Hywel Dda UHB Service Changes			X	X	The Committee received an update from Hywel Dda UHB on their Clinical Plan and the effects for PTHB, noting the options development process is one phase of a wider programme and the ultimate decision on any configuration will be made by their Board.	PPPH via strategic change report
Review of Cost Savings Arrangements				X	The Committee NOTED a report on the Audit Wales Review of Cost Savings arrangements, for information.	ARAC

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Topic / Agenda Item	Purpose				Additional Comments	Onward to Committee or Board
	Approval	Assurance	Discussion	Information		
16 October 2024						
Strategic Change Programme Board Update				X	The Committee NOTED that the Strategic Change Programme Board, following the approval of Board, are looking at what monitoring and evaluation looks like. The go-live date for the Colocation work will commence on 2 December, with MIU changes going live on the 18 November. The Committee also RECEIVED and NOTED the SBAR for Older Adults and Mental Health. The Committee NOTED the recommendation that this proposal is not adopted at this time, but that the ongoing consideration of consolidation across all Acute Wards is utilised in the Routemap to Sustainability and Transformation agenda, aligned to other priorities for whole system change.	
Transformation Update		X		X	The Committee received and NOTED the Better Together Transformation and Value Programmes update covering the quarter 2 reporting period.	PPPH
Finance Performance (Month 6)		X	X	X	The Committee RECEIVED and update on the Month 6 financial position, including progress with savings delivery. The below items was brought to the Committee's attention: - £14.793M overspend against the planned year to date deficit, giving an operational overspend of £3.318M. - The year to date position is off plan.	D&P Board

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					- Some of the actions from the Commissioning Services actions have had an impact on the financial position. The Committee RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place.	
Integrated Quality and Performance Report (Month 5)		X	X	X	The Committee NOTED, DISCUSSED and TOOK ASSURANCE from the report which provide an update on the latest available performance position by exception.	D&P Board
Q2 Integrated Plan Progress Report		X			The Committee CONSIDERED the report and took ASSURANCE that there is a process in place for monitoring progress against plan. The report provided an update on progress made and an overview of the change requests for consideration. For future reports, it was suggested for a 'forward look' section to flag any issues for Board members.	D&P Board
Mental Health Escalation Oversight Group Update	X	X			The Committee took ASSURANCE that the implementation of the IQPF Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Mental Health Services. The Committee APPROVED the recommendation that the service group is de-escalated at this point into routine monitoring via the Integrated, Quality and Performance group meetings.	PEQS
Annual Report Medical Devices & Point of Care		X			The Committee received the annual report and the ambitions for 2024/25. The Committee REVIEWD the report ahead of PEQS committee.	PEQS
Annual Report Medicines Management		X			The Annual Report provided detail and update on delivery and progress on medicines managements and pharmacy. The Committee RECEIVED the report, offered comments for change recognising the report would go onto PEQs in due course.	PEQS (Feb)

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Health and Safety Quarterly Report		X			The report provided an update position in relation to the health board's Health and Safety performance in quarter 2. The Committee RECEIVED the contents of the report for ASSURANCE.	PEQS Board
Winter Plan 2024/25			X		The Committee received and DISCUSSED the System Resilience Winter Plan. The Plan was due to be submitted and considered at the Regional Partnership Board.	PPPH Board

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

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Reporting Committee:	**Delivery and Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meetings:	22 October 2024
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Delivery and Performance Committee meeting on 22 October 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Delivery and Performance Committee is set out in Schedule 4 (pages 42 – 52) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: 22 October 2024 - Powys Teaching Health Board)

Alert / Escalate	**Neurodevelopmental Services (Children)** The Board are to be made aware that Neurodevelopmental services for Children had been placed into internal escalation (level 3). Diagnostic work continues to be undertaken and will be monitored by the Patient Experience, Quality and Safety Committee, with further updates incorporated into the Integrated Quality and Performance Report to the Delivery and Performance Committee. **ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT** PTHB is in Enhanced Monitoring (level 3) for Planning and Finance. The planning maturity matrix had been considered at a recent Board Development which will form part of the Integrated Medium-Term Plan (IMTP). This is due to be submitted to the Board in November 2024 as part of the de-escalation process.

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	The Committee RECEIVED the report as part of a package of assurance that PTHB continues to report as required in relation to its organisational escalation status. The Committee also NOTED the latest position on organisational escalation status for PTHB.
Advise	Nothing to report from this meeting.
Assure	**FINANCE PERFORMANCE REPORT MONTH 06** Attention was drawn to the following areas: • Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit plan of £22.9m which continues to be unsupported • Month 6 has a £14.793m overspend against the planned deficit of £11.475m giving the Health Board an operational overspend of £3.318m. • The year end forecast remains in line with the resubmitted plan at £22.948m, but this is not without risk. • Pressure areas continue across (CHC) linked to the number of packages received had been higher than anticipated against agency spend. The Committee RECEIVED the financial report month 06 and the deficit position. ASSURANCE was provided that the organisation has effective financial monitoring and reporting mechanisms in place. **INTEGRATED QUALITY PERFORMANCE REPORT (IQPR) MONTH 05** The following key areas across Performance were highlighted: • Overall Performance across Powys has maintained; • Diagnostic targets had seen improvements in comparison to the previous month; • Eco-cardio remains a challenge. • Endoscopy small waiting times over target waiting • Therapies – remain compliant against 14 week wait target; • Improvement in a number of measures across Mental Health; • Decrease in Adults Mental Health targets due to staff capacity • Neurodevelopmental services for Children had been placed in internal escalation. • The Mental Health Neurodevelopmental service is awaiting confirmation from Welsh Government to secure additional monies based on the plans to reduce

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waiting times. This is subject to trajectories which were submitted to Welsh Government last week.
- Planned Care remained compliant with Referral to treatment time (RTT) measures.
- Waiting time variance across providers remained unchanged for the English and Welsh position.
- Further tranches of monies are expected into the Welsh system to target specialities with the longest waiting times. This continues to be monitored.

The Committee DISCUSSED the report, and ASSURANCE was provided that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

QUARTER 2 INTEGRATED PLAN PROGRESS REPORT (to include diagnostic services)

The Committee RECEIVED the report ahead of submission to the Board and were ASSURED that there is a process in place for monitoring progress against plan. Attention was drawn to the importance of the commentaries in the appraisal of progress and delivery confidence to year end.

The Committee NOTED the change requests that have been approved at Executive Committee as submitted by leads as part of the Quarter 2 process.

GENERAL MEDICAL SERVICES (GMS) COMMISSIONING ASSURANCE FRAMEWORK

Ongoing general practice workforce sustainability is a risk for the health board, which included age profile for both GPs and members of the multidisciplinary team. Further work is needed to better understand what the service wants to achieve to ensure delivery. Communications with Clusters to understand their views and their roles to enable collective working relationships is an important factor to review into 2025/26. A recent impartial peer review had taken place to help share learning.

The Committee RECEIVED report and took ASSURANCE that the GMS Commissioning Assurance Framework monitoring process is providing assurance to PTHB on general practice contract management.

COMMITTEE RISK REGISTER (CRR)

The Committee NOTED the September 2024 version of the CRR and recognised this was under development. Members took ASSURANCE that it is a complete and a true reflection of the Committee's current high-level risks.

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	In-Committee The Committee RECEIVED the Cyber Security and National Digital Programme Risks and NOTED the updates provided. The Committee RECEIVED the item and APPROVED the In-Committee Minutes of the meeting held on 29 August 2024 as an accurate and true record.
Inform	The Committee RECEIVED the Committee Work Programme for 2024/2025. Members RECEIVED the Internal Audit Reports of the Integrated Performance Framework and Cleaning Standards which had been received by the Audit, Risk and Assurance Committee on 08 October 2024.
NEXT MEETING: 05 December 2024 via Microsoft Teams	

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Reporting Committee:	**Patient Experience, Quality and Safety Committee**
Committee Chair	Kirsty Williams
Date of last meetings:	07 November 2024
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Patient Experience, Quality and Safety Committee (PEQS) at its meeting on 07 November 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the PEQS Committee is set out in Schedule 4 (pages 15 – 30) of Standing Orders.

3. HIGHLIGHT REPORT

Links to agenda and reports: 7 November 2024 - Powys Teaching Health Board

Alert / Escalate	• **Mental Health Services** – was entered into local escalation earlier in 2024, Executive Committee de-escalated the service from local escalation on 16 October 2024 from which PEQS took assurance. PEQS will receive an assurance report on implementation of the improvement plan to its February 2025 meeting. This matter remains escalated to Board and PEQS will continue to provide updates • **Neurodiversity Services** – this item has been transferred to PEQS from the Delivery and Performance Committee to enable a focus on quality in addition to performance. This service was placed under local escalation (level 3) by Executive Committee on 02 October 2024. PEQS will receive updates on this service at each meeting of the Committee. This matter is

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	escalated to Board for awareness and PEQS will continue to provide updates • **Civica** – patient experience system – PEQS received a presentation on the renamed '**People's Experience Framework**' which is in development alongside national work on People's Experience. The Draft Framework will be brought to the February 2025 meeting. This matter remains escalated to Board for awareness and PEQS will continue to provide updates • **Infection Prevention and Control** – PEQS heard that as the service enter the second year of the improvement journey 93% of actions have been completed. PEQS will continue to monitor improvements to ensure these are embedded and sustained. This matter remains escalated to Board for awareness and PEQS will continue to provide updates
Advise	Nothing to report from this meeting.
Assure	• **Integrated Quality Report** – a number of the actions related to content of the Integrated Quality Report and had been addressed in the quarterly report. The Committee RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported and that continued actions are in place to further develop quality and safety monitoring and reporting • **Health and Safety** – this was the first time PEQS had received this patient focussed report which would be a regular quarterly report to Committee The Committee RECEIVED the contents of the key Health and Safety metrics for Quarter 1 and 2 took ASSURANCE that appropriate reporting arrangements are in place. • **Annual Assurance Report Medical Devices and Point of Care Testing** The Committee REVIEWED the report and accepted this as an accurate overview of the service and took ASSURANCE that the medical devices and Point of Care Testing requirements have been fulfilled. • **Clinical Audit Progress Report** The Committee RECEIVED the update report and took ASSURANCE that clinical audit is progressing in year.

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	• **Committee Risk Register** – the Committee received the two items on the Corporate Risk Register that related to PEQS which had been presented to September 2024 Board The Committee RECEIVED and DISCUSSED the corporate risks within the Committee's remit and any relevant issues, and TOOK ASSURANCE that risks are being managed in line with the Risk Management Framework.
Inform	• Meggie's Story - a **Patient Story** from the Physiotherapy Team was received • The Joint Commissioning Committee **Quality Patient Safety Committee Summary Reports** from 16 July and 17 September 2024 were shared for information • The **End of Life Care Services Internal Audit Report** was shared for information having previously been reported at the Audit, Risk and Assurance Committee in October 2024 • The November 2024 PEQS **Work Programme** was received
Appendices	None
NEXT MEETING: 11 February 2025	

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Reporting Committee:	**Planning, Partnerships and Population Health Committee**
Committee Chair	Rhobert Lewis
Date of last meeting:	11 November 2024
Paper prepared by:	Corporate Governance Business Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to **NOTE** that the following matters were discussed at the meeting held on 11 November 2024. A full report will be available at the Board meeting in January 2025.

- Strategic Change Report and Engagement Report
- Integrated Plan 2025/2026 Development and Draft Maturity Matrix
- Transformation and Change
- Winter Plan 2024/25 and Winter Respiratory Vaccination Campaign
- Oral Health – Design to Smile Programme
- Child Immunisation Annual report
- Local and National Civil Contingency arrangements
- Committee Risk Register
- NWSSP Mid-Year Performance Report
- Internal Audit Report : Integrated Plan Development Report
- Work Programme
- Committee Work Programme

The papers from this meeting can be accessed at:
Planning, Partnerships and Population Health Committee - Powys Teaching Health Board

DATE OF NEXT COMMITTEE MEETING

04 February 2025, at 10:00 via Microsoft Teams.

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Reporting Committee:	**Workforce and Culture Committee**
Committee Chair	Jennifer Owen-Adams
Date of last meeting:	03 October 2024
Paper prepared by:	Senior Administrator

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that the following matters were discussed at meetings of the Workforce and Culture Committee which took place on 3 October 2024:

- Workforce Performance Report
- Executive Director of People and Culture Report
- Workforce Futures: Theme 2 – Great Place to Work
- Workforce Futures: Theme 4 – Welsh Language, Equality, Diversity and Inclusion
- Temporary Service Changes
- Audit Wales Report: Audit Wales Workforce Planning
- Agile Working
- Corporate Risk Register
- Annual Work Programme

The papers from this meeting can be accessed at: https://pthb.nhs.wales/about-us/the-board/committees-partnerships-and-advisory-groups/powys-teaching-health-board-committees/workforce-culture/2024/03-october-2024/1/

A summary of key issues discussed on the 03 October 2024 is provided below.

Workforce Performance Report

The Committee received the report. Attention was drawn to the following areas:

- vacancy levels remained a key challenge
- increase in nursing vacancies in past couple of months
- latest cohort of internationally educated nurses had arrived
- a further 12 internationally educated nurses successfully recruited
- new cohort of 19 Aspiring Nursing had been recruited

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- proactive recruitment of bank registered nurses
- positive outcome to the recent recruitment events held across the County

The turnover rate of staff had continued to reduce although remained below the all-Wales position.

The sustained performance for PADRs was much improved but remained below the national target. Statutory and mandatory training was above the national target. There had been a targeted piece of work around training for specific roles, to ensure staff had the opportunity to update their competencies.

The Health Board had managed to achieve a 20% reduction in rolling absence, over the past couple of years.

The Committee **RECEIVED** the Workforce Performance Report and **NOTED** the progress.

The Executive Director of People and Culture Report

The Committee received the report which described the activities in the three priority areas in the annual plan, since the previous meeting. Attention was drawn to:

- Medic Recruitment – following a trip to Kerala two medics had been through the on-boarding process
- The number of staff enrolled with Wagestream had increased
- work had continued with ASIS and the work with schools, this had gained some national recognition
- Ongoing work with Neath and Port Talbot and Hywel Dda to build on a joint training arrangement to Health and Social Care staff
- Employee Health and Wellbeing – Staff Roadshow had visited all the Health Board's sites
- NHS Wales Staff Survey had been launched
- The You said, We did process had been completed
- Occupational Health IT system had been introduced with the functionality to produce reports in a timelier manner and allows different referral routes for Managers
- The Volunteer's Toolkit had been updated
  Ooversight arrangements for business efficiency and value had been introduced within the newly formed Directorate. Lucie Cornish had been appointed as Interim Director of Improvement and Transformation
- Pay Award - an agreement had been reached across all categories of staff
  Most of the Trade Unions have communicated with their members either a ballot, consultation or a survey regarding the settlement

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The Committee **RECEIVED** the update on priorities within the Workforce section of the Integrated Plan for 2023/24 and took **ASSURANCE** against delivery of those priorities.

Workforce Futures: Theme 2 – Great Place to Work

The Committee received a presentation focused on nurse retention. Following PTHB's self-assessment in March 2024 which identified low progress scores, the following actions were undertaken:

- engagement with staff
- developed Microsoft forms and surveys circulated via various media platforms
- identified 100 nurses that were new to the organisation, and asked them about their on boarding experience and what is felt like to work in the organisation
- ten themes had been drawn out of the information gathering exercise
- a lot of the themes identified aligned with the themes within the Nurse Retention Plan
- the workforce Retention steering group and subgroups are multidisciplinary; there are representatives from all categories of the workforce to help improve retention across the workforce

Speaking up Safety - A Speaking Up Safety framework was published through a Welsh Health Circular which contained 13 points for each Health Board to implement. Progress made against those points included:

- Action Plan developed within the deadline
- Working group established
- Lauch of Our Voice portal
- Engagement with other Health Boards, some had introduced external providers specifically for whistleblowing
- An external helpline where staff can speak anonymously
- Viv Up offered a whistle blowing triage service - an external helpline where staff can speak anonymously or named
- Raising awareness through the autumn roadshows
- Trialled toolbox talks for individuals to roll out 'Speaking up Safely' within their teams
- CC had been nominated as the Champion and DWL as the Executive Lead for Speaking Up Safely
- Some of the Health Circular actions will move into business as usual

Clinical Leadership – Following a request to create a Clinical Leadership course focused on individual Clinicians having a leadership voice regardless of their level within the organisation, an initial programme had been developed, aimed at Bands 6 and 7. In six months' time, the attendees returned to give a presentation on how they used the lessons learnt.

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Manager's Charter renamed PTHB Manager - a guide for Managers within the organisation on things needing to be done had been developed. Pages

had been created on the intranet for resources and signposting to training available. This was waiting sign off at Executive level, before going live.

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

Workforce Futures – THEME 4 – Welsh Language, Equality and Inclusion

The Committee received a presentation summarising the work undertaken in the previous few months. Attention was drawn to:

- Workforce Race and Equality Standards – a meeting had taken place, where the Health Board had been asked to complete a number of tasks which focused on the main priorities
- The Health Board had reviewed recruitment of the ethnic minorities
- The Anti-Racist Action Plan had been updated
- Sign Live had advised that there was no restriction on telephone numbers that could be added. Primary Care providers in Powys have been offered to have their names added to the PTHB contract
- reviewed the wording around Welsh language requirements on vacancy advertising.

The Committee **RECEIVED** and **NOTED** the update.

Temporary Service Change

The Committee received a recap of the project which commenced in May 2024, to develop ideas for temporary service changes.

A suite of papers in relation to co-location of units for individuals considered ready to go home and/or required specialist rehabilitation, and a change of opening hours for some of the Minor Injuries Units (MIUs) had been finalised for presentation at the forthcoming Board meeting.

The future shape of Older Adult Mental Health services will be considered as an element within the route map to sustainability.

The Committee **RECEIVED** and **NOTED** the update.

Audit Wales Report – Audit Wales Workforce Planning

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

The Committee **RECEIVED** the Audit Wales Workforce Planning report for information.

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Agile Working

The Committee received a progress update on agile working, a key enabler in estates rationalisation, and highlighted the following areas:

- Staff had vacated the offices at Neuadd Brynchieniog, Brecon which released £30,000 per year revenue lease costs
- The Health Board had relinquished a number of leases by consolidating activities into Spa Road, Llandrindod Wells
- Staff needed support to adapt to working in these new environments
- Several items of furniture have been acquired at no cost, from various organisations
- There is more evidence staff with medical conditions needed highly adjustable desks, many of these had been purchased through Directorate routes rather than corporately
- The Occupy System had provided data on office occupancy, this had given an understanding of utilisation of the estate
- Work had continued with ICT to develop a Room Booking system

The Committee **NOTED** the update on Agile Working and **CONSIDERED** the recommendations for next steps in the adoption of agile working.

Corporate Risk Register

The Committee noted the risk relevant to this Committee had previously been presented to Board in July 2024, where there had been a request to review the risk scoring.

This had been discussed further at a subsequent Board meeting, where it was accepted there was no change to the risk rating.

The Committee **NOTED** the risk register update.

Committee Work Programme

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

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

NEXT MEETING:

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

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POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2024/25

Updated: November 2024

Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
INDEPENDENT MEMBERS									
PTHB Chair	**Carl Cooper**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/06/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
Vice Chair	**Kirsty Williams**	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	May-22	Current	Deputy Director Samaritans Powys	None	22/05/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidory of Cardiff University	None		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	**Rhobert Lewis**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
				Sep-23	Current	Chair Confederal Governance UWTSD	NIL		
				Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Trade Union)	**Cathie Poynton**	Personal	NIL	NIL	NIL	NIL	NIL	02/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Information and Technology)	**Ian Phillips**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (finance)	**Steve Elliot**	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	**Ronnie Alexander**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	**Simon Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University-Various Healthcare Programmes	Salaried Employment	08/07/2024	
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment		

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			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
Independent Member (Third Sector)	**Jennifer Owen Adams**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL		
Independent Member (Local Authority)	**Christopher Walsh**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Wath Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owneer:Property in the County of Powys	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
Independent Member (Capital)	**Michael Giannai**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
EXECUTIVE MEMBERS									
Chief Executive Officer	**Hayley Thomas**	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Planning, Performance & Commissioning	**Stephen Powell**	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Finance, Capital and Support Services	**Pete Hopgood**	Personal	NIL	NIL	NIL	NIL	NIL	22/05/2024	
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant		
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		

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Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
				1994	Current	Member of the Royal College of Midwifery			
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Medical Director	**Kate Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	**Debra Wood Lawson**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	**Mererid Bowley**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	NIL		
Interim Executive Director of Operations	**Joy Garfitt**	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance / Board Secretary	**Helen Bushell**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Parter or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Diretor and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		
Associate Director of Capital and Estates	**Wayne Tannahill**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Director of Pembrokeshire Surveyors Ltd. Sole proprietor, small architectural business, made dormant April 2016 (formally closed April 2017)		24/04/2024	
		Spouse/Parter or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Daughter Kate was Company Secretary			
Director of Strategic Improvement and Transformation	**Lucie Cornish**	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	**Nicola Johnson From 07/10/24**	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	
Executive Director of Primary,	**Elaine Lorton From 30/09/2024**	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Nov-19	Current	Chair – West Wales Care & Repair	Nil		

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Community Care and Mental Health				Apr-24	Current	Independent Member – ateb	£2,960 Per Annum	17/10/2024	

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

BOARD	**DATE** **27 November 2024**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary
Other Committees and meetings considered at:	N/A

PURPOSE:

The paper provides a series of updates to the Board linked to:

- Board activity since the last meeting held on the 25 September 2024
- Application of the Common Seal
- The Board Register of Interests (as a key part of the Standards of Behaviour Policy)
- Standing Orders – Scheme of Delegation (standing financial instructions)

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report.
- **RATIFY** the application of the Common Seal applied on one occasion since 22 May 2024 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **RECEIVE** (Appendix A – paper 3.1a) the Register of Interests for PTHB Board Members, as at the 22 November 2024 and take **ASSURANCE** that the Audit, Risk and Assurance Committee has taken its own assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy.

Approve/Take Assurance	**Discuss**	**Note**
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	

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4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 25 September 2024.

In-Committee meetings
The Board aims to conduct as much of its business in public as possible. There are occasions where the Board will need to meet In-Committee (in private session) to discuss matters that are confidential at the time of meeting.

The Board has not met formally within In-Committee meetings since the last routine meeting of the Board on the 25 September 2024.

Additional In-Public Board meetings
The Board met in public on the 10 October 2024 for a single item meeting to consider the proposed temporary service changes. The agenda pack and video recording are available on the website - 10 October 2024 - Powys Teaching Health Board

Board Development Sessions
The Board holds informal Board Development sessions on a monthly basis. The focus of Board Development sessions centre around four key themes:

1. Developing the (Board) team
2. Developing the Organisation
3. Engaging with the Organisation
4. Engaging with Strategic Partners

The Board held Board Development sessions on the 11 and 12 November 2024.

Application of the Common Seal
In accordance with Section 9 of the Standing Orders, the Powys Teaching Health Board Common Seal may be affixed and entered onto the Register of Sealing when the entry is signed by the Chair and the Chief Executive and is witnessed by the Director of Corporate Governance / Board Secretary.

Affixing of the Common Seal has taken place on one occasion since the last report to the Board. This was taken in accordance with Section 9 of the Standing Orders. The document has been authorised and signed by the Chair and Chief Executive then sealed by the Director of Corporate Governance / Board Secretary. Contrary to the Standing Orders the documents were not

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signed in the presence of the Director of Corporate Governance/Board Secretary due to the modern working environment of remote working and application of electronic signatures. Additional steps to check the confirm the authenticity of signatures are taken.

The affixing of the Common Seal has been applied on one occasion as follows:

Purpose	**Document /Purpose**
Welshpool Hospital allotments – lease to Welshpool Town Council	Renewal of the lease agreement between PTHB and Welshpool Town Council

Board Register of Interests (November 2024)

The Standards of Behaviour Policy enables the Board to ensure that its employees and Independent Members of the Board practice the highest standards of conduct and behaviour.

The Board is strongly committed to the health board being value-driven, rooted in 'Nolan' principles and high standards of public life and behaviour, including openness, customer service standards, diversity and engaged leadership. In support of these principles, employees and Independent Members must be impartial and honest in the way that they go about their day-to-day functions.
The Register of Interests is maintained by the Corporate Governance Department with each Declaration reviewed and checked by the Director of Corporate Governance / Board Secretary with any queries addressed prior to entry on the register. The Department is responsible for issuing periodic invitations to employees and Independent Members to declare their interests. The register for 2023-2024, as at 31 December 2023 is attached at Appendix A. The register is available on the Health Boards website. The register was last presented to the Board in January 2024.

On the 8 October 2024, the register and supporting report was presented to the Audit, Risk and Assurance Committee (ARAC) who took assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy. The report was also supported by the Gifts and Hospitality report.

The Board is asked to RECEIVE (Appendix A – paper 3.1a) the contents of Register of Interests for PTHB Board Members, at 22 November 2024 and take ASSURANCE that the Audit, Risk and Assurance Committee has taken its own assurance that the organisation has appropriate processes to support the collection, management and reporting of declarations of interest, in line with the Standards of Behaviour Policy (ARAC received an earlier copy of the register).

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Standing Orders - Scheme of Delegation – executive responsibilities and Standing Financial Instructions.
Work is underway to review the delegated financial authority levels of the executive team to ensure the effective and efficient running of the organisation, this work will be reported to the Board in January 2025 for further consideration.

NEXT STEPS:
The Director of Corporate Governance will continue to provide a relevant report to the Board at each meeting.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT
This section must be completed for all strategic organisational decisions including approval of health board policies.

Patterson,Liz
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BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 25 SEPTEMBER 2024 AT 09:30

HELD AT GLASBURY HOUSE, BRONLLYS, BRECON

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Mick Giannasi	MG	Independent Member (General)
Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Stephen Powell	SP	Interim Executive Director of Planning, Performance and Commissioning
Kirsty Williams	KWi	Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
David Farnsworth	DF	Assistant Director Community Services (for Item 4.2)
Nicola Kelly	NK	Senior Manager Planned Care (for Item 4.2)
Elaine Lorton	EL	Observer
Liz Patterson	LP	Head of Corporate Governance (meeting support)
Jayne Wheeler Sexton	JWS	Assistant Director Nursing (on behalf of Claire Roche)
APOLOGIES FOR ABSENCE:		
Katie Blackburn	KB	Regional Director Llais
Joy Garfitt	CG	Interim Executive Director of Operations / Community and Mental Health

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Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/93)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

1.2 DECLARATIONS OF INTEREST (PTHB/24/94)

No interests were declared in addition to those already declared within the published register.

1.3 BOARD ACTION LOG (PTHB/24/95)

HB advised that of the four open actions, two were on track for completion in November 2024 and January 2025, and two had been completed. Of the completed items, one related to the assurance reports to Board (item 1.7 on the agenda), and one related to the Corporate Risk Register (item 4.4 on the agenda).

The Board RECEIVED the action log.

1.4 EXPERIENCE STORY (PTHB/24/96)

CC advised that a staff or patient story was not available for this Board meeting, however, a presentation on Planned Care will be received at item 4.2 on the agenda.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/97)

CC confirmed no questions to Board had been received.

1.6 BOARD UPDATES (PTHB/24/98)

Update from the Chair:

CC presented his report.

It was noted that the Health Board's Annual Plan was yet to be approved, and in the absence of such approval, the organisation will continue to deliver the current plan, although this was not without risk. Should Welsh Government require the organisation to make further savings the actions previously considered by Board to be unpalatable will need to be revisited.

One third of recommendations by the Ombudsman were not complied with in time. The small number of recommendations made by the Ombudsman meant that a change in compliance of one or two cases would have a large impact on the percentage compliance. The Chair of the Patient Experience, Quality and Safety Committee undertook to examine this when the Ombudsman report was considered at the November meeting.

Action: Chair of Patient Experience, Quality and Safety Committee

Update from the Vice-Chair:

KWi presented her report, there were no further questions.

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Update from the Chief Executive:

HT presented her report and drew attention to the following:

- Elaine Lorton (Executive Director Primary Care, Community and Mental Health) will join the Health Board on 30 September 2025
- Nicola Johnson (Executive Director Commissioning, Performance and Planning) will join the Health Board on 07 October 2024.
- The Emergency Medical Retrieval and Transfer (EMRTs) group tasked with considering Recommendation 4 will be reporting to the Joint Commissioning Committee in October 2024 after which there will be a period of public engagement. This will be brought back to Board for assurance. A Judicial Review had been submitted and the health boards are awaiting communication from the Court as to next steps.
- It was confirmed that SignLive, a facility to support patients with hearing difficulties was only available in English BSL (British Sign Language).

The Board **RECEIVED** and **NOTED** the Reports of the Chair, Vice Chair and Chief Executive.

1.6 ASSURANCE REPORTS OF THE BOARDS COMMITTEES (PTHB/24/99)

The following Chair's Assurance Reports were received:

Executive Committee (EC)

HT advised that six meetings had taken place since the July Board meeting and drew attention to the following matters:

- The successful implementation of the Body Store decommissioning programme with thanks to CM and team and Funeral Directors across Powys,
- Regular reports are received on the escalated Mental Health Services with good progress being made,
- Difficulties are being encountered in finding accommodation for Internationally Educated Nurses,
- Action is being taken in respect of Neurodiversity services. Performance of this service is being monitored through Executive and Delivery and Performance Committees, and
- The Radiology Informatics System Procurement (RISP) programme is on track to provide replacement equipment in Powys before March 2025. The information technology (IT) will be provided nationally and is slightly behind schedule. Powys residents will benefit from a quicker service with improved images. The technology is Artificial Intelligence (AI) enabled but this is dependent on the national IT programme deciding when to use AI.

CM confirmed that the replacement of the Welsh Community Care Information System (WCCIS) was at the procurement stage with Digital Health Care Wales (DCHW).

Delivery and Performance Committee (D&P)

RA presented the report and noted that whilst the Committee has a heavy work programme, the work is being completed in the meetings. HB advised responsibility for Information Governance had recently transferred to Audit, Risk and Assurance Committee, and the workload across all Committees was regularly reviewed.

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Patient Experience, Quality and Safety Committee (PEQS)
KW presented the report and drew attention to:

- The positive Care Inspectorate Wales Inspection of Cottage View Knighton,
- continued improvements in the escalated Infection Prevention Control were welcomed and will continue to be monitored,
- Assurance was taken that improvements in the escalated Mental Health Services were evidenced. This will continue to be monitored,
- The improvements in recruitment to Tawe Ward were noted and this matter is now de-escalated from Board, and
- The Committee remained concerned in respect of capturing patient experience with capacity challenges within the team. A paper is due to the next meeting of the Committee where there will be an opportunity to discuss this in more detail.

CC expressed concern in relation to the update on patient experience. HT advised that CR had confirmed Civica was not being used to its full extent, however, a national Patient Experience Framework is in development and whilst there is a capacity issue to be addressed locally it will be necessary to remain cognisant of the national work. The future work is expected to include a recommendation, via Executive Committee, for the redirection of resource to support the Patient Experience Framework.

RA observed that any patient experience framework should not be overly reliant on digital methods of data collection as not all patients had the digital capability to respond in this way.

Planning, Partnerships and Population Health Committee (PPPH)
RL presented the report and drew attention to:

- The Strategic Change Report which provided an excellent overview of all proposed changes affecting Powys residents,
- The Committee were looking forward to measuring the impact of changes made under the Better Together transformation programme, and
- The outcome of the deep dive into forecasting rates of diabetes which showed a plausible increase of ~10% by 2035.

MB advised that in response to an increase in vaping amongst young people a group had been set up which had produced educational materials for use in schools from April 2024.

MB advised that the deep dive into diabetes had taken a considerable amount of resource, but this information will prove useful for the planning team.

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Board Members welcomed the report noting the data will be of value both in planning terms and to support investment in the preventative agenda. A lack of data had proved difficult when examining other areas of Health Board activity including neurodiversity and changing demands in mental health services.

HT confirmed that the Health Board was committed to the Health and Care Strategy for Powys and providing early help and support, however, resourcing remains an issue.

RL confirmed that in relation to the Transformation Programme, working closely with partners was part of the ongoing work.

Charitable Funds

CC presented the report and confirmed that a League of Friends forum had been set up to enable greater co-operation across the county.
HB advised that the issue of equity of provision is under consideration at Committee who are examining the allocation of funds, including historically, and how grants are promoted with a caveat that some donations are made for specific purposes.

The Board **RECEIVED** and **NOTED** all the Committee Reports recognising the key **ASSURANCE** role the Committees have in supporting the Board in its work.

2. CONSENT AGENDA BUSINESS

There were no requests to consider any items from the Consent Agenda in the main meeting.

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 ANNUAL DUTY OF QUALITY REPORT 2023/24 (PTHB/24/100)

JWS presented the report noting this was the first Duty of Quality Annual Report under the Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020).

KWi confirmed that the PEQS Committee had considered the report and taken assurance that the necessary work had been undertaken in compliance with the first year of reporting requirements.

Members observed that the two reports in front of Board differed in presentation and suggested implementing a corporate style and to consider the use of an 'easy read' version for the public to sit alongside the technical report required under legislation.

HB confirmed annual report formats will be considered at either the Executive Committee or Chair's Forum
ACTION: HB

Members made the following additional observations for future consideration:

- How is the feedback responded to (for example one third of patients are stating they do not always understand what is happening with their care),

Powered by Liz
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- A measure of quality is timeliness.

The Board **APPROVED** the Annual Duty of Quality Report 2023/24.

3.2 SAFEGUARDING ANNUAL REPORT 2023/24 (PTHB/24/101)

JWS presented the Safeguarding Annual Report 2023/24.

KWi confirmed the PEQS Committee had considered the report and advised the Committee had been pleased to receive the outcome of the Joint Inspection of Child Protection Arrangements, noted the recommendations made and will seek assurance on the implementation of the recommendations.

The Board **APPROVED** the Safeguarding Annual Report 2023/24.

3.3 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/102)

HB presented the report for assurance which outlined Board In-Committee activity since the last scheduled meeting of Board, Board Development activity and the new Petitions Protocol.

The Board **RECEIVED** the Director of Corporate Governance Report.

3.4 JOINT COMMISSIONING COMMITTEE GOVERNANCE ARRANGEMENTS (PTHB/24/103)

HB presented the report which outlined additional governance arrangements which have been put in place for the Joint Commissioning Committee (JCC) including sub-Committee Terms of Reference, the Memorandum of Agreement and Hosting Agreement and continuation of transitional reporting arrangements pending the establishment of a new Collaborative Commissioning Leadership Group.

Board Members made the following observations:

- Previously sub-Committee membership had been drawn from Health Board Independent Members and reporting of this work will now need careful consideration to enable the Board to receive assurance of the work undertaken in the jointly commissioned arena,
- The Health Board has equal membership of the JCC alongside the other six health boards, however, decisions are now made by majority not consensus and in the interests of the population of Wales, which may be at odds with the interests of the population of Powys, and
- JCC officers are intending to meet with health boards and arrangements are being made for this to take place in Board or Board Development over the winter period.

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The Board **APPROVED:**

- The terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee
- The terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee
- The Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for the JCC
- The continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG).

Board **NOTED:**

- The terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB Board meeting on 26 September 2024 for approval.

3.5 MINUTES OF PREVIOUS MEETING HELD ON 24 JULY 2024. MATTERS ARISING: TEMPORARY SERVICE CHANGE (PTHB/24/104)

The minutes of the meeting held on 24 July 2024 were **CONFIRMED** as an accurate record.

CC advised that at the last meeting it was reported that the Health Board were embarking on engagement in relation to a decision made in respect of two temporary service changes. The engagement process had heard of the concern regarding the proposals and the Board has amended the governance process to extend the timetable for engagement and amend the delegation for decision-making on these proposed operational service changes so the Board retain the decision. The proposed temporary service changes will be brought back to Board on 10 October 2024 for decision.

4. ITEMS FOR BOARD ASSURANCE

4.1 FINANCIAL PERFORMANCE: MONTH 05 - 2024/24 (PTHB/24/105)

PH presented the report and drew attention to the following matters:

- The Health Board currently has a deficit plan of £22.9m, which is yet to be supported by Welsh Government. The Health Board continues to monitor performance and actions against this deficit plan.
- As of month 5, there had been a continued decline against performance with a deficit variance of £3.4m which is challenging and of great concern. All budget holders have been asked to reduce their run rate. This includes a savings target of circa £9.9m.
- Key areas of pressure include pay pressures (agency spend), commissioned services (provided by other bodies), Continuing Health Care (CHC) and Funded Health Care (FHC).
- An action plan had been developed in relation to commissioned services which targets reductions of approximately £4m against the position in the coming months. Monitoring this performance will be key in informing if it will be possible to hold the deficit plan, or if there is significant risk it cannot be held. Month 06 will be key to understand if the commissioned services plan is having an impact.

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- Pay pressures are particularly acute in mental health and learning disability services in relation to the use of agency staff.
- Pressure in commissioned services is predominantly related to English providers including increased activity at Robert Jones and Agnes Hunt (RJAH), increased community hospital attendances and length of stay in Wye Valley Trust and increased Joint Commissioning Committee activity.
- Secondary care delays are tracked and have cost ~£6m by month 05. Close working is taking place with local authority partners but demonstrates a level of inefficiency within the system, in effect, system failure.
- Good performance in prescribing had helped offset other pressures.
- The savings target offered by the Health Board increased from £7.9m to £9.9m in year and forms part of the deficit plan. Green and amber schemes total £8.5m with a shortfall of £1.4m.

In summary, the position remains challenging. The deficit plan includes a savings target of £9.9m. Urgent mitigations need to be actioned immediately, and their impacts monitored to ascertain if the projected deficit plan can be held.

Independent Members asked the following questions for assurance:
Is the current financial situation a result of a lack of sound planning?
SP advised the following matters had impacted on the forecast:

- RJAH has undertaken an 18% increase in planned care activity over the same period as last year but have front loaded activity this year as flexible capacity is no longer available. This had not been accounted for in straight line forecasting.
- There had also been an increase in emergency activity beyond the growth planned for due to system failure. Action had been undertaken with the local authority to address this and the position is improving, however, winter pressures are imminent.
- Some providers in England and Wales have opened Same Day Emergency Care (SDEC) centres and are charging for this service. The appropriateness of such charges is under investigation.

Last year the cost of social care delays was in the region of £5m and will potentially increase to over £10m this year. What more can be done to improve this position?
PH advised that social care delays were a problem across the United Kingdom. There had been no lack of oversight of this matter in the Health Board and Local Authority, along with external scrutiny.

ND confirmed that the Local Authority was working closely with the Health Board and third sector and noted this was not purely a financial matter but affected patient outcomes. This was a key priority for the local authority.

What other options can be taken to offset against the overspend?
PH advised that actions such as vacancy control have been instigated but it may be necessary to reconsider actions previously discounted as unpalatable by the Board.

Pattern (v1.18)

The CHC forecast is based on providing the same number of packages of care. Is this appropriate given the aging population?
HT advised that the work was ongoing with the Public Health team to look at CHC and FHC locally. It is understood the numbers are approximately correct, however, the cost of the packages is increasing.

HT made the following observations:

- Welsh Government (WG) expect each health board to deliver their plan and performance trajectory,
- WG has a clear expectation that Board can articulate their financial position and cost drivers,
- In May an agreement was made to repatriate patients from England to Powys hospitals. This has proved challenging.
- The Joint Commissioning Committee is overspent and despite mitigating actions are likely to have a £5m overspend.
- The Health Board can no longer pay the increasing costs of commissioned care, jointly commissioned care and system failure.
- The Regional Partnership Board (RPB) recently met and set additional targets to reduce delays.
- Whilst month 06 will provide important information straight line forecasting has its limitations (for example does not take into account winter pressures or new ministerial directives)
- The aim of the Health Board is to meet the year end forecast.

Members expressed seriousness in relation to the financial position and made the following comments:

- *At what point would the Health Board determine the year end forecast may not be met, and alternative mitigations will need to be put in place?*
- *What will be the outcome if strategic cash support is not available?*
- *The largest agency overspend relates to mental health provision; will Internationally Educated Nurses help this position?*
- *Are bank staff being used optimally?*
- *Should decisions on further mitigations be made now?*
- *Increased costs are significant but delayed transfers of care result in harm. A considerable amount of effort has been spent tackling delayed transfers of care, but the system still is not working.*

PH advised that colleagues work hard to forecast spend over the year, but it is more complex than the straight line that is measured against. It is hoped that strategic cash will be available to support the deficit plan submitted but potentially this will be the limit of strategic cash available. Appointments had been made to Medical and Nursing staff in Mental Health services which is expected to result in an improvement on agency spend. The Health Board has a scheme whereby vacant shifts are first offered as overtime to substantive staff, then to Bank, then to on-contract agency and finally to off-contract agency. It will shortly be necessary to consider further mitigations if the month 06 figures do not show an improvement.

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HT noted there needed to be systemic change to the health and social care system to tackle the increase in numbers of patients and acuity of care needs. The staff bank service will be considered at Workforce and Culture Committee.
Action: Director of Corporate Governance

HT confirmed that the Health Board was currently in Welsh Government escalation for finance, strategy and planning but it was possible this may increase/change after the October tri-partite meetings and Ministerial consideration. It may be necessary to revisit the Boards previously rejected savings proposals.

CC noted the nervousness, discomfort and dissatisfaction expressed along with appreciation and recognition of work undertaken. This is a system wide issue, and the Health Board is fast approaching a point where, if spending cannot be brought back into line, and if strategic cash is not available unpalatable decisions will need to be taken.

CC proposed an amendment to the recommendation in the paper regards year end forecast.

The Board:

- **RECEIVED** the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- **CONSIDERED** and **DISCUSSED** the financial forecast for 2024/25 and the underlying deficit.
- **RECOGNISED** that, pending the outcome of the urgent action plans initiated to address the increased financial deficit, further options may need to be considered when finalising the month 06 financial position and year end forecast.

4.2 INTEGRATED QUALITY AND PERFORMANCE REPORT 2024/25 MONTH 04 AND PRESENTATION ON PLANNED CARE (PTHB/24/106)

DF and NK gave a presentation on Planned Care (included within agenda pack).

DF confirmed the following:

- that theatre space was offered to other health boards; however, all health boards were similarly financially challenged and were struggling to take up this offer. Rooms were however, maximised for use within Powys provider services,
- that a visit was due in relation to JAG (Joint Advisory Group on gastrointestinal endoscopy) accreditation.

NK confirmed 'Did Not Attend' rates were approximately 3% due to an efficient booking system and clinical call made shortly before the appointment.

CM advised that it was intended to make rooms generic so they could be used for different specialities.

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KW advised that not only had it proved challenging to increase theatre usage by providing additional in reach capacity, but clinics were also being cancelled and service level agreements not adhered to.

CC thanked NK and DF for their presentation, which was welcomed by the Board.

The Board **RECEVIED** the presentation on Planned Care.

MG left the meeting 12:55

SP presented the Integrated Quality and Performance Report Month 04 and drew attention to the following matters:

- provided planned care performance is good two breaches: waits over 104 weeks (three in relation to nerve conduction studies which are being addressed), and the number of patients waiting over 8 weeks for specific diagnostics where additional capacity is being sought,
- challenging trajectories in mental health services had been set with four off target including neurodevelopmental assessment for children.
- in relation to commissioned planned care long wait times are slowly decreasing, however, waiting lists are still growing, and
- cancer performance remains poor, as does the 4 hour wait for emergency care in commissioned services.

The Commissioning Team has an improved understanding of the issues and mitigations which need to be taken to improve the position. Commissioned services are under pressure to deliver improved performance.

SP confirmed that:

- there was a national lack of capacity to undertake nerve conduction studies
- surgical hubs, similar to those operating in England are planned in Llantrisant and Llandudno.

The Board:

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

4.3 ANNUAL DELIVERY PLAN 2024/25 QUARTER 1 (PTHB/24/107)

SP presented the report of delivery against the unapproved plan submitted by the Health Board for quarter 1 2024/25 and drew attention to the summary on page 3 which highlighted areas behind target due primarily to delays in recruitment.

The Board:

- **CONSIDERED** the report ahead of submission to Welsh Government,
- took **ASSURANCE** that there is a process in place for monitoring progress against plan, and
- **NOTED** the current unapproved and unsupportable status of the plan submission to Welsh Government.

Patterson,Liz 25/11/2024 14:18:32

4.4 CORPORATE RISK REGISTER (PTHB/24/108)

HB presented the revised full Corporate Risk Register noting the inclusion of the Risk Appetite of the Board and the level of assurance that can be taken against actions within each risk. Committees of the Board have an opportunity for detailed consideration of risks associated with their work. Risk 006 (Workforce) has been reviewed by the Director of People and Culture and the Executive Committee who are content it is appropriately rated and a new risk (012 - that the national digital programmes do not always meet Powys requirements) has been added and will be considered In-Committee.

HB confirmed that a summary including information regarding movement of the various risks will be found in the Board Assurance Framework presentations moving forwards.

HT noted that it will be necessary to consider how to manage risks that the Health Board did not own.

The Board:

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

4.5 VACCINATION PROGRAMMES (PTHB/24/109)

MB presented the Winter Vaccination Programme update and confirmed that there will be changes to Covid-19 vaccination procurement which, after 2025/26, will be procured centrally and will require close liaison with primary care.

Board Members:

- **NOTED** the eligible population groups for flu and covid-19 vaccines forming part of the Winter Respiratory Vaccination Programme
- **NOTED** the blended delivery models to deploy the Winter Respiratory Vaccination Programme in Powys.
- **NOTED** 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.
- **NOTED** the shortened window to deliver the campaign this year from 01 October to mid-December 2024.
- Took **ASSURANCE** 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.

Patterson,Liz
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MB presented the Respiratory Syncytial Virus update advising that new eligibility criteria had been confirmed and advising of arrangements for the catch-up campaign.
The Board:

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

4.6 REPORT OF THE REGIONAL DIRECTOR OF LLAIS (PTHB/24/110)

The Report of the Regional Director of Llais was deferred to the Consent Agenda.

5. CONSENT AGENDA (PTHB/24/111)

The following items were taken under the Consent Agenda:
FOR ASSURANCE:

- 5.1 Assurance Report of the Board's Joint Committees
- 5.2 Assurance Report of the Board's Partnership Arrangements
- 5.3 Regional Partnership Board Annual Report 2023/24
- 5.4 Board Work Programme
- 5.5 Report of the Regional Director of Llais

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/112)

There was no other urgent business.

6.2 DATE OF NEXT MEETING:

The next meetings of Board will be held on 10 October 2024 and 27 November 2024.

6.1 ANY OTHER BUSINESS (PTHB/24/113)

Meeting closed at 13:15

7. CONFIDENTIAL MATTERS

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

PRESENT

Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Ronnie Alexander	RA	Independent Member (General)
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Mick Giannasi	MG	Independent Member (General)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive

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Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Stephen Powell	SP	Interim Executive Director of Planning, Performance and Commissioning
Kirsty Williams	Kwi	Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Joy Garfitt	CG	Interim Executive Director of Operations / Community and Mental Health
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture

7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/24/114)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above.

7.2 DECLARATIONS OF INTEREST (PTHB IC/24/115)

No declarations of interests were received.

7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS (PTHB IC/24/116)

The minutes of the meetings held on 24 July, 7 August and 21 August 2024 were **CONFIRMED** as an accurate record.

HB gave an update on the Judicial Review of the decision relating to the Emergency Medical Retrieval and Transfer Service.

7.4 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/117)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged.

The Board considered the following strategic risks In-Committee (008 (Cyber), 011 (Power outage) and 012 (Digital Programmes), and

- Took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

Patterson,Liz 25/11/2024 14:18:26

7.5 BOARD ACTION LOG (PTHB IC/24/118)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged. The Board In-Committee action transferred to the Planning, Partnerships and Public Health Committee was **NOTED.**
7.6 ANY OTHER BUSINESS (PTHB IC/24/119)
Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged. HT gave Board Members an update on procurement arrangements for Out of Hours services in Powys.

Meeting closed 15:00

Patterson,Liz
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BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 10 OCTOBER 2024 AT 14:00

HELD VIA TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kirsty Williams	KWi	Independent Member Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Paul Buss	PB	Director of Clinical Strategy
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Adrian Osborne	AO	Deputy Director (Engagement, Communication and Corporate Governance)
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Mick Giannasi	MG	Independent Member (General)

Patterson 2024-11-25 14:14:20

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/120)

The Chair welcomed everyone to the meeting. Apologies for absence were received as recorded above. The Chair explained that this was a meeting held in public rather than a public meeting and as such, only Board Members, Health Board officers and those playing a formal role in the meeting would be participating.

1.2 DECLARATIONS OF INTEREST (PTHB/24/121)

No interests were declared in addition to those already declared within the published register. CW reminded the Board that in addition to his Health Board role, he was also an Elected Member of Powys County Council representing Brecon East. CC thanked CW for the reminder and confirmed that CW was attending the meeting in his role as Independent Member of the Health Board and not as a County Councillor.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/122)

CC confirmed no questions to the Board had been received within the 48-hour deadline for submission of questions. However, a petition had been received on the 09 October 2024 along with fourteen questions which had been accepted in the spirit of good engagement. The questions will be addressed when considering item 2.1 and written answers will be provided after the meeting.

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1 TEMPORARY SERVICE CHANGES (PTHB/24/123)

Introduction

HT introduced a presentation which summarised the papers included in the agenda pack published on the website. Two changes are proposed to minor injury unit opening times and inpatient wards which will be considered separately. Both proposed changes have a decision case and integrated impact assessments, and the engagement undertaken will be presented, alongside a contribution from the Regional Director of Llais. The proposals are made in the context of the Health Board facing challenges to the quality, value, and sustainability of health services for the population in Powys. Powys is at the forefront of an increasingly older population with multiple conditions which increases demand on health and care services. There are major challenges facing the NHS across the UK including long waiting times for planned care, people staying too long in hospital and workforce challenges with an expensive reliance on agency staff.

The proposed changes are:

- The creation of dedicated units for patients according to clinical need, to optimise clinical outcomes and value, and
- Changes to operational hours of Minor Injury Units to improve efficiency and effectiveness of same day response.

Public and Stakeholder Engagement

AO presented the Public Stakeholder Engagement Report which outlined the comprehensive engagement programme put in place after a Board decision on 24 July 2024 to implement the temporary service changes to raise awareness of the changes and to seek feedback. The methods and

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materials used were outlined in the report along with a summary of the feedback including over 800 survey responses, 32 written submissions to the Health Board and 17 written submissions via Llais. Online webinars were held, and four public meetings were attended. The Health Board was aware of four petitions, one of which had been received on the 9 October 2024 with approximately 2,300 signatures, which all demonstrate a strength of public feeling and reflect the pride and passion that people feel for public services in this rural county.

AO summarised the feedback contained within the report in relation to the Minor Injury Units and Inpatient Wards and invited KB from Llais to contribute.

KB advised that Llais had received correspondence regarding the proposed changes which was submitted and has been included within the engagement report. Llais had heard a strong sense of community and concern for loss. Concern has been expressed regarding potential travel issues, non-emergency patient transport, visiting hours and if the temporary change will become permanent. KB welcomed the extension of the engagement period when the strength of feeling became apparent at the midpoint review held on 13 August 2024 and confirmed the engagement report reflects what Llais heard.

KB confirmed, that should the Board approve the proposals then Llais request the following:

- Llais to remain as an observer on the Strategic Change Programme Board;
- Assurance of the commitment to continually evaluate the temporary service change;
- That a clear engagement process is put in place to hear the voices of Powys residents and to help inform options for the future;
- The commitment to evaluation includes the option of reversibility;
- That the mitigation plan and activity is reviewed, evaluated and where necessary adapted on a regular basis; and
- A commitment to monitor the impact across all affected services including identifying unintended consequences.

<u>Engagement with Health Board Staff and Primary Care Colleagues</u>
DWL outlined that established mechanisms such as the Local Partnership Forum and monthly meetings with staff side were used for staff engagement with staff side invited to attend the Strategic Change Programme Board and working groups.

KW recognised the value that primary care colleagues play in providing care to local communities and acknowledged that the constraints of the pre-election period meant that engagement with primary care colleagues did not have a smooth start. Key issues for primary care colleagues included details of arrangements for step up admissions including preventing admissions to District General Hospitals, travel and transport arrangements, retention of community hospital staff skills, availability of social care along with scepticism of the case for change and what further

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changes may be made. However, there has also been much support for the proposals and an understanding of the reasons behind them.

Independent Members asked the following questions for assurance:
What confidence is there that all Powys residents who would wish to put their views forward has been able to, and have the regulations relating to engagement been met?
HT noted the comprehensive engagement process that had been undertaken and the level of response received gave confidence that the public had appropriate opportunity to respond. The Health Board had extended the engagement period at the request of Llais.

What lessons have been learnt from the process to improve engagement with primary care colleagues in the future?
HT acknowledged that there had been difficulties regarding engagement with primary care colleagues due to the timing of the proposals and the pre-election period. HT had apologised to Primary Care colleagues and lessons had been learnt for future engagement processes.

KW confirmed that after the difficult start the Health Board had met with Primary Care colleagues and were having ongoing and constructive dialogue which has helped plan potential mitigations. The importance of team working to test scenarios was noted along with the expertise provided by Primary Care colleagues in future planning.

As Powys County Council is responsible for Social Care, what steps will the Health Board take to feedback the issues raised in relation to this service?
HT confirmed that the Health Board work closely with Social Care colleagues through formal partnerships arrangements such as the Regional Partnership Board. The information received has been shared openly with partners and the Health Board will continue to work in partnership to address the challenges jointly faced.

What does the word 'temporary' mean in the context of temporary service change?
HT advised the changes were proposed as temporary to assess new ways of working and enable an evaluation framework to operate. Evaluation reports will be brought back to Board at appropriate junctures.

Have Primary Care colleagues put forward any alternative suggestions to the temporary service change?
HT advised that whilst no alternative suggestions had been put forward in relation to the current proposals Primary Care colleagues were keen to work with the Health Board to examine options for sustainable future provision.

The engagement undertaken has been detailed and comprehensive for two temporary service changes. Is this proportionate to the changes proposed?
NJ noted that a number of Health Boards across Wales were considering service change, and the level of engagement required for service change

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will be reflected on. HT added that future engagement must be proportionate and relevant to Powys.

What is the concern that the public have expressed in relation to continuity of care?
AO noted that the concern arose in relation to changes in a patient's condition that might mean multiple moves between, for example. the Ready To Go Home unit and District General Hospital. This will be covered in more detail later in the presentation.

Minor Injury Unit (MIU) proposals
KW outlined that in relation to Minor Injury Units staff are only seeing an average of one or two patients a night in Brecon and Llandrindod Wells which is not effective use of public resources or the specialist skills of the nurse practitioner on shift. It is difficult to recruit and retain staff and the MIUs have had to either alter their hours or close (57 times at Llandrindod Wells and 28 times at Brecon between January and September 2024). By amending opening hours at Brecon and Llandrindod Wells to 08.00 – 20.00 allowing more reliable opening hours will be able to be offered, the level of lone working will be reduced, people will be encouraged to phone first and be directed to the most appropriate service, and staffing arrangements will improve.

KW noted that engagement had showed a strength of feeling about the proposals and anxiety regarding accessing emergency care, but also a misunderstanding of the role of MIUs which has led to the concerns expressed. Most minor injuries can wait until the following day, and many already do, for example fractures which require x-rays which are only available during the day. Shropdoc arrangements will be unaffected by the proposals and 111 or Accident and Emergency arrangements will remain in place as at present.

KW drew attention to the renewal of x-ray equipment over the coming months in Welshpool, LLandrindod Wells and Ystradgynlais. It will be necessary to align publicity for the temporary change in opening hours of the MIU with the temporary closure of the x-ray units to ensure the two changes do not become conflated.

CP (Independent Member Trade Union) provided Board with the following comment from a staff side perspective: staff have been asking for a change in hours in MIUs for some time. The proposals will enable staff to undertake additional training opportunities and have protected learning time. In addition, rotational staffing will be introduced which will also help staff and whilst there have been some dissenting voices, overall staff have been asking for these changes for some considerable time.

Independent Members asked the following questions for assurance:
Given there have been frequent unplanned closures of MIUs, will the proposed changes make the service more reliable?
KW confirmed that exact modelling of the effect of the proposed changes had not been undertaken, however, most of the closures were out of hours

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and overnight and thus there is confidence that unplanned closures will significantly reduce.

Has the potential to extend the MIU service across Powys to midnight been modelled?
KW explained that attendance after 20:00 was extremely low and people who attend with minor injuries can safely be seen the following day. In cases where treatment was more urgent, they would be referred to a District General Hospital - this was the case whatever the time of day.

Will the proposed changes have a detrimental impact on waiting times for patients at MIUs?
KW indicated that the modelling undertaken in relation to the proposed change of opening times indicates that even if an increase in attendance was seen the four-hour target will still easily be met.

<u>In patient ward proposals</u>
CR outlined the issues facing community hospital wards with patients spending longer in community hospitals than they should be as they are waiting for a package of care. This can lead to patients deconditioning making it harder for them to return home and increasing the likelihood of readmission. Providing skilled support to patients is difficult in a rural community where much time is spent travelling between hospitals. Staffing is a challenge with much reliance on expensive agency staff who may be unfamiliar with wards and patients which may lead to reduced quality of care.

The intention is to create two designated sites as Ready To Go Home units (Graham Davies Ward at Llanidloes and Llewellyn Ward at Bronllys) and two Rehabilitation Units (Epynt Ward at Brecon and Bryn Heulog Ward in Newtown). There will be no reduction in wards or beds and the remaining wards across Powys will remain unchanged.

CR explained the Ready To Go Home units will provide person centred care to enable patients to get up, get dressed and keep moving. Both units will continue to provide end of life care.
CM explained the new Rehabilitation Units will build on the success of the current stroke units and enhance the rehabilitation offer. It will enable the work of the multi-disciplinary team to be focused and enable patients to be brought back to Powys to receive rehabilitation care closer to home. It was confirmed there were no plans to alter the existing outpatient physiotherapy and community occupational therapy services. There are no proposals to reduce beds, and the same number of patients will be seen under the proposed arrangements.

CR responded to the question relating to continuity of care outlining that the expected reduction in use of temporary staffing will improve the continuity of care. There will be occasions where patients may need to be moved between units, for example not all hospital wards have piped oxygen, but the intention always will be to minimise the number of moves a patient experience.

Page 251 of 2044 18:16

Independent Members asked the following questions for assurance:
What action is being taken to mitigate the potential loss of skills by staff on the Ready To Go Home units?
CR advised that the proposals will enable colleagues to provide similar or enhanced care using creative new ways of working. The role of the nurse is to promote health and prevent illness and this will be key in the Ready To Go Home units.

Will the proposed changes have an adverse impact on the sustainability of GP practices and GP rights of admission?
KW confirmed that GPs will continue to be able to admit and care for end-of-life patients with this being unaffected by the proposed changes noting that some patients may need to be admitted to a particular hospital that can provide piped oxygen this is already the case at present. Whilst Ready To Go Home units will not be able to admit step-up patients, other community hospitals will still be able to admit these patients. There is no intention to destabilise primary care and whilst there may be changes to the way care is delivered there are opportunities to introduce more ambulatory care which will require similar or enhanced skill sets from staff.

How will the Board be kept appraised of the implementation of mitigation proposals?
HT advised that this linked to the references KB made in the letter from Llais. Llais will continue to be an observer on the Strategic Change Programme Board which is where the mitigation arrangements and impacts will be reported. Should the proposals be agreed, the Board will receive regular reports on progress throughout the six-month period.
KB confirmed that the mitigation plan was key for Llais. In relation to a previous service change Llais and the Health Board had met frequently to examine the mitigation impacts, and a similar process would be welcomed.

CP confirmed that trade union members were enthusiastic for the proposed changes recognising that blended job roles will provide an opportunity to expand skills.
CR noted that there had been a mixed reaction from staff with some concerned about the changes, and others excited and energised by the proposals. However, staff had discussed for some time the need to do things differently.

The aim to improve rehabilitation is welcomed, but how will the proposed changes enable the improvement of rehabilitation?
CM confirmed that the intention was to empower patients to remain as independent as possible and it may be necessary to upskill staff to enable this. Staff will work closely with patients in the Ready To Go Home units as well as in the community helping prevent admission.

Paterson, Lynn
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Has the expected reduction in agency spend as a result of the proposed changes been modelled?

CR confirmed modelling had been undertaken in the context of rostering changes which was included in the Board papers.

Is a reduction of length of stay in the units anticipated?
PB confirmed that a reduction in length of stay in the units was anticipated due to the prevention of patients deconditioning whilst on a ward. This is to be welcomed in terms of both value and safety.
CR confirmed the aim is to maximise people's independence and prevent deconditioning.

Level of confidence that the proposals can be delivered
HT outlined that should the proposed temporary service changes be agreed the implementation date would be 01 December 2024. This will allow time for rota changes and operational requirements to be put in place. It was confirmed that:

- The Board will receive regular reports on the implementation of the changes and mitigations put in place;
- The option to reverse the proposals remains should any issues which trigger such a situation occur, subject to revised rota arrangements;
- A formal Community Hospital Governance Forum for ongoing GP engagement will be established;
- Mitigation arrangements and monitoring thereof will be put in place;
- There has been appropriate public engagement with the period extended as a result of feedback;
- The Executive Team are confident that service change guidance has been met;
- The proposed changes are temporary, and a full evaluation will be brought back to Board; and
- Further dialogue and engagement will be necessary to agree the longer-term shape of safe and sustainable health services for Powys.

Should the proposals be agreed, implementation will fall over the winter period. How will this impact on the proposed temporary changes?
HT advised that the proposed changes will not impact on the number of sites or number of beds available. It is hoped that the proposed changes will have a positive impact on patient flow and reduction in length of stay with patients maintaining independence for longer. Winter does however bring unpredictability, and further operational decisions may need to be taken.

How will patient experience of the proposed temporary changes be captured?
CR advised that this will be proactively sought from patients and families using the service though existing mechanisms. The Health Board will also seek the views of Llais and the third sector to help triangulate intelligence.

KB confirmed that should the temporary services changes be agreed, Llais will ensure that patient feedback is included in planning for 2024/25.

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ND welcomed the involvement of social services and the third sector, in particular in relation to the Ready To Go Home units.

CC read out the recommendations and asked if any Board members did not support the recommendations. No members indicated dissent therefore the Board:

- **NOTED** the changes to decision-making and timeframe agreed following the midpoint review with Llais on 13 August 2024.
- **RECEIVED and DISCUSSED** the delivery of the engagement process and the key themes identified from the engagement process.
- **RECEIVED and DISCUSSED** the correspondence with Llais.
- **RECEIVED and DISCUSSED** the update on staff engagement.
- **RECEIVED and DISCUSSED** the update on primary care engagement.
- **TOOK ASSURANCE** from the assessment of delivery confidence and **NOTED** the Monitoring and Evaluation Frameworks and implementation timetable.
- **TOOK ASSURANCE** from the assessment of the engagement and decision-making process.
- **APPROVED** the implementation of temporary changes to Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.
- **APPROVED** the implementation of temporary changes to community hospital model with Llanidloes and Bronllys as "Ready to Go Home" units and with a strengthened role for Brecon & Newtown to provide community inpatient rehabilitation for a six-month period, with evaluation and monitoring in place as set out in the Monitoring and Evaluation Framework.

HT welcomed the decision and noted the strength of opinion from the public including the League of Friends who had funded many developments across the sites including for the palliative care suite. It was hoped that the assurance given regarding end-of-life care, admission criteria and GP admissions would address the issues raised in the recent question to Board. HT added that it would be necessary to commence work on the long-term model for health services across Powys at pace. An update on Better Together will be brought to November Board regarding plans to engage and consult with the public on longer term changes.

CC concluded the meeting noting that Independent Member RA, who had given apologies for the meeting, had indicated in an email to the Chair his support for the proposals.

3. OTHER MATTERS

3.1 ANY OTHER URGENT BUSINESS (PTHB/24/112)

There was no other urgent business.

3.2 DATE OF NEXT MEETING:

The next meetings of Board will be held on 27 November 2024.

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Meeting closed 15:00



Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

BOARD	**27 NOVEMBER 2024**
Subject:	**Compassionate Leadership Pledge**
Approved and presented by:	Debra Wood-Lawson, Executive Director for People and Culture
Prepared by:	Rhys Brown, Head of Organisational Development
Other Committees and meetings considered at:	Executive Committee – 13 October who recommended the paper to the Board.

PURPOSE:

The purpose of this paper is to brief the Board on the approach to embedding the Compassionate Leadership model as part of our organisational culture. This includes the request to Board to endorse their commitment to the approach through the signing of the Compassionate Leadership Pledge by the Chair of the Board, and the Chief Executive.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the approach to and progress in embedding Compassionate Leadership in PTHB
- **APPROVE** the signing of the Compassionate Leadership Pledge

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	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	N	

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EXECUTIVE SUMMARY:

Purpose

The Compassionate Leadership Model has been embedded as part of the delivery of leadership, management and team development sessions since 2021. In May 2024, The CEO of HEIW wrote to all Health Board CEOs with the offer for them to sign a Compassionate Leadership Pledge on behalf of their organisations to recognise the organisational commitment to the approach.

The purpose of this paper is to give a brief overview to the Board of the approach and progress in embedding the principles in PTHB and ask the Chair of the Board and Chief Executive of PTHB to jointly sign the charter.

Background

The Compassionate Leadership model was introduced by Professor Michael West in his 2021 book *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care (2021).* The model has since been adopted by NHS Wales and Social Care Wales as the preferred leadership approach across health and social care.

The following Extract is from the Kings Fund article on What Is Compassionate Leadership? And briefly outlines the importance of the approach in supporting staff and providing improved outcomes for our population.

Compassionate Leadership involves a focus on relationships through careful listening to, understanding, empathising with and supporting other people, enabling those we lead to feel valued, respected and cared for, so they can reach their potential and do their best work. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care. (West, 2021)

Why does compassionate leadership matter?

Research shows that compassionate leadership has wide-ranging benefits for both staff and organisations.

For staff

People who work in supportive teams with clear goals and good team leadership, have dramatically lower levels of stress (West et al 2015). Compassionate leadership increases staff engagement and satisfaction, resulting in better outcomes for organisations including improved financial performance (Dawson and West 2018).

In NHS trusts where staff report the absence of such leadership, staff also report higher levels of work overload and less influence over decision-making (West et al 2022) and organisations have poorer outcomes (West and Dawson 2012; West et al 2011).

For patients

Staff who are treated with compassion are better able to direct their support and care giving to others (Goetz et al 2010). This results in higher-quality care and higher levels of patient satisfaction (West and Dawson 2012; West et al 2011). Where staff generally report the absence of such leadership there are lower levels of patient satisfaction (West et al 2022), there is poorer-quality care and (in the acute sector) higher patient mortality (West and Dawson 2012; West et al 2011).

Progress in Powys Teaching Health Board

The Compassionate Leadership Model was first introduced into the Manager's Induction Programme in 2021 and has since grown to be embedded across all aspects of leadership, management and team development. This specifically includes:

- **Introduction to Compassionate Leadership:** This is a 1.5-hour online course that provides an overview of the model, including the evidence about why a compassionate approach in healthcare is so important.

  So far, over 500 participants have undertaken this programme across Health, Social Care and the Third Sector as part of the Workforce Futures Programme. 386 of these have been PTHB members of staff.

- **Manager's Induction Programme:** The Manager's Induction Programme has been in existence since 2019 and has had so far had 170 participants. The Compassionate Leadership Model was introduced to the programme in 2021. In 2023, HEIW developed a longer, 3-day compassionate leader programme which is now delivered as the first three sessions of the Manager's Induction programme.

- **Clinical Leadership Immersive Programme (CLIP):** CLIP was introduced in late 2023 as a trial and then rolled out through 2024. This is a 3-day experiential, scenario-based course specifically for clinicians. As pre-learning for the programme, participants undertake the Introduction to Compassionate Leadership Programme described above, which is then threaded through the courses as a review topic.

  So far, there have been 46 participants who have shown significant improvement in their leadership confidence and capability. Examples of participants putting the learning into practice have included service improvements that have had a direct, measurable impact on patients; personal understanding of impact that has led to lifestyle changes and an ability to better lead their team as a result; implementation of well-being initiatives in teams; and, a change in leadership approach to be better inclusive of students an apprentices, enabling their voices to be heard and valued.

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- **Team Development:** Regular, bespoke team and leadership development has been undertaken across the organisation to support both teams that are struggling, and teams that want to continuously improve how they work. The sessions always include the Compassionate Leadership approach as a foundation of building psychological safety.

The term Compassionate Leadership has therefore become a well-known phrase within PTHB, that was significantly noticeable in the Staff Excellence Awards, where many winners and runners up referred to colleagues and line managers having this style and approach. The formal pledge from the Board to adopt the leadership approach will demonstrate the commitment of the Board in creating compassionate and inclusive cultures.

NEXT STEPS:

1. For the Chair of the Board and Chief Executive Officer of PTHB to jointly sign the Compassionate Leadership Pledge (this is a electronic process)
2. Communications out to the organisation recognising the commitment
3. Continued reporting to the Workforce & Culture Committee as appropriate.

IMPACT ASSESSMENT – NOT REQUIRED

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

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Appendix 1 – Compassionate Leadership Pledge visual



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

Agenda item: 4.1

Board	**27 November 2024**
Subject:	Update on Temporary Service Changes
Approved and presented by:	Debra Wood-Lawson – Executive Director of People and Culture
Prepared by:	Paul Buss – Director of Clinical Strategy
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this paper is to provide an update on the progress made towards implementation of the two, previously agreed, temporary service changes.

These are:

1. Changes to operational hours of Minor Injury Units to improve efficiency and effectiveness of same day response.
2. Colocation of patients - Dedicated units for patients according to clinical need, to optimise clinical outcomes and value.

RECOMMENDATION(S):

The Board are asked to:

- Take **ASSURANCE** about the operational readiness to implement the Temporary Service Changes to date.
- **NOTE** that the temporary service changes continue to be progressed to full implementation under the oversight of the Strategic Change Programme Board, with further updates through Executive Committee to Board in January and March 2025.

Approve/Take Assurance	Discuss	Note
✓	×	×

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N	
2. Provide Early Help and Support	Y/N	

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3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

This paper provides a progress update on the work undertaken towards implementation of the two, previously agreed, temporary service changes. These are:

1. Changes to operational hours of Minor Injury Units to improve efficiency and effectiveness of same day response.
2. Colocation of patients - Dedicated units for patients according to clinical need, to optimise clinical outcomes and value.

The cases for change, and detailed rationale for the temporary changes were approved the Board on the 10 October 2024, this included the proposed timeline for implementation.

This paper provides an update on the progress towards achieving implementation in line with the previously agreed timelines, and the ongoing monitoring and evaluation processes planned.

TEMPORARY SERVICE CHANGES

Regular implementation meetings are taking place between senior managers operationally and staff at ward and unit level with oversight of clinical Executive Directors.

During the last few months, all workstreams have continually reviewed their Mitigation Plan and will continue to do so during the temporary period. The mitigation plan will be delivered as set out, it is also important that the plan is flexible and adaptable so that any new or unforeseen issues are identified and included in the plan as appropriate.

Implementation of changes to operational hours of Minor Injury Units.

The agreed temporary changes to MIU opening times creates a standardised 8am to 8pm operating model for three of the four Minor Injury Units, as follows:

Unit	Current opening hours	Agreed temporary opening hours
Brecon	24 hours Seven days a week	8am to 8pm Seven days a week

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Llandrindod Wells	7am to Midnight Seven days a week	8am to 8pm Seven days a week
Welshpool (no change)	8am to 8pm Seven days a week	8am to 8pm Seven days a week
Ystradgynlais (no change)	8.30am to 4pm Mon-Fri except bank holidays	8.30am to 4pm Mon-Fri except bank holidays

The use of 'phone first' will continue to be emphasised, to improve patient booking arrangements and reduce spikes in patients attending. This will reduce the risk of harm caused by people accessing the incorrect health care provision for their needs.

Implementation date: 18 November 2024.

Progress to date, including actions to address mitigation plan:

- The temporary changes to MIU opening hours in Brecon and Llandrindod Wells were successfully implemented on 18 November 2024 with no escalated risks or issues to report.
- Rosters for Brecon, Llandrindod Wells, Ystradgynlais and Welshpool were complete and approved ready for the 18 November to reflect the opening hours of 08:00 – 20:00.
- Team members within the hospitals who are affected by these changes (such as those on ward or switchboard) have been fully briefed, and relevant Standard Operating Procedures were in place ahead of the implementation date.
- Communication regarding the MIU services and availability is in place and will continue to promote a "phone first" approach through social media channels, PTHB website and posters displayed at MIU sites.

<u>Implementation of colocation approach on Ready To Go Home Units and Rehabilitation Units.</u>

The agreed temporary changes for four community in-patients wards will see patients being co-located in dedicated units for patients according to clinical need, to optimise clinical outcomes and value. These changes will result in:

- Two wards becoming 'Ready to go home' units (Bronllys and Llanidloes)
- Two wards becoming dedicated rehabilitation units (Newtown and Brecon)

Planned date of commencement/readiness to implement: Monday 02 December 2024.

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Progress to date, including actions to address mitigation plan:

- Implementation is on track and there have been no escalated risks or issues to report
- A working group is in place and undertaking daily monitoring of current inpatient compliance with approved inpatient ward and unit criteria.
- Staff are working with families to inform them of the changes, initiate discussions regarding upcoming availability of a transfer to a 'Ready To Go Home' Unit or Rehabilitation Unit and to set expectations with families in line with the temporary model.
- The move towards co-location of patient cohorts is being adopted, with the management team troubleshooting any daily issues and a robust training plan in place to support staff.
- A weekly touchpoint across Community Services Group management team is in place to deal any with emerging operational issues.
- Meetings have been scheduled to aid staff communication and engagement in relation to the change. This includes visible operational support as well as direct meetings with staff, teams and senior management to underpin the clinical rationale and case for the temporary service changes.
- A public communication plan is being finalised ahead of implementation of the new model from 02 December, including new information leaflets for Ready To Go Home Units and Rehabilitation Units, updated website information, and stakeholder update.

Evaluation and Monitoring of the two Temporary Service Changes

These temporary changes have been approved for a period of six months to support the health board to maintain the quality and sustainability of local services.

Work is also underway to clarify how decisions will be made following the temporary period, with further detail of this process due to be set out in our next Board Update in January 2025.

Indicatively:

- By 02 December 2024: temporary changes in place
- Ongoing: through our evaluation and monitoring framework we will keep these temporary changes under ongoing review including identification of any key triggers for immediate action
- End May 2025: End of six month temporary period, outturn review and lessons learned, recommendations on way forward

Potential scenarios following the period of temporary change may include:

- Evaluation recommends return to previous model (implement with review and learning)

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- Evaluation recommends maintain temporary changes on a permanent basis (undertake further engagement as appropriate in line with Welsh Government guidance on changes to health services)
- Alternative models for the future permanent shape of safe and sustainable healthcare services are identified through wider system work to develop a routemap to sustainability (undertake further engagement as appropriate in line with Welsh Government guidance on changes to health services)

The Strategic Programme Board has embarked on early discussions as to how the data, when collated, over a suitable time frame will serve to inform future decisions in a manner that will be consistent with the time frame of temporary changes, securing a well-informed position. The approaches to evaluation of the two changes are outlined below.

Minor Injury Units

As set out in the Board papers of the 10 October 2024, an evaluation framework has been developed for changes to the Minor Injury Units. This has been developed collaboratively with clinical, operational, finance, workforce and information colleagues and sets out a range of measures including:

- Patient Safety
- Patient Experience
- Improved workforce utilisation and reduction in workforce expenditure
- Reduction in ad hoc changes in opening hours due to staffing
- Staff experience

Ready To Go Home Units and Rehabilitation Units

Recognising that this is a different approach for access to community hospital care, and that this could have impacts to the workforce, patients and families, it is understood that careful evaluation of such change will be required. As well as the monitoring of quantitative and qualitative measures, such change will require some further engagement with wider communities, and it is anticipated that some early test of change could then better inform not only such future discussions but help better shape the future offer at all community hospital sites.

As set out in the Board papers of the 10 October, an evaluation framework has been developed for the 'Ready To Go Home' Units and Rehabilitation Units collaboratively with clinical, operational, finance, workforce and information colleagues. This sets out a range of measures including:

- Reduction in care pathway delays
- Reduction in length of stay
- Reduced complexity on discharge
- Improved workforce utilisation
- Reduction in number of patients awaiting repatriation

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- Patient outcomes
- Patient and carer experience
- Step Up Admissions (RTGH)
- Sentinel Stroke National Audit Programme (Rehabilitation Units)

The Data and Business Intelligence team have been working to develop a Dashboard to monitor measures identified within each Evaluation Framework. This is on track for both temporary changes.

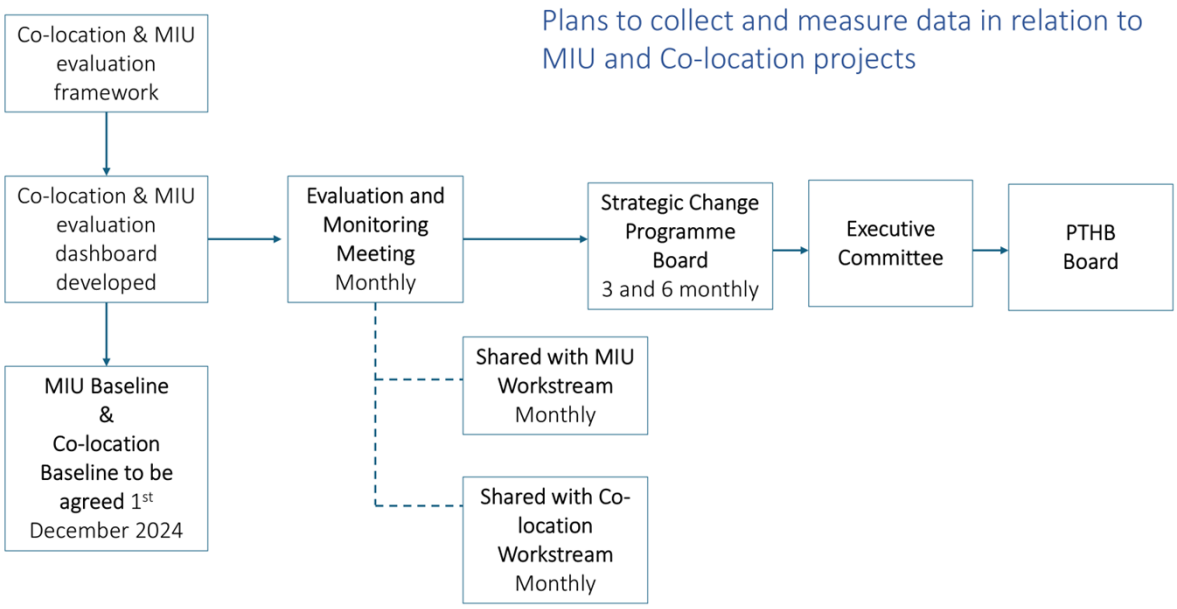
Data in relation to matters such as visiting times, concerns raised by patients, family and carers relating to the model will be captured real-time. These will be reported, with an appropriate level of detail, to subsequent board meetings.

The Executive Medical director continues to work closely with colleagues in primary care, both directly and through cluster meetings. As the workstreams progress, meetings with GPs will help inform progress. In addition, the instigation of the new "Hospital Clinical Forum" will be utilised as a vehicle to ensure a collaborative approach working with primary care teams pan Powys.

A Temporary Service Change Monitoring & Evaluation Group has been established, and this being overseen by the Research, Innovation & Improvement Team. This group will ensure the two temporary service changes are monitored and evaluated against the agreed evaluation frameworks. This will ensure robust monitoring of benefits realised, potential disbenefits identified, and triggers to consider stop/pause of temporary changes are identified and reported.

This group is responsible for the active monitoring against the agreed measures on an ongoing basis, with Evaluation and Monitoring reported at least monthly through the Strategic Change Programme Board. This will be reported through to Executive Committee and onward to Board at the agreed reporting points.

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In addition to the agreed Monitoring and Evaluation Framework measures, the following will be collected at the 3-month and 6-month points to contribute to mid-point and summative review:

- Primary Care, Third Sector and Social Care feedback on the model
- PTHB Staff Experience Feedback
- Service User/patient stories

NEXT STEPS:

The Executive Committee has received and reviewed this report and now offers assurance to the Board that the implementation of approved temporary service changes to MIU operating hours and criteria-based colocation of patients on 'Ready To Go' Home Units and Rehabilitation Units are on track for delivery with Minor Injury Unit changes already operational.

Further assurance reports will be provided to the Board in January 2025 and then March 2025 ahead of a fuller six month review at the end of the temporary service change period.

At the end of the of six month temporary period, outturn reviews and lessons learned will be provided together with recommendations on the way forward.

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Powys THB Finance Department
Financial Performance Report
Board

Period 07 (October 2024)
FY 2024/25

Date Meeting: 27 November 2024
Item 4.2

Patterson,Liz
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Introduction

Subject:	**FINANCIAL PERFORMANCE REPORT FOR MONTH 07 OF FY 2024/25**
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 13 November 2024

PURPOSE:

This paper provides an update on the October 2024 (Month 07) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to:

- **RECEIVE** the financial report and take **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTE** the current increased risk of achieving the projected in year forecast for 2024/25.
- **NOTE** that further ongoing in year mitigations will need to be delivered to achieve the in year forecast.

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

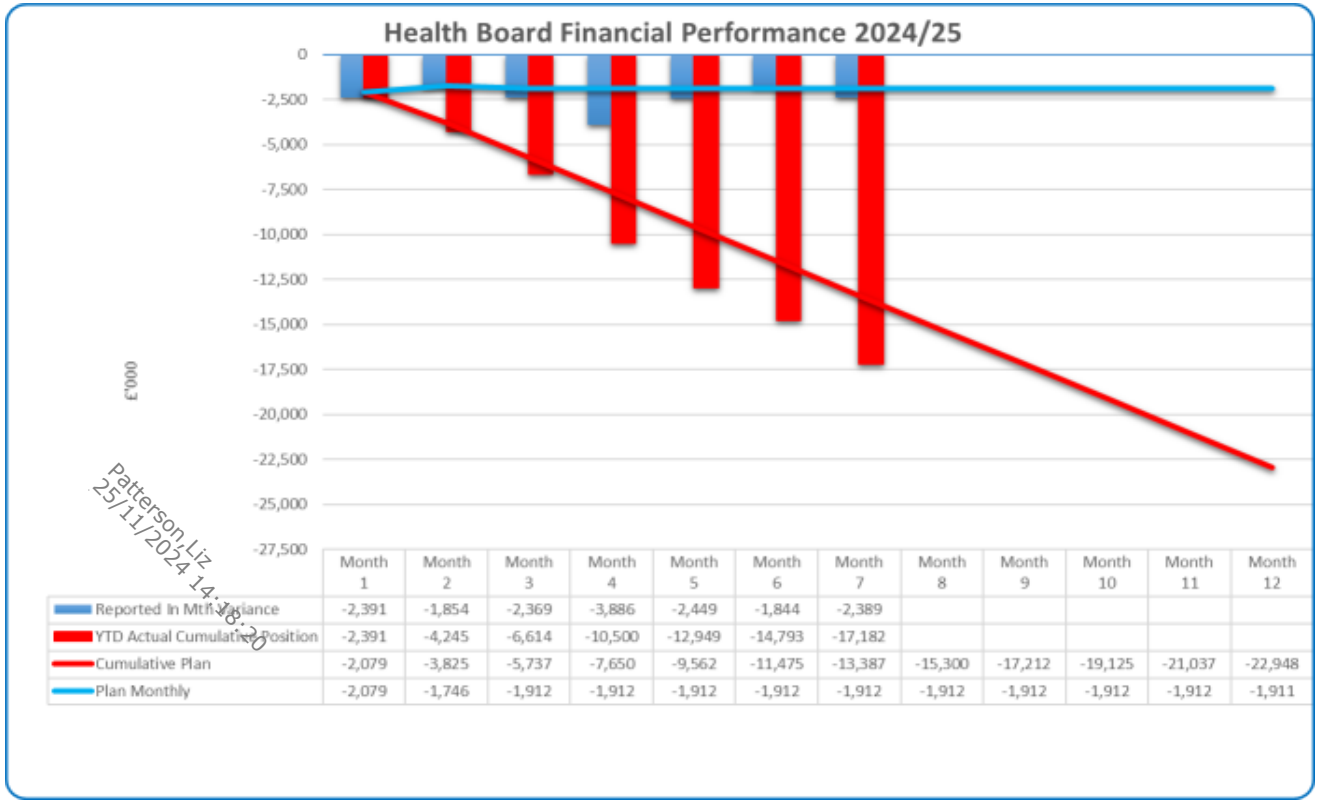
Strategic Objectives:	• Focus on Wellbeing	×
	• Provide Early Help and Support	×
	• Tackle the Big Four	×
	• Enable Joined up Care	×
	• Develop Workforce Futures	×
	• Promote Innovative Environments	×
	• Put Digital First	×
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy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

Approval/Ratification/Decision	Discussion	Information
✓	✓	

Summary Health Board Position 2024/25

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-1,912	-2,389	↑
Reported Year To Date financial position – (deficit)/surplus	-13,387	-17,182	↑
Year end – (deficit)/surplus	-22,948	-22,948	→

Capital		
	Value £'000	Trend
Capital Resource Limit	12,647	↑
Reported Year to Date expenditure	776	→
Reported year end – (deficit)/surplus – Forecast	0	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-2,391	-1,854	-2,369	-3,886	-2,449	-1,844	-2,389					
YTD Actual Cumulative Position	-2,391	-4,245	-6,614	-10,500	-12,949	-14,793	-17,182					
Cumulative Plan	-2,079	-3,825	-5,737	-7,650	-9,562	-11,475	-13,387	-15,300	-17,212	-19,125	-21,037	-22,948
Plan Monthly	-2,079	-1,746	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,912	-1,911

In May the Board agreed to revise the 2024/25 Financial Plan, to a £22.948m deficit, a reduction of £2.000m.

At month 7, there is a £17.182m overspend against the planned year to date deficit of £13.387m giving the Health Board an **operational overspend of £3.794m**.

The year end forecast remains in line with the resubmitted plan at £22.948m, but this is not without risk.

The capital resource limit for 2024/25 is £12.647m. To date £0.776m has been spent.

DAY FIVE – flash report

- Commissioning is £3.6m overspent at M07, mainly due to increased Elective and Emergency activity at providers and increased community bed usage. A series of actions are being undertaken.
- Agency expenditure of £0.6m in the month, whilst high, is lower than in the prior year.
- CHC is overspent by £2.1m YTD in month 7. There are 324 packages of care, a net decrease of 7 clients this month, (but above the planning assumption of 315 clients).
- Pressures above have been partly offset due to reduced expenditure assumptions on prescribing and dental services.

Revenue Variance Position 2024/25

Overall Summary of Variances £'000s

Table B Categories	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(244,192)	(244,192)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(6,013)	(6,508)	(495)
Total Income	**(250,281)**	**(250,776)**	**(495)**
05 - Primary Care - (excluding Drugs)	26,762	26,403	(359)
06 - Primary care - Drugs & Appliances	22,275	20,759	(1,516)
07 - Provided services -Pay	63,108	64,724	1,617
08 - Provided Services - Non Pay	16,249	15,585	(664)
09 - Secondary care - Drugs	826	789	(38)
10 - Healthcare Services - Other NHS Bodies	104,020	106,942	2,922
12 - Continuing Care and FNC	18,739	20,842	2,103
13 - Other Private & Voluntary Sector	2,782	3,005	224
14 - Joint Financing & Other	5,809	5,809	0
15 - DEL Depreciation etc	3,013	3,013	0
16 - AME Depreciation etc	86	86	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**263,669**	**267,958**	**4,289**
Reported Position	**13,387**	**17,182**	**3,794**

At Month 07, there is a £17.182m overspend against the planned deficit of £13.387m giving the Health Board a year-to-date operational overspend of £3.794m.

The most significant adverse variances are on:

- Commissioning of Healthcare Services from other NHS Bodies is £2.922m overspent at M07. This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector, and increased elective activity.
- Continuing Care and FNC at £2.103m. The number of CHC packages has decreased by 7 from 331 in September to 324 in October.
- Pay budgets at £1.617m - driven by the use of agency, from both on and off contract suppliers, which is running at a high rate.

The pressures above have been partly offset due to reduced expenditure on Prescribing, Dental and other non-pay expenditure.

Health Board Provider Services

We are focused on this because:
This page gives a directorate level view of PTHB's corporate and provider services. There are significant budget variances to be understood and managed.

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget (£'000)	Actual (£'000)	Variance (£'000)
03 - Other Income	0	0	0	0	(£6,013)	(£6,508)	**(£495)**
07 - Provided services -Pay	2,322	2,068	(254)	2,086	£63,108	£64,724	**£1,617**
08 - Provided Services - Non Pay	0	1	1	1	£16,249	£15,838	**(£411)**
Grand Total	**2,322**	**2,069**	**(253)**	**2,087**	**£73,343**	**£74,055**	**£711**
Directorate View							
Corporate and other Sevices	508	461	(47)	471	£23,013	£20,844	**(£2,170)**
A01 - Assistant Director Community Services	1,001	890	(111)	896	£26,687	£26,011	**(£677)**
A02 - Assistant Director MH/LD	503	409	(93)	407	£13,994	£17,051	**£3,057**
A04 - Assistant Director Women and Children	161	154	(7)	157	£3,988	£4,180	**£191**
N04 - Assistant Director Support Services	149	155	5	155	£5,661	£5,970	**£309**
Grand Total	**2,322**	**2,069**	**(253)**	**2,087**	**£73,343**	**£74,055**	**£711**

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Note: The above table only relates to the directly provided services for the directorates shown. These directorates are also accountable for other areas, such as CHC, Commissioning, Private Providers and Voluntary Sector, which is not included in the above.

Explanation of Performance

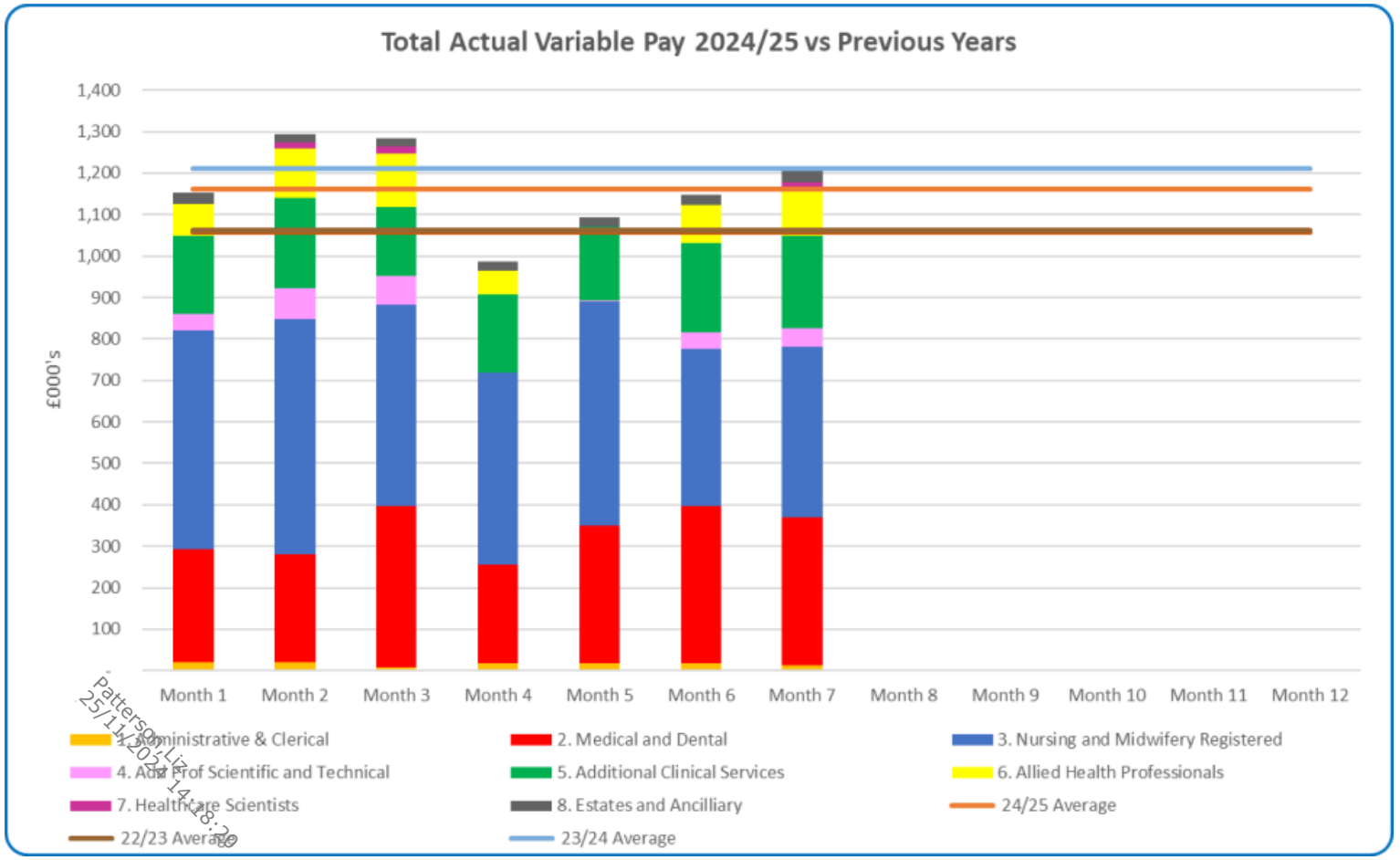
- The Month 07 YTD position is showing an overspend of £0.711m over these categories
- Corporate and Community services are underspent, whilst other directorates are over-spent.
- The service with the largest overspend is Mental Health. This is predominately due to increased agency and locum expenditure.
- Vacancies are running at 19% (93 WTE) for MH Services and 11% (111 WTE) for Community Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

- Increased workforce gaps resulting in greater requirement for temporary workforce, and associated premium spend.

Health Board Agency Spend

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



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

Performance and Actions

- Pay budgets are overspent by £1.617m against the year-to-date plan, due to the high level of vacancies.
- The chart opposite demonstrates in October variable pay is higher than prior months. It is broken down by staff type.
- Powys continues to be an outlier within NHS Wales as agency spend was on average 9.9% of total pay in Month 6, against the Wales average of 2.9%.
- The HB's Variable Pay Reduction group is implementing its action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

We are focused on this because:
Commissioning of secondary and tertiary healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the transformation programme.

Status Update
Welsh LTAs for 2024/25 were agreed by the deadline of 30 June and the contract proposals from English providers are being received and are currently being reviewed. The variances against budget are based on the six months of activity information that has been received to date. Providers ability to deliver both core and recovery activity is variable and is monitored closely.

NHS Commissioning Variance to Date 2024/25

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	26,120	26,628	507
English Providers	43,106	45,094	1,988
WHSSC / EASC	31,561	32,021	460
Other NHS Providers	2,706	2,706	0
Mental Health (LTAs Only)	527	494	(34)
Total	**104,020**	**106,942**	**2,922**

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Risks

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

Performance

Expenditure is affected by system delays for patients (see next page) and the pace of recovery of elective activity by provider organisations. The improvement this month is not related to activity, but we have richer data to challenge providers.

Notable pressures:

- Cwm Taf Morgannwg Health Board is reporting a 16% increase in emergency activity. The reporting of activity and associated charges are being challenged with meetings between Assistant Directors arranged for November.
- Wye Valley Trust - significant increase in community hospital attendances; length of stay in hospital and emergency admissions.
- JCC (WHSSC and EASC) the ICP approved on an All Wales consensual basis above financial plan allocation with assumption that further savings would be achieved.
- Private Providers – due to Velindre Ward, Bronllys, not operating at full capacity. (YTD overspend of £0.670m is in addition to the variance in the table opposite)

Secondary Care and Community hospital delays

We are focused on this because:
The delay in discharges from community and district general hospitals due to capacity and performance challenges within Adult Social Care services is causing an increasing pressure on the Health Board.

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
  - 3,858 days within Powys community hospitals related to Health processes and 9,436 days as a result of Social Care. Associated costs of £2.3m and £5.6m, respectively.
  - 3,019 days within English community and district general hospitals (DGHs) related to Health processes and 7,915 days as a result of Social Care. Associated costs of £0.9m and £2.6m, respectively.

Please note the days are costed at full cost to PtHB of £590 in Powys, £432 for a community hospital in England and £301 for an excess bed day in a DGH.

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Gross Cost of Delays	Health YTD Days	Health YTD £m	Social Care YTD Days	Social Care YTD £m
PTHB Provider Delays	958	£0.6	5,210	£3.1
PTHB Provider Assessment Delays	2,900	£1.7	4,226	£2.5
Subtotal PTHB Provider	**3,858**	**£2.3**	**9,436**	**£5.6**
Shropshire Community Bed Delays	7	£0.0	418	£0.2
WVT Community Bed Delays	53	£0.0	1,002	£0.4
DGH Bed Delays	2,959	£0.9	6,495	£2.0
Subtotal English & Welsh Providers	**3,019**	**£0.9**	**7,915**	**£2.6**
Total Opportunity Cost (at full cost)	**6,877**	**£3.2**	**17,351**	**£8.1**

Performance and action:
This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Heath Board works in partnership with the Council to address the underlying issues.

Prescribing

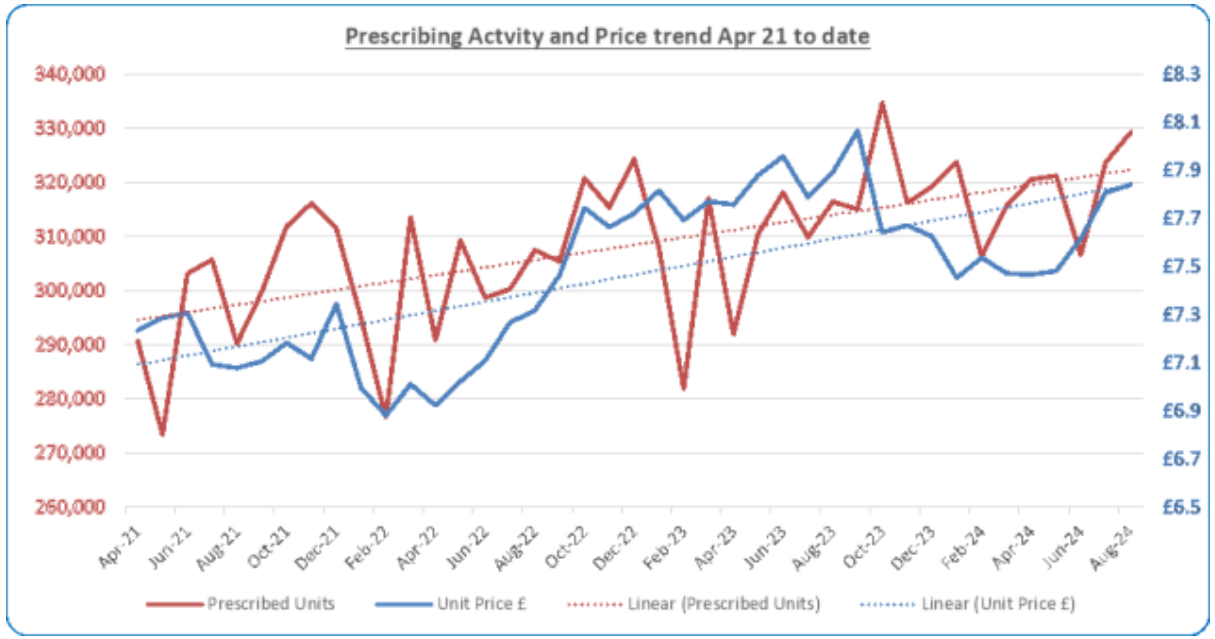
We are focused on this because:
The costs of prescribing have risen significantly from April 2022. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend has continued into FY24-25 which is driving a significant forecast saving against budget.

Status Update

A forecast underspend of -£1.9m on 2024/25 budget of £31.1m (incl £1.1m saving target). Prescribing costs are reported 2 months in arrears. This is a -£283k deterioration from the M6 forecast.

- YTD costs, M1-M5, are £0.1m higher than M1-M5 in 2023-24, 0.73%.
- Unit price decrease year on year of -1.7% in FY24-25, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate until Q3 when the full year effect of the Apixaban cost reduction is fully included.
- Prescribing activity year on year increase of 1.7%.

Prescribing cost increases	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25 (f'cast)
	£k	£k	£k	£k	£k
Prescribing Budget	22,320	23,182	24,694	28,959	31,161
Prescribing Annual costs	25,953	25,610	27,469	29,195	29,268
Yr on Yr % increase/decrease	4.4%	-1.3%	7.3%	6.3%	0.2%
Yr on Yr increase £ Total	**1,086**	**-344**	**1,859**	**1,727**	**73**
Yr on Yr increase £ Growth	-109	475	655	747	503
Yr on Yr increase £ Inflation	1,196	-819	1,204	980	-431



Risks & Challenges

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

Medicines Management savings performance and actions

- Schemes forecast to deliver £1.797m savings, an increase over target of £697k, but with inherent challenges in some schemes.
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance fora, including the Value and Sustainability Board workstream.

Continuing Healthcare Forecast 2024/25

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

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Budget £'000	24/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast %
Children	£267	£151	£157	£296	£310	£334	£717	£407	131.0%
Learning Disabilities	£957	£1,568	£1,639	£2,461	£3,549	£3,863	£4,697	£1,149	32.4%
Mental Health	£7,344	£7,801	£10,611	£13,949	£16,201	£17,371	£19,076	£2,875	17.7%
Mid Locality	£981	£925	£1,635	£1,882	£2,123	£2,305	£2,668	£545	25.7%
North Locality	£1,365	£1,537	£2,098	£2,646	£3,475	£3,833	£4,420	£945	27.2%
South Locality	£1,495	£1,958	£1,853	£1,904	£1,955	£2,036	£1,447	(£508)	-26.0%
Grand Total	**£12,410**	**£13,941**	**£17,994**	**£23,138**	**£27,613**	**£29,742**	**£33,026**	**£5,413**	**19.6%**
Number of active clients	**230**	**243**	**285**	**295**	**327**	**315**	**324**	**(3)**	**-0.9%**
D2RA				£696	£201	£0	£41	(£160)	-79.4%
FNC	£2,218	£2,095	£1,960	£2,131	£2,279	£2,489	£2,489	£210	9.2%
Total	£14,628	£16,035	£19,954	£25,966	£30,093	£32,230	£35,556	£5,463	18.2%

Performance and Action
The 2024/25 financial plan had provision for CHC inflation and assumed that the number of packages would remain consistent with the position in the autumn of 2024.

As at month 07, there is an overspend of £2.103m on year-to-date budget of £18.739m against Continuing Care and FNC. The number of CHC packages has decreased by 7 from 331 in September to 324 in October.

Across Wales, at Month 6, the forecast is for an 8.5% increase in costs in 2024/25 compared to 2023/24.

The CHC team is working with local care homes to simplify the fee rates and promptly review placements. It is responding to the opportunities identified by the national V&S Board.

What the table tells us

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

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2024/25 above that planned for and beyond the levels that can be mitigated.

There is a pressure on the weekly fees charged for packages of care.

Health Board 2024/25 Savings Programme

We are focused on this because:
Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Forecast Performance of Saving Schemes by Programme

	(£ '000s)							
	In-year 2024/25						Recurrent for future years	
Targeted Area	24/25 Recurrent Savings Target	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Red (potential)	Forecast FYE	FYE vrs Recurrent Target
2% Saving	970	2,196	22	2,218	1,248	125	923	-47
Continuing Health Care (CHC)	430	430	0	430	0	0	430	0
Commissioning	1,650	667	568	1,235	-415	1,824	1,235	-415
Community	1,180	1,103	57	1,160	(20)	14	1,220	40
Covid	1,250	1,324	0	1,324	74	0	730	-520
Medicine Management	1,100	1,735	0	1,735	635	0	1,735	635
Mental Health	1,320	469	400	869	-451	0	400	-920
Commissioning - Delayed Transfer of Care Repatriation	750	434	0	434	-316	0	434	-316
Community - Discharge Support	1,250	0	500	500	-750	750	500	-750
Total	9,900	8,359	1,547	9,906	6	2,712	7,608	-2,292

What the table tells us

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

Risks

Timescales and capacity of teams to deliver the schemes.

Performance and Actions

- As shown in the table £9.906m savings have been forecast in 2024/25, giving an over achievement of £0.006m against the £9.9m target. This forecast is not without risk, hence amber classification.
- A further £2.71m of Red pipeline ideas have been identified. These are not sufficiently scoped to warrant a green or amber rating and thus confidence at this stage to contribute to the forecast.
- The recurrent impact of saving schemes at £7.608m, is a shortfall of £2.292m against the £9.900m recurrent target.

Note: RAG rating is per WG's guidance in WHC (2023) 012: Welsh Health Circular 2023 012 (English).pdf

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WG Value & Sustainability Board

V&S Board Category	24/25 Recurrent Savings Target £'000
CHC	430
Medicines Management	1,100
Other - Commissioning	2,400
Other - Primary Care	0
Pathway	0
Procurement & Non-pay	3,470
Workforce	2,500
Grand Total	9,900

Risks and Opportunities

We are focused on this because:
The revised £22.948 deficit budget is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the revised £22.948m target deficit total.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Under delivery of amber rated saving schemes	-495	Medium
Continuing Healthcare	-1,000	Medium
Prescribing	-950	Medium
Other Contract Performance	-1,000	High
Dental PCR Income	-200	High
Other Non Pay	-800	Medium
Achievement of Further Mitigations	-4,000	High
Underlying Deficit is greater in M12 than M9 which original Plan was based on	-900	High
English Pay Award Funding	-3,750	High
Total	**-13,095**	
Opportunity		
Commissioning	500	Low
Continuing Healthcare	1,000	Medium
Core	1,000	Medium
Prescribing	500	Medium
Total	**3,000**	

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Risks

- Under Delivery of Saving Schemes – assumed amber schemes have an element of risk categorised as 32% (£0.495m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- There is a potential risk of circa £1.000m for the Health Board relating to the level of activity undertaken by our providers.
- Achievement of Further Mitigations – There is a potential risk of circa £4.000m around actions that are needed to manage the Health Board's financial performance.
- We have anticipated funding from Welsh Government of £3.750m funding in respect of the cost incurred due to pay awards in the English system. After finalisation of the Month 7 figures, it has become apparent that a much lower figure may be received.

2024/25 Financial Forecast and associated Underlying Deficit

We are focused on this because:
Currently, the financial forecast for 2024/25 is to achieve the financial plan of £22.9 deficit budget. However, as set out in the previous slide the balance of risks far outweigh opportunities. This combined with the limited remedial actions available to the organisation and the time remaining in the financial year for them to take effect mean the time has come to consider whether the financial forecast should be adjusted.

1. In March 2024, when the financial plan for a £25m deficit was approved, it was acknowledged that it was challenging, but reflected the ambitions of the Board and was based upon clear, robust assumptions.
2. In May 2024, the financial plan was improved to £23m based upon the identification of two specific further actions to seek funding for the Ready To Go Home units from the RIF and to prioritise the repatriation of patients in Herefordshire and Shropshire.
3. At Month 7, there is a £3.8m operational overspend. On a simple extrapolation, this computes to a £6.5m overspend after 12 months.
4. The combination of commissioning challenges to providers, some modest accountancy gains and actions underway to reduce the use of agency should provide up to £1m benefit this year.
5. After finalisation of the Month 7 figures, it has become apparent that funding from Welsh Government in connection with pay awards in the English system may be £3.5m lower than the Health Board has sought.
6. There are other operational risks and opportunities, such as within CHC budgets to be managed.
7. If provider hospitals were requested to reduce elective activity, expenditure could be deferred into future years. This option of reducing in-year expenditure has previously been declined by the Board due to its impact on patients' receiving treatment and the clear priority of the Cabinet Secretary to improve the timeliness of access to treatment for patients.
8. The underlying deficit of the organisation will be re-evaluated in line with the Board's decision regarding actions.

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Summary & Key Messages

1. At month 07, PTHB is reporting a £17.182m deficit. This comprises the profiled revised planned deficit £13.387m, with an operational overspend of £3.794m.
   - Actions are progressing to deliver the £9.9m savings target. Further work is required to achieve it recurrently.
   - Commissioning of healthcare is overspending, due to increased emergency and elective activity and associated costs.
   - The key operational pressures needing to be addressed are discharging patients from hospitals and agency expenditure, especially within mental health services.
   - CHC costs are much greater than budgeted for, due to greater number of packages of care and the case mix.

2. For Month 7, the revenue forecast for 2024/25 has been held at £22.948m in line with the revised financial plan. However, the balance of risks far outweigh opportunities, there are limited remedial actions available to the organisation and the time remaining in the financial year for them to take effect means the time has come to consider whether the financial forecast should be adjusted.

3. The Health Board's planned underlying position has been revised by the £2.000m financial improvement sought by the Health Board. Assuming the successful identification and delivery of recurrent savings, the underlying deficit of the Health Board is currently assessed as being £22.948m.

4. Other financial matters:
   - The Health Board has a £12.647m capital allocation, which it will manage within. Capital expenditure in the first 7 months is low.
   - Due to the £22.9m revised forecast financial deficit, the THB will require Strategic Cash in early February 2025 to meet its obligations to suppliers and staff.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices. By number, the Q2 performance is 93.1%.

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Powys THB Finance Department
Financial Performance Report – Appendices

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

Monitoring Return Reported

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

MMR Narrative

MMR Tables

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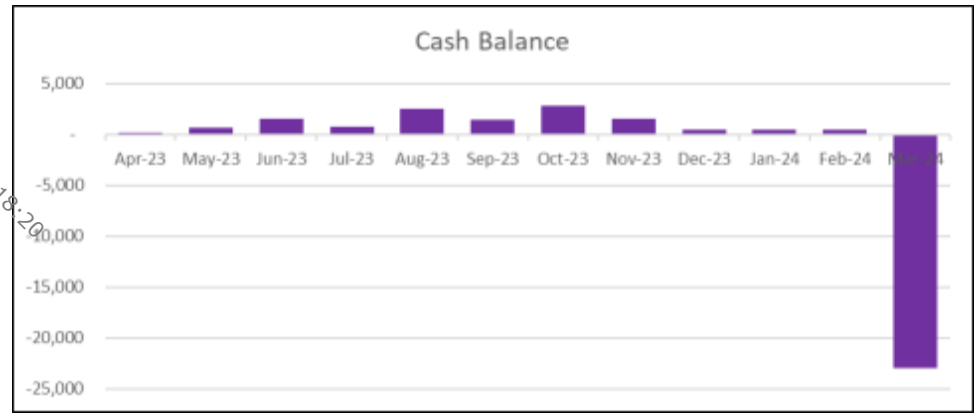
Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2024
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.978	0.978	0.301
EFAB Infrastructure	0.304	0.304	0.007
EFAB Fire	1.208	1.208	0.154
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.083
Diagnostic Equipment 2024-25	1.700	1.700	0.026
Backlog Maintenance 2024-25 - Llandrindod Wells	3.000	3.000	0.029
DPIF - RISP	0.214	0.214	0.137
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	0.198	0.198	0.000
Decarbonisation Programme	3.624	3.624	0.039
Year End Funding - October 2024	1.028	1.028	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	-0.130	-0.130	0.000
TOTAL APPROVED FUNDING	**12.647**	**12.647**	**0.776**

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Cash Flow 2024/25

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**215**	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**1,521**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	38,899	35,819	36,790	38,346	10,614
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	76	1,061	50	100	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	300	3,128	2,278	2,733	2,982
Income from other Welsh NHS Organisations	1,075	484	343	419	731	778	403	698	525	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	686	860	700	600	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,570	37,676	40,497	40,022	41,378	42,133	17,704
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,716	2,990	2,600	3,100	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	425	1,000	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,589	2,800	1,400	1,400	1,400	0
Primary Care Services : General Dental Services	478	426	474	484	523	367	439	500	500	500	500	0
Non Cash Limited Payments	86	130	152	135	134	118	117	100	100	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,836	8,898	10,000	9,200	9,200	9,200	9,200
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,565	21,428	23,691	23,723	24,450	24,450	25,412
Capital Payment	0	111	83	63	48	62	410	1,130	2,570	2,278	2,733	3,290
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	36,664	36,296	41,821	41,043	41,378	42,133	41,152
NET CASH FLOW IN MONTH	**(14)**	**462**	**914**	**(794)**	**1,776**	**(1,094)**	**1,380**	**(1,324)**	**(1,021)**	**0**	**0**	**(23,448)**
Balance c/f	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**1,521**	**500**	**500**	**500**	**(22,948)**



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Due to the £22.9m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff.

Core Financial Plan Year 1 2024/25

Financial Plan	(£m)
Underlying Deficit	25.4
Inflationary Pressures	11.7
Demand / Service Growth	5.7
Net Effect of Allocation Adjustments and COVID	-10.0
Mitigating Actions	-9.9
TOTAL DEFICIT	**22.9**

The original 2024/25 Financial Plan was a deficit of £24.9m.

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

Submission of supplementary papers and associated Minimum Data Set on 31 May 2024 revised our deficit financial plan to £22.9m, after £2.0m of additional savings were identified.

There is a range of significant risks to be managed.

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DIRECTOR OF FINANCE COMMENTARY
FINANCIAL YEAR 2024/2025
FINANCIAL PERFORMANCE TO MONTH 7 (OCTOBER 2024)

1. Introduction

Powys THB submitted an Integrated Plan to Welsh Government (WG) on 31 March 2024, which included a financial deficit of £24.948m. At a Board meeting in May, the Board approved a revised financial plan for 2024/25, which aims to achieve a financial deficit of £22.948m, which is an improvement of £2m.

2. Summary Position

As at month 7, the Health Board is reporting an overspend position of £17.182m. This can be categorised as:

- Operational overspend - £3.794m.
- Planned deficit - £13.387m.

A summary of the position is provided in Table 1 below and sections 3-9 of this report provide further details.

Table 1 – Summary of PTHB Position

Table B Categories	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(244,192)	(244,192)	0
02 - Capital Donations	(76)	(76)	0
03 - Other Income	(6,013)	(6,508)	(495)
Total Income	**(250,281)**	**(250,776)**	**(495)**
05 - Primary Care - (excluding Drugs)	26,762	26,403	(359)
06 - Primary care - Drugs & Appliances	22,275	20,759	(1,516)
07 - Provided services -Pay	63,108	64,724	1,617
08 - Provided Services - Non Pay	16,249	15,585	(664)
09 - Secondary care - Drugs	826	789	(38)
10 - Healthcare Services - Other NHS Bodies	104,020	106,942	2,922
12 - Continuing Care and FNC	18,739	20,842	2,103
13 - Other Private & Voluntary Sector	2,782	3,005	224
14 - Joint Financing & Other	5,809	5,809	0
15 - DEL Depreciation etc	3,013	3,013	0
16 - AME Depreciation etc	86	86	0
18 - Profit\Loss Disposal of Assets	0	0	0
Total Costs	**263,669**	**267,958**	**4,289**
Reported Position	**13,387**	**17,182**	**3,794**

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3. Actual Year to Date and Forecast Variance 2024/25 (Table A, B, B2, B3)

Table A:

The overall plan reported in Table A of a planned deficit of £22.948m for 2024/25 is in line with the revised plan submitted to WG on the 31 May 2024. Holding to this forecast will be increasingly challenging to the Health Board, given the expenditure run rates it is experiencing and the level of risks it is subject to. The Board continues to be especially focussed on the financial performance of the Health Board and is keeping the forecast under review.

Table B, B2 & B3:

- Primary Care (Table B Line 8)
  The Month 7 position is based on the 2023/24 outturn adjusted for known non-recurrent items or known new year adjustments, with all uplifts to the contracts assumed to be funded by WG.

- Primary Care Drugs (Table B Line 9)
  The Month 7 position is based on extrapolation of M05 PAR actual spend and the PAR forecast. Increasing dispensing fees are included in the forecast in M07.

- Provider Services Pay (Table B Line 10)
  Analysis of the Pay position is provided in section 7 of this report. Significant workforce challenges persist with substantive recruitment driving agency and locum usage at premium rates.

- Healthcare Services Provided by Other Bodies (Table B Line 13)
  With the exception of SaTH NHS Trust, sufficient 2024/25 activity information has been received from providers to enable an assessment to be made of the financial position across the THB's commissioning portfolio. There is a YTD £2.922m adverse variance on the commissioning position. This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.

  An NHS Wales financial flows agreement has been agreed for 2024/25 with LTAs agreed by the deadline of 30 June. The current forecast is based on reverting to pre covid contract arrangements.

  Contract proposals from English providers are being received and are currently being reviewed. It is noted that in the English system the efficiency savings expected of providers is being returned to commissioners.

- Continuing Care and FNC (Table B Line 15)
  There is a £2.103 m overspend reported against CHC and FNC at month 7. CHC will continue to pose a risk to financial plan delivery, as currently there are 324 packages being funded, which is greater than the planning assumption of 315. Using the metric of CHC days there has been a 7% increase in 2024/25 compared to 2023/24.

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There continue to be recently approved high-cost packages, which is reflective of the trend to greater complexity, which the Health Board is experiencing in its case mix of CHC packages.

- Covid - Table B3
    - *Health Protection and PPE (A1)* – based on Testing, Tracing & Surveillance as included in IMTP.
    - *Covid 19 Vaccination Programme (immunisation) (A2)* – based on the Vaccination Plan as included in the IMTP.
    - *Long Covid & Other (A3)*

Current expenditure against these three programmes is reflected in this table. As per the guidance, the Health Board is assuming that any variance on these programmes is managed by the Health Board.

4. Underlying Position (Table A1) & Financial Plan 2024/25

The Health Board's planned underlying position has been revised by the £2.0m financial improvement sought by the Health Board. Therefore, it has been included in Table A1 at £22.9m. As highlighted above the Board continues to be especially focussed on the financial performance of the Health Board and is keeping the forecast, including the underlying deficit, under review.

5. Risk Management (Table A2)

Tables 4 and 5 below summarise the risks and opportunities reflected in Table A2, which are currently not included in the financial forecast, or the Financial Plan submitted on 31 May 2024.

Table 4 – Risks

Risk	£ '000	Likelihood
Under delivery of amber rated saving schemes	-495	Medium
Continuing Healthcare	-1,000	Medium
Prescribing	-950	Medium
Other Contract Performance	-1,000	High
Dental PCR Income	-200	High
Other Non Pay	-800	Medium
Achievement of Further Mitigations	-4,000	High
Underlying Deficit is greater in M12 than M9 which original Plan was based on	-900	High
English Pay Award Funding	-3,750	High
Total	**-13,095**	

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Table 5 – Opportunities

Opportunity		
Commissioning	500	Low
Continuing Healthcare	1,000	Medium
Core	1,000	Medium
Prescribing	500	Medium
Total	**3,000**	

Further details on the assumptions supporting these risks and opportunities are detailed below:

Risks

- Under Delivery of Saving Schemes – these feed directly from the Savings Table and at this point we have assumed amber schemes have an element of risk categorised as 32% (£0.495m).
- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan and the forecast expenditure.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- The Health Board incurs circa 40% of its expenditure on commissioning services from others. There is a potential risk of circa £1.000m for the THB relating to the level of activity undertaken by our providers. The Joint Commissioning Committee is also forecasting a significant level of risk in the financial position, which it is reporting.
- Dental Income – it is too early to ascertain if the dental price increase has mitigated the loss in income from patient charges.
- Non-pay inflation expenditure – there is a risk that this will be greater than allowed for.
- Achievement of further mitigations – there is a risk estimated at circa £4.000m around actions that are needed to manage the Health Board's financial performance.
- Underlying deficit was £0.900m greater at M12 than M9, which original plan was based on.
- The Health Board is anticipating an allocation from Welsh Government of £3.750m funding in respect of the cost incurred due to the pay awards in the English system. There is a possibility that additional funding could be less than £0.200m, which is a significant difference. The Health Board is seeking to resolve this issue swiftly. A meeting between Welsh Government and those organisations most affected by this matter has been arranged for w/c 11 November.

Opportunities

- Providers are experiencing some capacity issues in their plans to recover waiting times. Should this continue in 2024/25, there could be a reduction in expenditure of circa £0.500m.
- Continuing healthcare – the Financial Plan assumes that there will not be an increase in packages compared to the position in the autumn of 2023. Should there be a reduction, there is an opportunity of up to £1.000m.

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- Core – the HB will continue to receive non-recurrent funding and based on historic trends there is likely to be slippage. As the financial year progresses a realistic assumption can be made. Also, inflationary pressures may be lower than assumed.
- Prescribing - If the price reductions in drugs, including those that are coming off patent continue there is an opportunity of £0.500m above the forecast expenditure.

6. Ring Fenced Allocations (Table B, N & O)

The table below provides a summary of the ring fenced and directed allocations. At Month 7, the PTHB does not anticipate any underspends against the areas shown.

Table 6 - Ring-fenced and Directed Allocations

Details of Ringfenced and Directed Allocations			
	As per Allocation letter	Allocations received in year	Total allocations
	£M	£M	£M
HCHS Allocations			
Learning Disabilities	7.494	0.000	7.494
Depreciation	5.857	0.000	5.857
Mental Health Services	32.935	0.000	32.935
Palliative care funding	0.374	0.000	0.374
Integrated Care Fund	6.386	0.000	6.386
Further Faster	0.506	0.000	0.506
Funding for Planned and Unscheduled Care Sustainability for 2022-23 onwar	5.307	0.000	5.307
Value based Recovery	0.583	0.000	0.583
Genomics	0.451	0.000	0.451
Critical care funding (including WHSSC funding)	0.174	0.000	0.174
Critical care funding (EASC funding)	0.049	0.000	0.049
Sub total - HCHS Ringfenced	**60.115**	**0.000**	**60.115**
Directed Expenditure			
Radiotherapy	0.263	0.000	0.263
Assistive Technology (Staff costs)	0.013	0.000	0.013
PH & W Coordinator Posts (WHIG)	0.035	0.000	0.035
Endometriosis Nursing posts (WHIG)	0.055	0.000	0.055
Velindre NHS Trust Chief Operating Officer Post	0.003	0.000	0.003
Cancer Support/ SLAs from Wales Cancer Network	0.023	0.000	0.023
Early Retirement Provision (ERP) funding	0.050	0.000	0.050
Sub total - Directed	**0.442**	**0.000**	**0.442**
General Medical Services	**35.685**	**0.000**	**35.685**
TOTAL	**96.242**	**0.000**	**96.242**

7. Pay including Agency/Locum (Table B2)

A breakdown of the Pay position, including spend on Agency and Locums is provided in Table 7 below, which will reconcile to the Pay line on Table 1 above.

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Table 7 – Pay Breakdown 2024/25

	Month 01	Month 02	Month 03	Month 04	Month 05	Month 06	Month 07	Total
Net Budget YTD	**8,537**	**8,784**	**8,966**	**9,262**	**9,095**	**9,375**	**9,088**	**63,107**
Spend to date:								
Contracted	7,996	8,161	8,035	8,001	8,030	8,207	8,162	56,592
Bank	245	217	183	184	208	197	223	1,456
Agency	635	818	712	546	539	569	627	4,446
Locum	274	259	389	240	331	381	355	2,230
Total Spend to date	**9,150**	**9,454**	**9,319**	**8,971**	**9,109**	**9,354**	**9,367**	**64,724**
YTD Variance	**(613)**	**(670)**	**(353)**	**291**	**(14)**	**21**	**(280)**	**(1,617)**

8. Savings (Table C, C1, C2, C3, C4)

The key assumptions within the financial plan relating to savings are:

- An ambitious recurrent £9.9m (original £7.9m plus additional £2.0m as per revised plan) savings target. Delivering this in year and on a recurrent basis will be a significant challenge for the Health Board and work continues in finalising delivery values and profiles.
- Schemes assessed as green or amber amounting to £9.9m have been identified to date.
- A pipeline of schemes and ideas has also been developed, which will lead to further tangible schemes being implemented to enable further savings to be achieved.

9. Income Assumptions (Tables D and E)

As per Table E the overall RRL at month 7 for 2024/25 is £418.4m and this includes £7.2m of anticipated allocations as detailed on Table E, including:

- £1.7m relating to paying the real living wage to staff working for organisations providing CHC.
- £3.7m anticipated in relation to the English Pay Awards. As set out in section 5 of this letter, there is a possibility that additional funding could be less than £0.2m, which is a significant difference. The Health Board is seeking to resolve this issue swiftly. A meeting between Welsh Government and those organisations most affected by this matter has been arranged for w/c 11 November.

10. Health Care Agreements & Major Contracts

Welsh LTAs were signed by the deadline of 30 June 2024. Contract proposals from English providers are being received and are currently being reviewed.

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11. Statement of Financial Position (Table F)

A list of the provisions brought forward from 2023/24 is included below Table F. The THB is reviewing the quarterly data and PES discount rate change to update the position from that reported

at the year end. It is anticipated that a movement on the provisions will be calculated for the Month 9 return. It is assumed that the closing balance sheet positions for trade receivables and trade payables will be broadly consistent with the current balance sheet positions with the working balances adjustments identified in respect of Capital and Other NHS/Non NHS trade Payables. Once updated provisions data is calculated these balances may be subject to movement.

12. Aged Welsh Debtors (Table M)

There is one aged debt reported as of 31st October 2024 that have been outstanding for more than 11 weeks and payment has been received for this on 7th November 2024.

13. Cash Flow (Table G)

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**215**	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**1,521**	**500**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	38,899	35,819	36,790	38,346	10,614
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	76	1,061	50	100	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	300	3,128	2,278	2,733	2,982
Income from other Welsh NHS Organisations	1,075	484	343	419	731	778	403	698	525	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	686	860	700	600	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,570	37,676	40,497	40,022	41,378	42,133	17,704
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,716	2,990	2,600	3,100	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	425	1,000	450	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,589	2,800	1,400	1,400	1,400	0
Primary Care Services : General Dental Services	478	426	474	484	523	367	439	500	500	500	500	0
Non Cash Limited Payments	86	130	152	135	134	118	117	100	100	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,836	8,898	10,000	9,200	9,200	9,200	9,200
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,565	21,428	23,691	23,723	24,450	24,450	25,412
Capital Payment	0	111	83	63	48	62	410	1,130	2,570	2,278	2,733	3,290
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	36,664	36,296	41,821	41,043	41,378	42,133	41,152
NET CASH FLOW IN MONTH	**(14)**	**462**	**914**	**(794)**	**1,776**	**(1,094)**	**1,380**	**(1,324)**	**(1,021)**	**0**	**0**	**(23,448)**
Balance c/f	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**1,521**	**500**	**500**	**500**	**(22,948)**

The THB confirms, based on its current revenue financial forecast, that it will require £29.4m cash assistance. This will be a mixture of circa £6m working capital cash (included within the £10.6m figure for WG cash limited revenue funding in month 12) and as shown in the table above circa £23m of strategic cash assistance. This will be refined further as the year progresses but based on this figure it is likely that the THB will require working capital/ Strategic Cash in early February 2025 to meet its obligations to suppliers and staff.

The THB notes the recent Technical Update Note 4 requesting the submission of an Accountability letter for the coverage of Strategic and Working Capital Cash by 5th December 2024.

14. PSPP (Table H)

This Table is not required for Month 7.

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15. Capital Schemes & Other Developments (Tables I, J and K)

The capital allocation shown below is based on the Capital Resource Limit dated 24th Oct 2024.

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st October 2024
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.978	0.978	0.301
EFAB Infrastructure	0.304	0.304	0.007
EFAB Fire	1.208	1.208	0.154
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.083
Diagnostic Equipment 2024-25	1.700	1.700	0.026
Backlog Maintenance 2024-25 - Llandrinodod Wells	3.000	3.000	0.029
DPIF - RISP	0.214	0.214	0.137
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	0.198	0.198	0.000
Decarbonisation Programme	3.624	3.624	0.039
Year End Funding - October 2024	1.028	1.028	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**12.647**	**12.647**	**0.776**

Discretionary Capital £0.978m

The discretionary capital limit for the year is £0.978m made up of £1.431m discretionary allocation less an agreed 30% contribution to EFAB. From this allocation there are a number of Estates and Statutory Compliance programmes being undertaken. An amount of £0.301m has been expended to date.

EFAB – Infrastructure £0.304m

An amount of £0.304m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Infrastructure. This is part of a 2 year programme of works and the funding will be used to continue next phase BMS at Ystradgynlais. Spend to date is £0.007m.

EFAB – Fire £1.208m

An amount of £1.208m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Fire compliance. This is part of a 2 year programme of works and the funding will be used to continue the fire compliance works at Brecon and at the back of the hospital at Machynlleth. An amount of £0.154m has been expended to date.

Replacement Roofing, Bronllys £0.216m

Capital funding was made available of £1.684m in respect of funding for replacement roofing at Bronllys Hospital. The purpose of the funding was to replace the Adult Mental Health ward roof £1.016m and Outpatient department roof £0.668m including PV panels for both. The funding spans two financial years with the remaining £0.216m profiled to spend in 2024/25. Spend to date is £0.083m.

Patterson,Liz 25/11/2024 14:28:20

Diagnostic Equipment £1.700m

As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £1.700m has been awarded to Powys to enable the purchase of equipment and associated capital works. There has been £0.026m spend to date.

Backlog Maintenance 2024-25 – Llandrindod Wells £3.000m
An amount of £3.000m has been awarded in respect of backlog maintenance at Llandrindod Wells Hospital. The works will continue the upgrades at the site and protect recent investments and will include replacement windows, roofing and external access improvements. Spend to date is £0.029m.

DPIF – RISP - £0.214m
As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £0.214m has been allocated to fund the digital requirements of the project. Spend to date is £0.137m.

DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation - £0.198m
Capital funding of £0.198m has been received to fund the procurement of Digital Mobile Hardware to enable the continuation of the EPMA implementation. There has been no spend to date.

Decarbonisation Programme - £3.624m
An amount of £3.624m has been awarded to undertake energy efficiency, decarbonisation and renewable energy generation projects across the estate of Powys Teaching Health Board to enable decarbonisation targets to be met. Spend to date £0.039m.

Year End Funding – October 2024 - £1.028m
Capital funding of £1.028m has been made available from Year End Funding – October 2024. Estates and Statutory compliance works will be carried out to the value £783k and £245k of medical equipment will be purchased. There has been no spend to date.

IFRS16 New Leases £0.177m
An amount of £0.177m has been received in respect of new IFRS16 leases relating to 11 new pool car contracts entered into. No further IFRS16 submissions have been made since July with the next one due for submission in early December 2024.

Donated Assets £0.130m
It is estimated that the THB will receive donated capital assets from League of Friends and the THB Charity within year.

Patterson, Liz
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16. IFRS 16 & CAME (Table Q)

This table was completed for Month 5 in line with the recent IFRS16 return submitted on the 31 July, which was approved and there are no further changes in Month 7.

17. Authorisations and Reporting

In instances where either the Chief Executive or Director of Finance are not available, signatories will be provided by their nominated Deputies, these are:

Deputy CEO – Pete Hopgood
Deputy Director of Finance – Hywel Pullen

This report together with Tables A, A2, B3 and C, C1, C2 and C3 will be presented to the Board on the 27 November 2024.

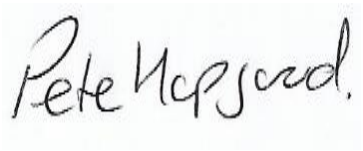
18. Conclusions and key issues

In summary this paper identifies that:

- The THB is reporting an overspend at month 7 of £17.182m.
- The THB is forecasting a £22.948m deficit in line with the revised plan submitted. However, there are significant risks surrounding this position, which the THB is seeking to mitigate.
- The THB will continue to maximise all opportunities to improve its financial position in 2024/25.
- The THB is likely to require working capital/strategic cash assistance in early February 2025.

The financial information reported in the monitoring return aligns to the financial details included within the internal Board papers.

19. Authorisation of Return



Pete Hopgood
Director of Finance
13 November 2024

Hayley Thomas
Chief Executive
13 November 2024

Patterson,Liz
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Action Point for Month 7

Movement of Opening Financial Plan to Forecast Outturn (Table A)

Action Point 6.1
The organisation is reporting Accountancy gains (£0.552m) this month that weren't forecast last month. Please provide further details of these Accountancy gains.

The majority of commissioned English healthcare providers 2023/24 year end positions were settled with the relevant NHS Trusts. The difference between the settlement figure and the amount that had been accrued has been recognised as an accountancy gain.

Monthly Positions (Table B)

Action Point 6.2
Please clarify the increase in Provider services - non-pay expenditure forecast by £1.012m and Healthcare services provide by other NHS Bodies by £2.821m.

Linked to the action point below, the Health Board continues to see pressures across its service areas, with the profile and forecast of these being adjusted accordingly in the tables this month. It is also managing a series of risks and opportunities, and at this point the Health Board in totality continues to forecast it will achieve its plan. There are significant risks to this. To maintain the integrity of the forecast in other areas, non-pay is adjusted to balance out these assumptions, until further information becomes available to refine forecasts and trends over all areas.

Action Point 6.3
I remain significantly concerned about the current forecast deficit, and in particular the following:

- If the year to date spend incurred on pay in the first six months continues, at this level during the second half of 2024/25, the forecast will be exceeded by c. £1.3m. I therefore require assurance that the mitigations planned will reduce the spending run rate.
- If the year to date spend incurred on non-pay in the first six months continues, at this level during the second half of 2024/25, the forecast will be exceeded by c. £2.8m. I therefore require assurance that the mitigations planned will reduce the spending run rate.
- If the year to date spend incurred on CHC in the first six months continues, at this level during the second half of 2024/25, the forecast will be exceeded by c. £0.7m. Again, I therefore require assurance that the mitigations planned will reduce the spending run rate.
- If the year to date spend incurred on Commissioned Services in the first six months continues at this level during the second half of 2024/25, the forecast will be exceeded by c. £2m. I therefore require assurance that the mitigations planned will reduce the spending run rate.

Patterson22
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Notwithstanding action point 6.2 in relation to non-pay; a detailed review of the profile and trajectory of the HB's expenditure in these areas, together with an assessment on a range of risks and opportunities has taken place this month, which has been reflected in the M07 return.

Action Point 6.4
Please confirm that the forecast outturn factors in the Health Board's share of the latest JCC projected overspend.

The month 6 risk share position is factored in, but we are concerned that the actual full year overspend risk shared to Powys may be higher than currently projected. We have raised this with JCC officers. This is a risk.

Savings (Table C, C1, C2 & C3)

Action Point 6.5
Although only by a small amount, the savings on Table C and C2 for previous month have been adjusted retrospectively. Prior month's information is fixed once submitted, so please reinstate these values and make any adjustments in the month 7 column in your month 7 return.

Items identified and reinstated.

Action Point 6.6
The pay and non-pay savings have not achieved the values forecast in the previous month. Also, the forecast for month 7-12 has been reduced by £0.315m. We note that this reduction in Pay and Non-pay forecast has been offset by the increase in forecast savings relating to Primary Care-Drugs and Appliances and Healthcare services provided by other Health boards. Please explain the challenges faced in the achievement of Pay and Non-Pay savings and action being taken to resolve them.

The HB's variable pay pressures are predominantly due to the high level of vacancies in services that require minimum staffing levels. The HB is seeing a small reduction as a result of a range of actions that are being carried out. Whilst not at the levels initially targeted, the effect of the actions are expected to accelerate in future months.

Non-Pay is in part related to action point 6.2, and actions to limit or reduce non-pay expenditure, through some of the saving programmes identified in the saving tracker, together with an independent review and scrutiny of all orders placed over £1,000. The HB is also reviewing accountancy gains as it becomes clearer with each month passing what can be released from prior estimates.

Resource Limit (Table E)

c/f Action Point 5.7
Despite the request last month, the Total Capital drawing limit on Table E (£11.619m) still does not agree with that of the CRL (£11.442m). Please amend in your next return.

Patterson, Liz
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Amended as per return with more recent CRL values issued on 24th October 2025.

Action Point 6.7
Please split the working balance requirement into Capital, Revenue and IFRS-16 and

include on lines 60-62.

Amended for anticipated working balances cash requirement as per return. The THB notes the required deadline of 5th December 2024 to confirm Working balance requirement.

Statement of Financial Position (Table F)

Action Point 6.8
Monthly Payables has increased by £22.000m. Please include supporting information in the narrative explaining the significant increase in payables.

This movement related to an in year coding error in Month 5 report being rectified in Month 6 between general fund and trade payables. The month 5 position of Trade Payables was incorrectly at a lower amount than it should have been due to the coding error.

PSPP (Table H)

Action Point 6.9
It is disappointing to note that the PSPP target for payment of non NHS invoices within 30 days is not currently met, and that payment of NHS invoices are also not being paid within the same timescale at a rate of 95%. Please describe actions being taken to improve the PSPP performance in the next quarter.

For non NHS invoices the impact on PSPP performance is mainly related to Agency invoices where the THB is receiving significant invoices on a monthly basis. The Finance department is working with workforce and operational colleagues (who validate the invoices) and NWSPP Accounts Payable to define a speedier receipt to payment process for this area, which is hoped to improve performance in the latter months of the year.

For NHS invoices with recurring monthly amounts the THB is implementing a schedule of approvals in advance so that the invoices can be paid upon receipt. For invoices where the charges fluctuate and require validation, work is underway with relevant departments to streamline the process to improve performance in this area.

Capital RLM (Table I)

Action Point 6.10
The Decarbonisation programme listed on table I is not listed on the Capital Resource limit. Please review and ensure alignment of both in your month 7 submission, contacting our WG Capital Colleagues if assistance is required.

The THB used the Capital Resource Limit date 11th September 2024 for the Month 6 return that had the Decarbonisation programme included as a funded item. We have subsequently received an updated CRL dated 24th October 2024, which is the basis for the Month 7 return.

Patterson,Liz
25/11/2024 14:18:20

GMS & Dental (Table N & O))

Action Point 6.11
Please accompany the GMS and Dental tables with a supporting narrative to enable us to understand any challenges faced by the service that are affecting the financial plan.

Risks around Table N and O

Table O - risk to income of further deterioration in patient charges, however, would be mitigated by reduced contract performance.
Table N – ongoing risk related to high number of GP dispensing practices and associated drivers of prescribing spend.

Ringfenced Return (Table P)

Action Point 6.12
The Further Faster scheme has no committed values. Please can you review and confirm there is no expenditure forecast for this scheme.

This has been amended and corrected. All of the Further Faster allocation is forecast to be spent.

Patterson,Liz
25/11/2024 14:18:20



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Powys Teaching Health Board

Agenda item: 4.3

BOARD	**27 NOVEMBER 2024**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Report – Month 6 (September 2024)
Presented & Approved by:	Executive Director of Planning, Performance and Commissioning
Prepared by:	Assistant Director of Performance and Commissioning Head of Performance Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	Executive Committee - 13 November 2024

PURPOSE:

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 September 2024 (month 6).

Note to the Board – due to the timing of meetings this report has not been considered by the Delivery & Performance Committee, but will be at the next meeting on the 5 December 2024.

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	N

Patterson Liz
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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The report covers all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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25/11/2024 14:18:20

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.

The month 6 IQPR is a full version including both compliant and non-compliant measures. Key provider service assurance measures, and commissioned care assurance measures continue to be developed with the availability of robust information throughout 2024/25. It should be noted that some mortality reporting is unavailable with the closure of CHKS contract.

Summary for Month 6

Performance compliance remains positive for key planned care metrics although elements within the provider remain fragile. The main planned care challenge is for diagnostics, although these long waits are slightly reduced reporting 124 over 8 weeks at the end of September compared to 140 last month. Of these breached pathways 103 patients waited for echocardiograms, 3 waited for endoscopy and a further 18 waited for non-obstetric ultrasound.

For the three referral to treatment (RTT) pathway measures the health board is compliant with 0 patients waiting over 104 weeks, 0 patients waited over 52 weeks for a new outpatient appointment, and finally an improved of position for patients waiting more than 52 weeks for treatment with a reduction to 16 over this target in September. These reported figures align with the national reduction target and health board key performance indicator trajectories.

It should be noted that PTHB is subject to national capacity challenges that impact on our predominately in-reach reliant services. Local themes include the underperformance of long-term contracts with some in-reach providers especially for General Surgery in South Powys struggling to provide capacity, and the complications of complex diagnostic delays within commissioned health boards which in turn impact multiple specialties including Ear Nose and Throat (ENT) and Orthopaedics. Currently the health board has maintained performance with the use of private insourcing but this ends in Q3 with mitigations being sought and impact being assessed. Other key actions include ongoing pathway validation and efficiencies work, appointment of key staff, and use of weekend clinics and theatre sessions.

Therapies performance remains very strong with 100% of under 18s seen within 14 weeks and reported 0 patients (all ages) waiting longer than 14 weeks including those that wait for audiology, but it should be noted that PTHB residents breach target when accessing commissioned services.

Patterson,Liz
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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 is an outlier with performance for September reporting 46.7% (target 80%), whilst adult interventions improved with 91.7% compliance. Adult patients who have a valid CTP reported 85.5% compliance, but this does not meet the national target or health board set trajectory. Adult psychological therapy waiting times remain challenging with improved but not compliant reported performance of 79.9% (target 80%). Finally, it should be noted that Mental Health inpatient services have now been de-escalated following required improvement.

Neurodevelopmental services measures for children and young people waiting to start assessment remain significantly challenging with a reduction in performance reported of 34.3% compared to 37.2% last month. There are increased numbers waiting and a backlog to the start of assessment. This service remains escalated internally at level 3 and will be escalated via the internal oversight group process (EOG) until the required de-escalation criteria are met. Funding has been secured to address the backlog and a capacity improvement plan is in place, with improvement expected from November.

For patients waiting in commissioned services long waits remain a challenge. There is ongoing improvement from Welsh providers albeit slowly against the over 104 weeks to treatment and 52-week new outpatient targets, but the total waiting list continues to grow. Additional planned care monies were released in October and there is more work to do to understand the expected impact for Powys residents. Pathways in NHS England generally result in a quicker treatment than those within NHS Wales, although all main English providers have flagged special cause concerns in key wait bands e.g., above expected number waiting. 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 increasing with current forecasting showing ongoing risk of 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 including the Bowel Screening diagnostic pathway. Demand remains above average in August, and downgrade performance within 28 days for the provider has fallen slightly to 27.8% from 33.3% last month.

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Month 6 measures by escalation level

There are a total of 50 reportable measures, and because of ongoing compliance against both national and health board submitted KPI trajectories the number escalated to level 3 has reduced to 5.

List of measures de-escalated for performance compliance.

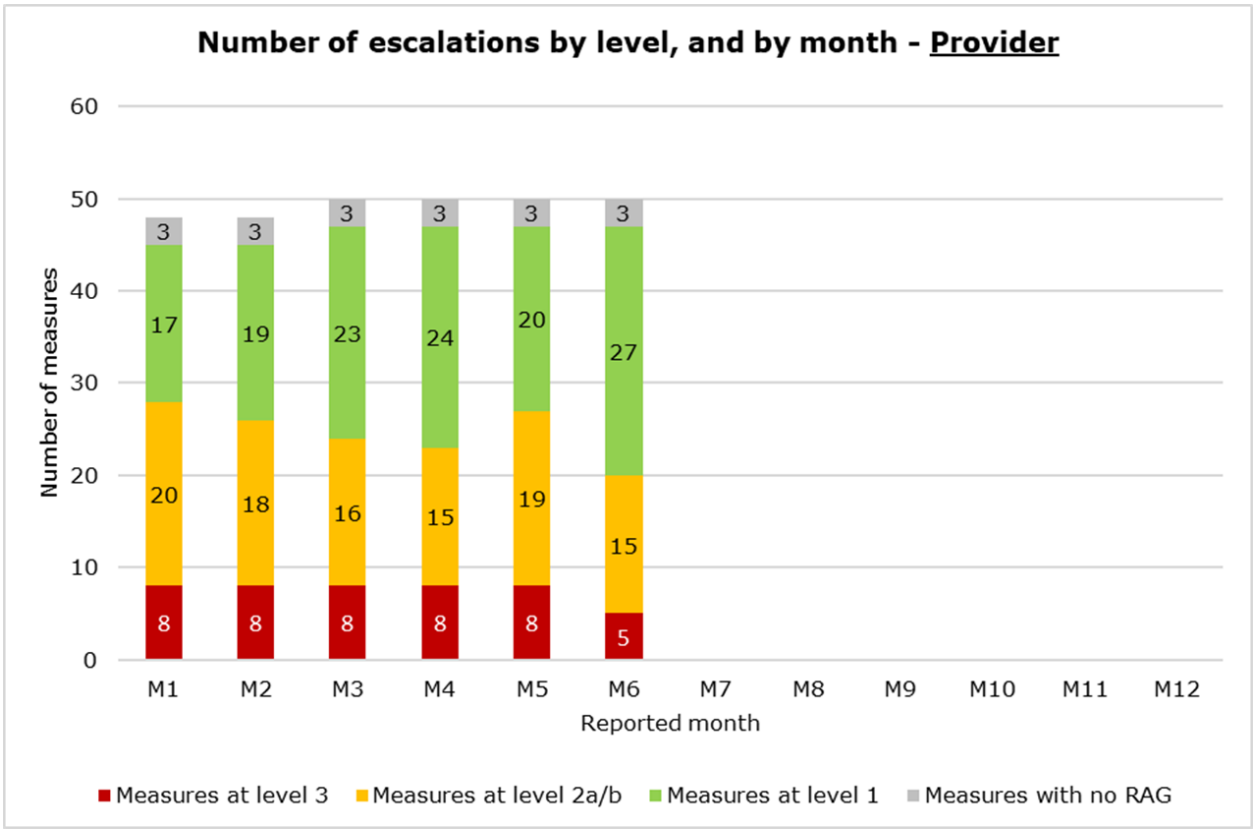
- Number of patients waiting more than 52 weeks for a new outpatient appointment.
- Number of patients waiting more than 104 weeks for referral to treatment.
- Number of patients waiting more than 52 weeks for referral to treatment.

Ongoing de-escalation is reliant on compliance and other service pressures.

A further 15 are rated at level 2a, and 27 are achieving level 1 compliance e.g., no issues reported. A further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions by the Nursing Directorate and Welsh Government on integration into the national targets.

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.

Patterson,Liz
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Key performance indicators 2024/25 (Health Board submitted trajectories)

For September 2024 the Health Board reports compliance on 5 of 6 Powys applicable submitted key performance indicator trajectories. The measure unable to meet trajectory is "patients waiting over 8 weeks for a diagnostic" which misses trajectory of zero with 124 breaches reported.

Please note that for the below tables scoring is colour and icon coded dependant on compliance of trajectory and national target, please note that:

- Value cell shading is red/green and denotes compliance to health board submitted trajectory as a key performance indicator.
- 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).

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Ministerial Priority Measures			Baseline		Month					
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8
				Actual	0	0	0	1	1	0
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0
				Actual	0	1	2	3	3	0
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0
				Actual	140	171	157	155	140	124
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0
				Actual	0	0	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%	86.0%	86.0%
				Actual	80.0%	86.5%	83.7%	93.1%	90.0%	87.5%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	95.2%	95.3%	93.0%	95.10%	87.50%	91.7%

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. It should be noted that issues with reporting for Part 2 Care Treatment Plans (adult) have resulted in a re-submission of data and retrospective changes, these changes have no effected compliance for 2024/25.

Policy Lead Priority Measures				Month					
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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%	98.0%	98.0%
			Actual	98.0%	98.1%	100.0%	94.6%	100.0%	100.0%
	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	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	80.0%	86.5%	83.7%	93.1%	90.0%	87.5%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	94.1%	93.9%	90.8%	91.0%	93.6%	94.9%
	Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
			Actual	45.4%	45.8%	39.6%	42.0%	37.2%	34.3%
	SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	98.0%	92.7%	93.8%	100.0%	100.0%	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%	75.0%	75.0%
			Actual	44.1%	54.1%	69.2%	74.0%	45.3%	46.7%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%
			Actual	95.2%	95.3%	93.0%	95.1%	87.5%	91.7%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%
			Actual	88.6%	87.2%	89.6%	87.8%	86.7%	85.5%
	Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%
			Actual	75.1%	69.4%	75.2%	76.9%	78.7%	79.9%

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NEXT STEPS:
• Work with Executive team to ensure that all measures have an Executive & Officer lead confirmed. To note the measure "Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes" still does not have an assigned Executive or Officer lead. • Integrated Quality and Performance Groups have commenced with further development on the implementation underway following initial feedback.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT
This section must be completed for all strategic organisational decisions including approval of health board policies.

Patterson,Liz
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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 6
Updated on 08/11/2024

Version – Full IQPR for Executive Committee and Board November 2024

Patterson Liz
25/11/2024 14:18:20

Contents

Delivery Area	Report section
Introduction	
Executive Summary	
Provider National Focus (NHS Performance Framework)	Level 3 Performance Challenges
	Level 2a/2b Performance Challenges
	Level 1 Achievements
	Quadruple Aim 1
	Quadruple Aim 2
	Quadruple Aim 3
	Quadruple Aim 4
Provider/Commissioned service assurance	Provider Cancer & Quality & Safety
	Planned & Emergency Care Inc. Cancer
Key health board trajectories	

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

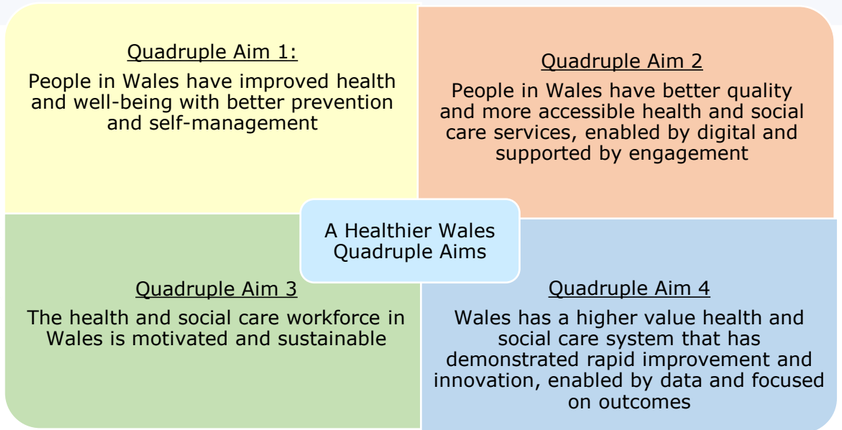
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

The IQPR uses key NHS Performance Framework measures updated for 2024/25 which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards performance as both a provider and commissioner of care focusing on key challenge and success.

This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of the service area. The IQPR will continue to be developed with further inclusion of key measures.

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. Link to the NHS Wales performance framework 2024 to 2025 | GOV.WALES



Patterson Liz
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What is the Integrated Quality and Performance Framework (IQPF) in Powys?

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

The IQPF is a revision of the 2023/24 Integrated Performance Framework 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

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

Please note that this framework replaces the 23/24 business reporting rules as used within the Integrated Performance Framework and report.

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Escalation level	Trigger	Action expected	Monitoring and support
Level 1 (No concerns)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision. **De-escalation:** The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

Patterson Liz
25/11/2024 14:18:29

Summary of Performance – Month 6

Performance compliance remains positive for key planned care metrics although elements within the provider remain fragile. The main planned care challenge is for diagnostics, although these long waits are slightly reduced reporting 124 over 8 weeks at the end of September compared to 140 last month. Of these breached pathways 103 patients waited for echocardiograms, 3 waited for endoscopy and a further 18 waited for non-obstetric ultrasound.

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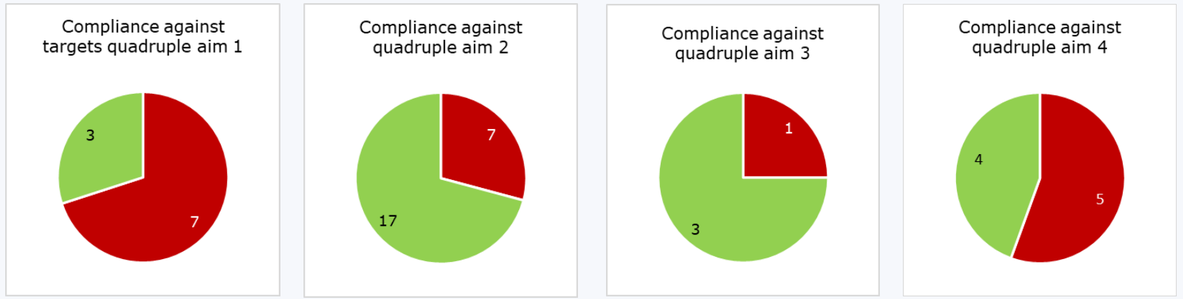
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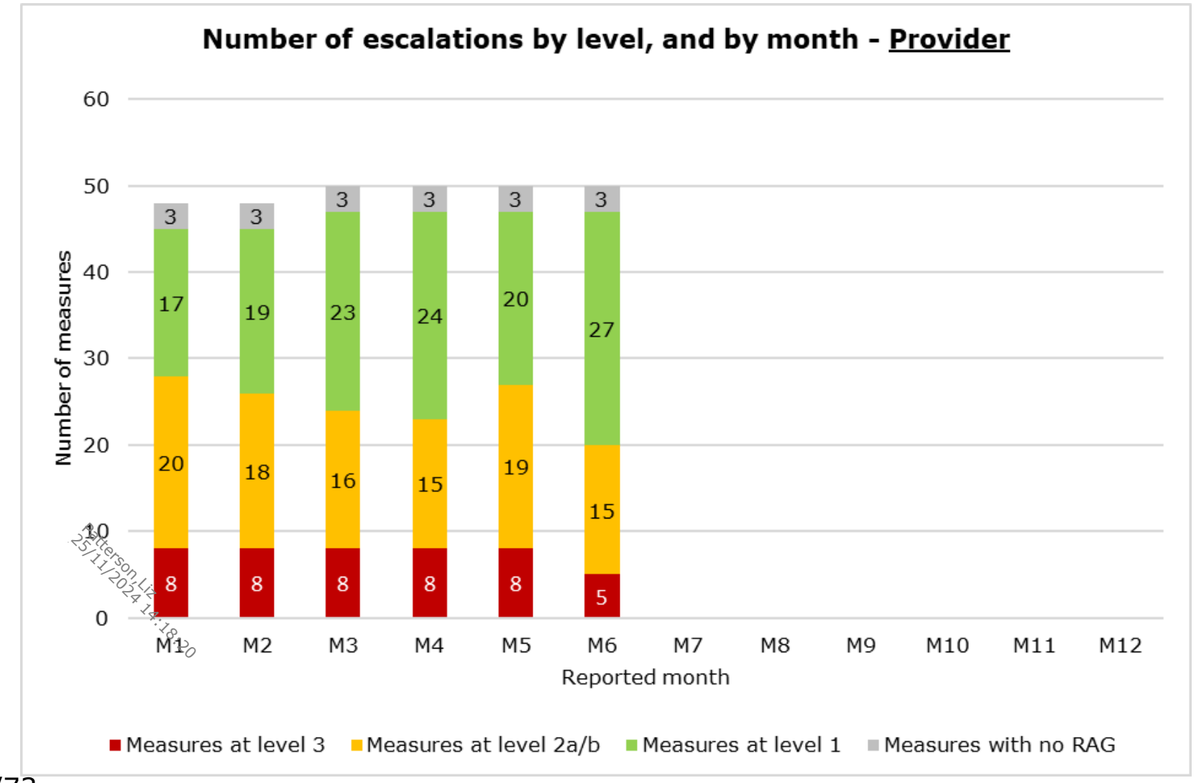
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Visual summary of performance at month 6 (September 2024)

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 6 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.

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Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Jul-24 | Target: 90% | Actual: 11.1% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance	In-reach consultant unavailable during Q1 due to unplanned circumstances, backfill provided by in-source provider. 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.
17	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over** Period: Sep-24 | Target: 80% | Actual: 46.7% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance. Prior to change in process from January 2024 service reported special cause concern. Service is also under a 2a escalation for Inpatient care which is being reviewed via PEQS.	Staffing fragility including shortfall in administration capacity, practitioner sickness and vacancies, and summer annual leave.	Temporary shortfall in our administrative and clinical team has caused a dip in performance but work to bring the administrator back to into post should see an improvement from October.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Sep-24 | Target: 0 | Actual: 124 | SPC icon	This metric has been escalated due to ongoing service pressure and non-compliance against Welsh Government set target. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group linked to in-reach fragility.	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.
31	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%** Period: Sep-24 | Target: < same month pre. year | Actual: 1049 | SPC icon	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.
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Sep-24 | Target: 80% | Actual: 34.3% | SPC icon	Poor compliance & system challenges with service agreement. Currently performance continues to fall against the key metric with increasing waiting list time and backlog of patients waiting for assessment.	Referral demand on service has changed significantly post COVID. ND service in receipt of non-recurrent funding. Challenge of assessment backlog impacting on the waiting list.	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.

Patterson Liz
25/11/2024 14:18:20

Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
1	**Percentage of adult smokers who make a quit attempt via smoking cessation services** Period: Q1 2024/25 | Target: 5% cumulative annual target | Actual: 1.54% | SPC icon: N/A	Measure not meeting target	As the percentage of adult smokers in Powys falls it leaves remaining the group of smokers who find it most difficult to quit and are often facing complex issues.	Improving access and client focus and implementing an improved communication and engagement plan for public, professionals and partner agencies.
2	**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks** Period: Q1 2024/25 | Target: 40% Annual target | Actual: 18.6% | SPC icon: N/A	Measure not meeting target	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.	Drop-in CO validation clinics in Welshpool and Brecon. Local pharmacies offering CO validation to community clients in Newtown.
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5** Period: Q1 2024/25 | Target: 95% | Actual: 91.1% | SPC icon: N/A	Measure not meeting target	Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.	Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q1 2024/25 | Target: 90% | Actual: 78.4% | SPC icon: N/A	Measure not meeting target	No issues to report	Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Mar-24 | Target: 75% | Actual: 69.9% | SPC icon: N/A	Measure not meeting target Please note new Flu season reporting has not start yet.	Adult flu vaccine is offered through GP Practices, most community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data and therefore reliant on the timely input into the GP data system	Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: Sep-24 | Target: 75% | Actual: 2.0% | SPC icon: N/A	Measure not meeting target	Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore are not included in invitations for a booster. 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.

Patterson Liz
25/11/2024 14:18:20

Level 2 - Performance Challenges

Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance, or deterioration of performance over time.

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
12	**Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes** Period: Aug-24 | Target: > same month pre. year | Actual: 48.8% | SPC icon: N/A	Measure not meeting target	GP practices are challenging data accuracy.	Ongoing data investigation with NHS England and the Welsh DHCW.
19	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes** Period: Sep-24 | Target: 65% | Actual: 47.3% | SPC icon: 	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)
20	**Median emergency response time to amber calls** Period: Sep-24 | Target: 12 month reduction target | Actual: 00:56:58 | SPC icon: 	Measure not meeting target	Demand for urgent care services continues to increase including calls to 999 ambulance services.	All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. All Wales urgent care system escalation calls being held daily (often more than once per day).
35	**Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health** Period: Sep-24 | Target: 80% | Actual: 79.9% | SPC icon: 	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.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Sep-24 | Target: 85% | Actual: 82.1% | SPC icon: 	Measure not meeting target	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.	Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. Low compliance is addressed with individual managers and signposting to guidance also takes place
42	**Percentage of calls ended following WAST telephone assessment (Hear and Treat)** Period: Apr-24 | Target: 17% or more | Actual: 10.3% | SPC icon: N/A	Measure not meeting target	This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.	Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

Patterson Liz
25/11/2024 14:18:20

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
43	**Number of Pathways of Care delayed discharges** Period: Sep-24 | Target: 12-month reduction trend | Actual: 59 | SPC icon	Measure not meeting target	• Increased deconditioning following extended stays. • Increased assessment delays trending upward. • Limitations of domiciliary care market and wider social care provision market capacity & responsiveness. • Increasing community demand. • Delayed social care allocation and assessment.	• Increased discharge liaison officers in post. • Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge. • Working with PCC to facilitate improved Domiciliary care market capacity and better understand demand. • Proposed test of change for several Community Hospital sites operating model (RTGU and Rehabilitation)
45	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over** Period: Sep-24 | Target: 90% | Actual: 85.5% | SPC icon		North Powys vacancies and sickness absence continue to impact. The service is significantly affected by Social Services inability to undertake their share of Office Duty	Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. Continue to advertise recruitment positions.
54	**Number of National Reportable incidents that remain open 90 days or more** Period: Sep-24 | Target: 12-month reduction trend | Actual: 15 | SPC icon	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

Patterson Liz
25/11/2024 14:18:20

Level 1 – No concerns

Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories.

No.	Measure description	Period	Target	Actual	SPC icon
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Q1 2024/25	4 quarter improvement trend	70.5%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Jul-24	90%	92.4%	
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Aug-24	95%	96.0%	
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)	Sep-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	34.3%	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Sep-24	Increase compared to the same month in the previous year	464	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Sep-24	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Sep-24	80%	87.5%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 years and over	Sep-24	80%	91.7%	
21	Median time from arrival at an emergency department to triage by a clinician	Aug-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	Aug-24	60 minute or less	6	N/A
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	Sep-24	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Sep-24	Reduction compared to the same month in the previous year, towards the national target of zero	0	

Patterson, Liz
25/11/2024 14:18:20

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
27	Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy	Sep-24	100%	100%	
28	Number of patients (all ages) waiting more than 14 weeks for a specified therapy	Sep-24	0	0	
29	Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology	Sep-24	0	0	
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	Sep-24	0	0	
32	Number of patients waiting more than 104 weeks for referral to treatment	Sep-24	0	0	
33	Number of patients waiting more than 52 weeks for referral to treatment	Sep-24	Month on month reduction towards a target of 0 by June 2025	16	
36	Percentage of sickness absence rate of staff	Sep-24	12-month reduction trend	5.0%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Jun-24	Rolling 12-month reduction against a baseline of 2019/20	9.0%	
38	Agency spend as a percentage of the total pay bill	Sep-24	12-month reduction	9.7%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jul-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	Aug-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	Sep-24	90%	94.9%	
46	Number of service user feedback experience responses completed and recorded on CIVICA	Sep-24	Month on Month Improvement	271	
51	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Sep-24	12-month improvement trend towards national target of 95%	69.0%	

Patterson Li... 25/11/2024 14:19:24

Non-RAG rated measures

47, 48, 49	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Sep-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)	Sep-24		1.49	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Sep-24		23.83	

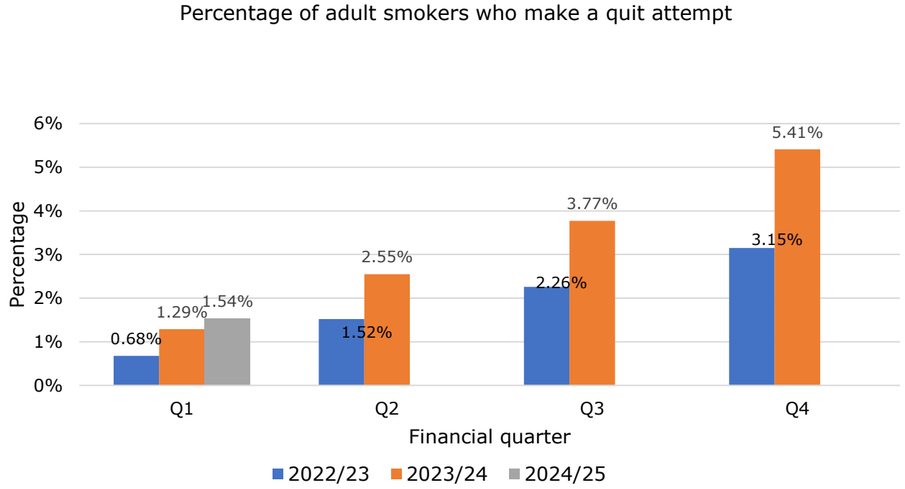
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 1** | **Powys as a provider**

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q1 2024/25	Status of measure	Level 2a
Reported performance	1.54%	Benchmark position (Wales)	3rd (1.28%)
Target	5% cumulative annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	Not applicable		



What the data tells us

Performance for Q1 2024/25 is 1.54%, which is higher than Q1 last year (1.29%), so is on track to achieve the 5% target again in 2024/25. The rolling 12-month performance is 5.52%.

Peterson Liz 15/11/2024 14:18:20

Challenges

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

Actions & Mitigations

Improving access and client focus:

- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices to inform service delivery planning. In addition to individual face-to-face and telephone support, group support option is currently available in Brecon and Welshpool.
- Clinical Lead in Smoking Cessation has visited all hospital wards in Powys to promote Smoking Cessation Service to ward staff for any inpatients identified as smokers on admission to access Nicotine Replacement Therapy and behavioral support.
- Smoking Cessation Team have supported some Farming Fit sessions with promotional material and stop smoking advisers support.
- Clinical Lead in Smoking Cessation has shared with Midwifery Lead reports on rates of CO monitoring at booking and OPT OUT referral process for all pregnant smokers in Powys by geographical team. The teams with lower referral rates and CO monitoring rates have been offered further support from the team.

Implementation of communication and engagement plan for public, professionals and partner agencies, including:

- The GP Text message project targets registered smokers with offers of specialist support to quit, commencing in areas of deprivation. It is currently running in 6 GP practices and planning underway to commence in 2 new GP practices.
- New NRT protocol for inpatients and the smoke free hospital policy have been promoted to PTHB staff.

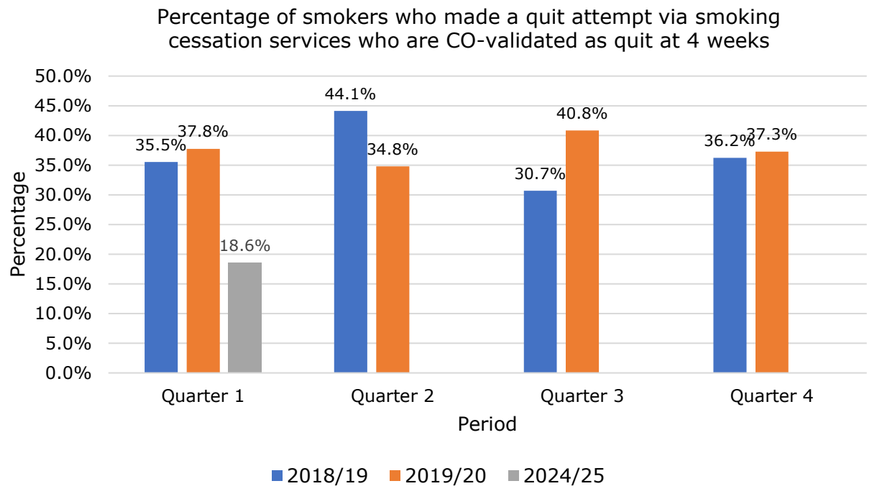
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 2**

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

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner

Latest available	Q1 2024/25	Status of measure	Level 2a
Reported performance	18.6%	Benchmark position (Wales)	5th (25.0%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- This measure returns to the NHS Performance Framework for 2024/25, it is not a brand-new measure and was last used by Welsh Government as part of the performance framework in 2020-21 but had been retired during the pandemic.
- In Q1 2024/25 18.6% made a quit attempt which was CO validated; in addition, 52.3% made a self-reported quit attempt.

Peterson (25/11/2024 14:18:20)

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 continue to be offered in Welshpool and Brecon with the aim of supporting increasing CO validated quits.
- 2 local pharmacies in Newtown have commenced offering CO validation on a trial basis to community clients. Smoking Cessation team are working in partnership to support this.
- Sonography team can offer CO validation at routine scan appointments to pregnant women who have quit smoking. In addition, a pilot project has commenced providing all pregnant women with their own personal CO monitor to assess impact on CO validation rates.

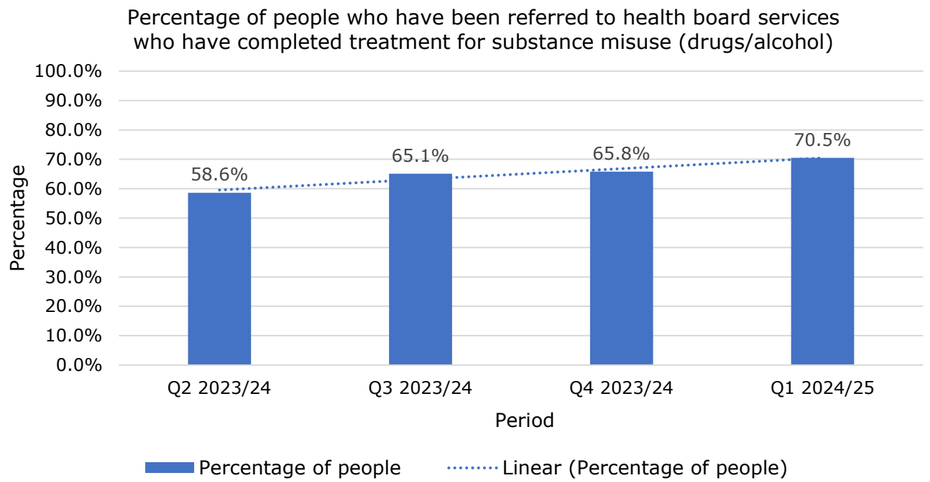
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 3**

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

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

Latest available	Q1 24/25	Status of measure	Level 1
Reported performance	70.5%	Benchmark position (Wales)	2nd (57.2%)
Target	4 quarter improvement trend		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Reported performance in Q1 2024/25 has met the required target of a 4-quarter improvement trend.
- The health board benchmarks 2nd in Wales with an All-Wales position of 57.2% for Q1 2024/25.

Jefferson Liz 25/11/2024 14:18:20

Challenges

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

Actions & Mitigations

- Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from HIW review.
- PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023 who continues to provide liaison with the provider.
- The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.
- Regular commissioning monitoring meetings with provider in place to monitor community demand.
- Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.
- Recruitment campaign for remaining vacant Dual Diagnosis post.

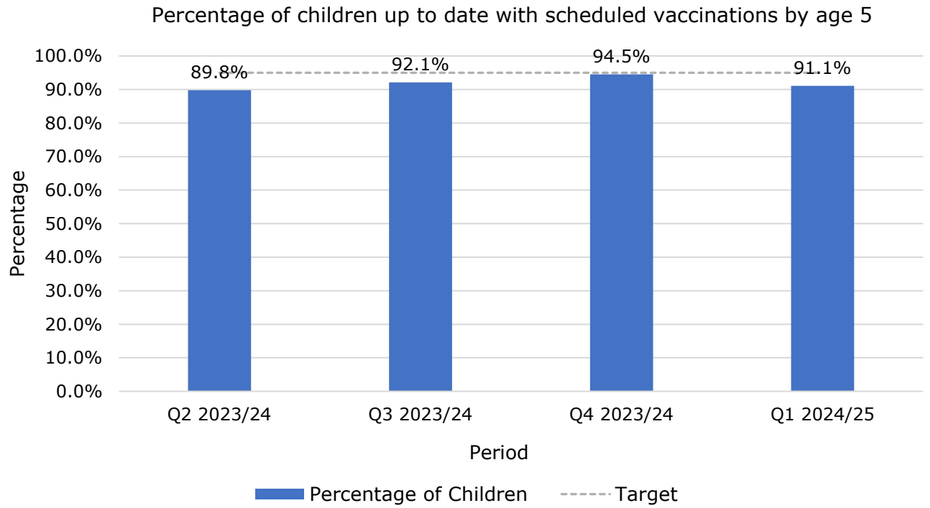
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 4**

Vaccinations - Percentage of children who are up to date with the scheduled vaccinations by age 5 (‘4 in 1’ preschool booster, the Hib/MenC booster and the second MMR dose)

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Q1 2024/25	Status of measure	Level 2a
Reported performance	91.1%	Benchmark position (Wales)	1st (87.7%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2024/25		



What the data tells us

- Reported uptake performance for Q1 (91.1%) remains just below target (95%) and is slightly below Q1 2023/24 (91.7%). However, uptake is highest in Wales.

Patterson Liz 25/11/2024 14:18:20

Challenges

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.

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 being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Ongoing support provided 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 completed and the Health Board achieved the WHC target of reaching over 90% for 2 MMR vaccines in both primary and secondary schools.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPRiS (the child health record database).
- The All-Wales data collection CHIPS pathway is currently being updated.

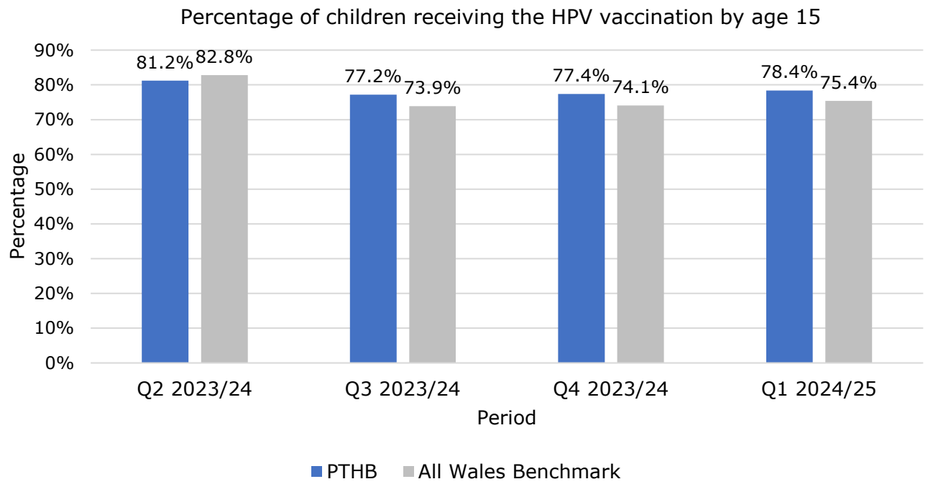
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 5**

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

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health

Latest available	Q1 2024/25	Status of measure	Level 2a
Reported performance	78.4%	Benchmark position (Wales)	3rd (75.4%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q1 2024/25 78.4% against the new 90% target for HPV vaccinations by age 15.

Patterson Liz 25/11/2024 14:18:20

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.
- HPV vaccine is delivered in Powys schools during the quarter 1 (school summer term); uptake for Q1 2024 was 78.4%.

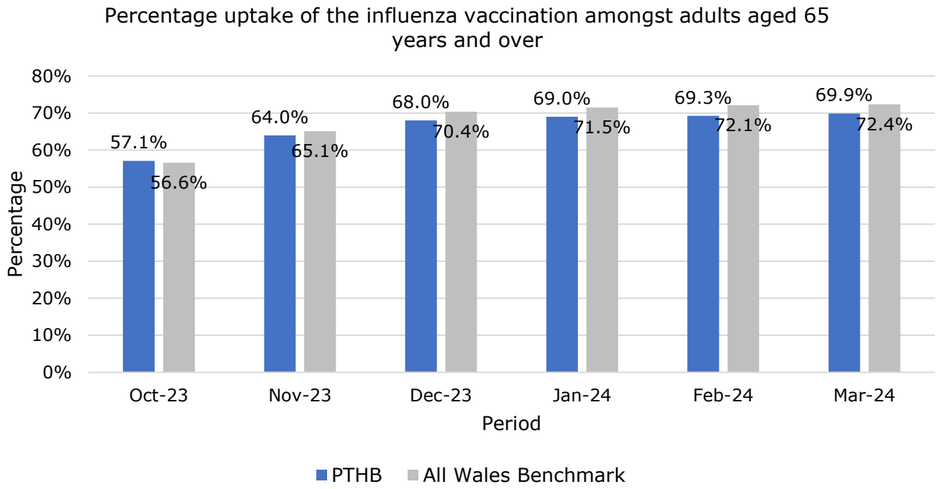
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Access & Activity | **NHS Performance Measure – 6**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Mar-24	Status of measure	Level 2a
Reported performance	69.9%	Benchmark position (Wales)	5th (72.4%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 23/24 season of vaccination has finished		



What the data tells us

- To note this is a cumulative measure and will only be updated during active influenza vaccination period.

Patterson Liz 25/11/2024 14:18:20

Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Adult flu vaccine is offered through GP Practices, most community pharmacy
- Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy. This data needs to be manually inputted by GP Practices so therefore incomplete data and underreporting of uptake.
- Adult flu commencing later this season, October 2024, to ensure 2–3-year-olds targeted first. Vaccinating adults in October, however, does allow the older population to be appropriately protected in the peak season of flu.

Actions & Mitigations

- Actions implemented
  - 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.
  - Additional targeted support provided to GP Practices to increase uptake
  - Continued monitoring of uptake, and engaging with GPs to encourage further sessions, drop-ins and mop up clinics.

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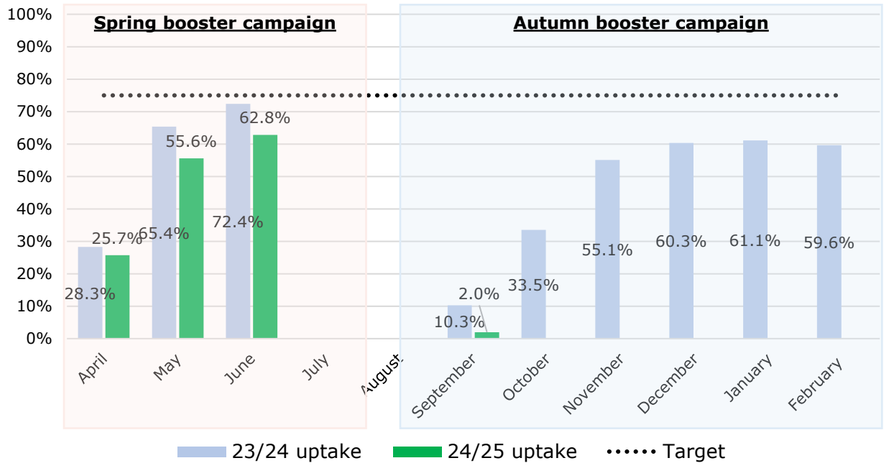
Access & Activity | **NHS Performance Measure – 7**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	2.0%	Benchmark position (Wales)	7th (6.5%)
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?			

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

Spring booster campaign
This campaign is complete, PTHB did not meet the 75% target to the end of June.

Autumn booster campaign
Official start date was 1 October; in September there was a limited targeted approach to vaccinating specific eligible individuals resulting in a very limited percentage (2.0%) of recorded uptake.

Challenges

- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore are not included in invitations for a booster.
- Official start of the Autumn Booster Campaign was 1st October 2024, some Health Boards across Wales took the decision to offer COVID Vaccination clinics prior to the official launch of the Campaign. In Powys only those eligible for a vaccination outside of a campaign window were vaccinated during month 6 (i.e. those who require re-vaccination due to immunosuppression after receiving bone marrow transplants or CAR-T therapy).

Actions & Mitigations

- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.
- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Active offers to eligible citizens who have not completed their primary course to increase the number of citizens in each cohort who will be eligible for a booster vaccination.
- Primary course is reduced from 2 doses to a single dose (2 doses remain for immunosuppressed) which will mean the number eligible for a booster is increased.

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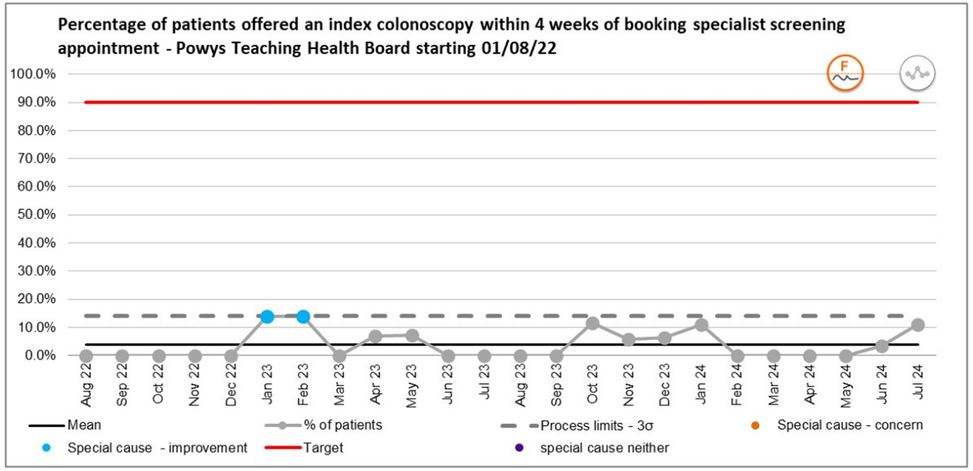
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Access & Activity | **NHS Performance Measure – 8**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services

Latest available	Jul-24	Status of measure	Level 3
Reported performance	11.1%	Benchmark position (Wales)	6th (16.6%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 11.1% in July 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 for enhanced monitoring.
- The latest snapshot (data as of the 27th of September) for actual waiting times in Wales reports PTHB and having a waiting time average of 2 weeks 5 days. The Welsh average for the same period was reported as 7 weeks 6 days.

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.
- Service extremely fragile with in-source requirement to continue meeting current demand due to national shortage of colorectal capacity and acute care provider pressures including recent business continuity challenges for CTMUHB.
- Further expansion of national FIT test criteria from October is anticipated to increase demand.
- Current insourcing arrangements will end in Q3, awaiting re-procurement process.
- 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.

Actions & Mitigations

- Positive assurance review during Q3 with Public Health Wales, complimented in terms of service development and access times improvement.
- Increased number of patients being assessed and screened in PTHB, the service is also repatriating patients from CTMUHB pathways.
- 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.
- 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.

Powys Teaching Health Board

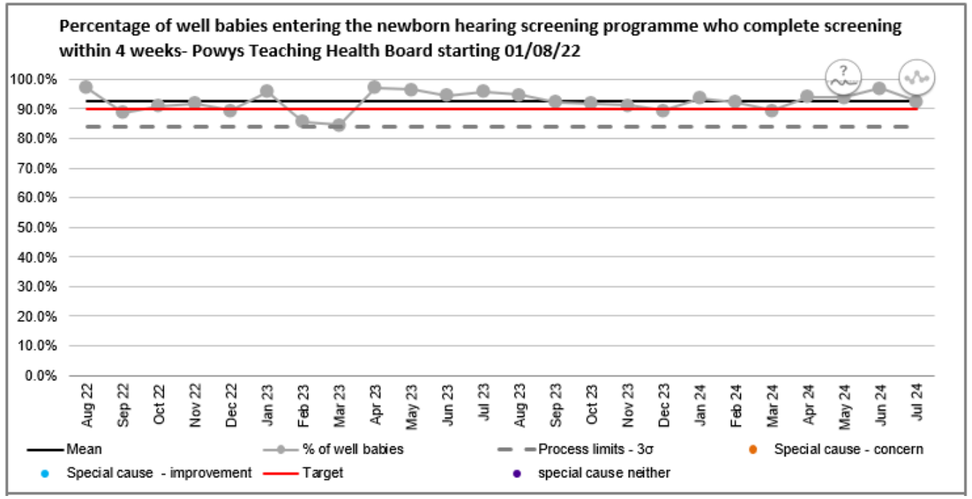
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Access & Activity | **NHS Performance Measure – 9**

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Women's and Children's Services

Latest available	Jul-24	Status of measure	Level 1
Reported performance	92.4%	Benchmark position (Wales)	7th (98.2%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys performance reported 92.4% compliance in July against the 90% target (ranked 7th in Wales).
- All Wales performance for July is 98.2%.

Stephenson Liz
01/11/2024 14:18:20

Challenges

- No challenges reported as of 07/11/2024

Actions & Mitigations

- No actions or mitigations reported as of 07/11/2024

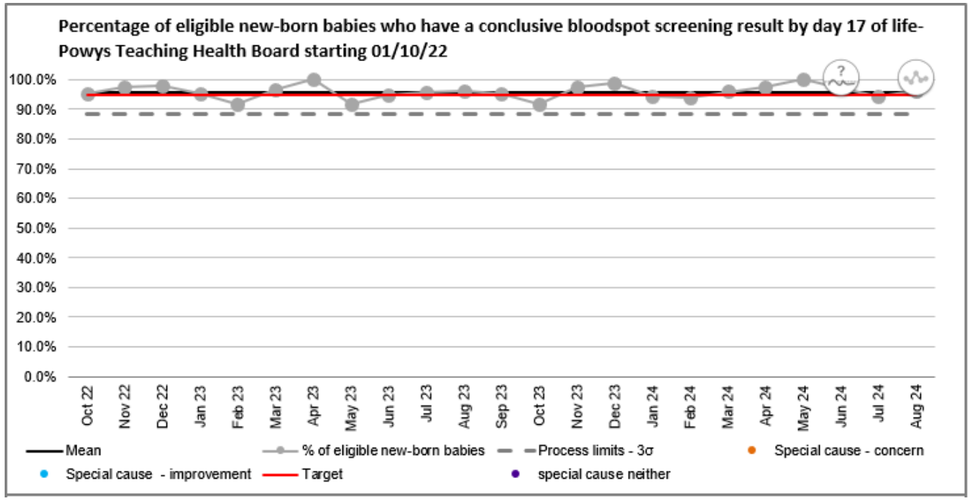
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Access & Activity | **NHS Performance Measure – 10** | **Frequency - Monthly**

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

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Women's and Children's Services

Latest available	Aug-24	Status of measure	Level 1
Reported performance	96.0%	Benchmark position (Wales)	5th (96.4%)
Target	95%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		



What the data tells us

- Powys Performance reported 96.0% in August against the national target of 95%. The health board ranks 5th in Wales against an All-Wales position of 96.4%.

Patterson Liz 25/11/2024 14:18:20

Challenges

- This service cannot be provided in Powys e.g., external neo-nates care testing, and testing laboratories can cause challenges with reporting and non-compliance.

Actions & Mitigations

- Continue to utilise the courier service to enhance timely collection and deliveries to laboratory.
- Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency.
- Collection days have been amended to improve transport to the laboratory.
- This was related to one baby that was based in special care and as it is postcode dependant, meant that as it was not taken within the 17 days, affected our rates. (so not related to midwifery in Powys)

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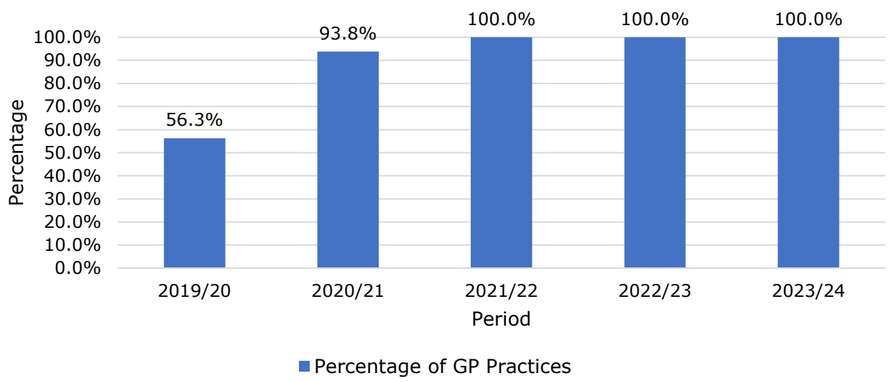
Access & Activity | **NHS Performance Measure – 11** | **Frequency - Annual**

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

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

Latest available	2023/24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (95.5%)*
Target	100%		
SPC assurance rating	Not applicable for this measure		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	Not required		

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



What the data tells us

- National Access Standards achievement for 2023/24 confirms 100% compliance against all targets.

Patterson Liz 25/11/2024 14:18:20

Challenges

- Element of the Access Standards, previously known as Phase 1 Standards are now embedded in the Unified Contract, effective from 1st October 2023. These areas are now picked up under routine contract monitoring.
- The Access Standards comprise of what was previously known as Phase 2 standards. These standards are optional, however 100% practices participated in the Access Standards 2023/24

Actions & Mitigations

- PTHB Access Forum monitor and reviews compliance with Access Standards – formal quarterly review in place
- Unified Contract Assurance Monitoring checks ongoing compliance with the unified contract and the Access Standards.
- Compliance against open hours and appointment availability regularly monitored by Primary Care Department.
- Any raised access concerns are followed up with individual practices.

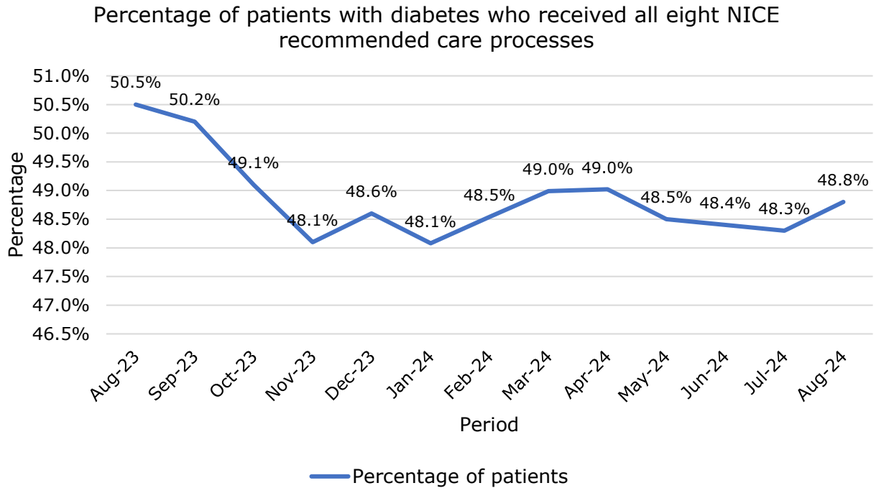
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Access & Activity | **NHS Performance Measure – 12**

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

Executive lead	TBC	Officer lead	TBC

Latest available	Aug-24	Status of measure	Level 2a
Reported performance	48.8%	Benchmark position (Wales)	1st (42.1%)
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?			



What the data tells us

- Compliance for this metric continues to fall from the start of the year reporting 48.8% in August. It should be noted that the All-Wales average for the same period is 42.1% and PTHB benchmarks first in Wales.

Stephenson Liz
23/01/2024 14:18:20

Challenges

- GP practices are challenging data accuracy.

Actions & Mitigations

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

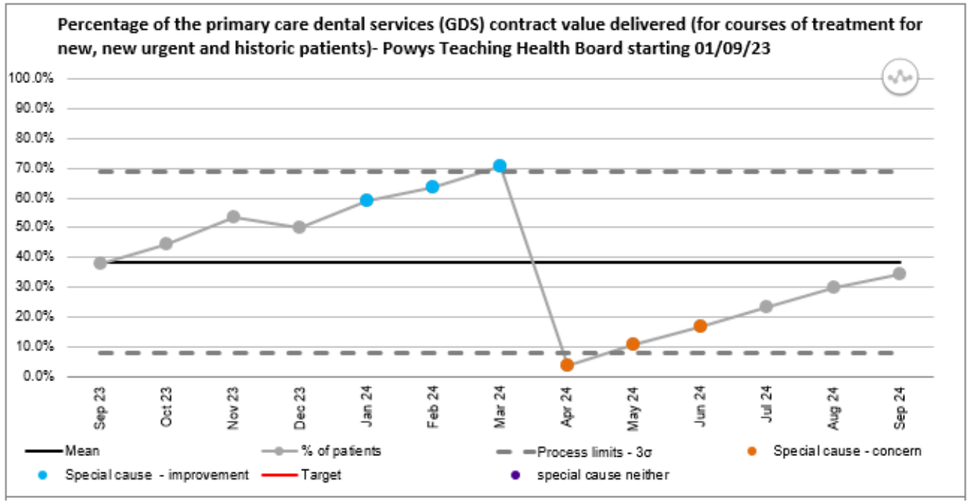
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Access & Activity | **NHS Performance Measure – 13** | **Frequency - Monthly**

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

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

Latest available	Sep-24	Status of measure	Level 1
Reported performance	34.3%	Benchmark position (Wales)	5th (41.2%)
Target	Deliver 30% contract value by Sep-24 and 100% by Mar-25		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	NHSBSA		
Recover by?			



What the data tells us

- Reported performance in September meets the required 30% target reporting 34.3%, and the health board benchmarks 5th with against the All-Wales position of 41.2%.
- Data provided by the NHS Business Services Authority (NHSBSA) only reports against Units of Dental Activity (UDA) and does not include a significant element of contracts under "contract reform" e.g., not a complete picture of compliance for dental practices in PTHB.

25/11/2024 18:20

Challenges

- Regulatory limitations impacts on the health board's ability to action recurrent contract reductions; therefore the release of cash to improve access in other areas of Powys is limited. Contractors are reluctant to commit to permanent contract reductions.

Actions & Mitigations

- Mid-year contract review meetings completed with all eligible UDA practices and 100% of Contract Reform Practices.
- Non recurrent adjustments being implemented for underperforming practices through mutual agreement (if agreed).
- Contract performance date is monitored on an individual contract basis monthly via the GDS monitoring group.
- Year-end forecasting in place and reviewed/updated monthly.

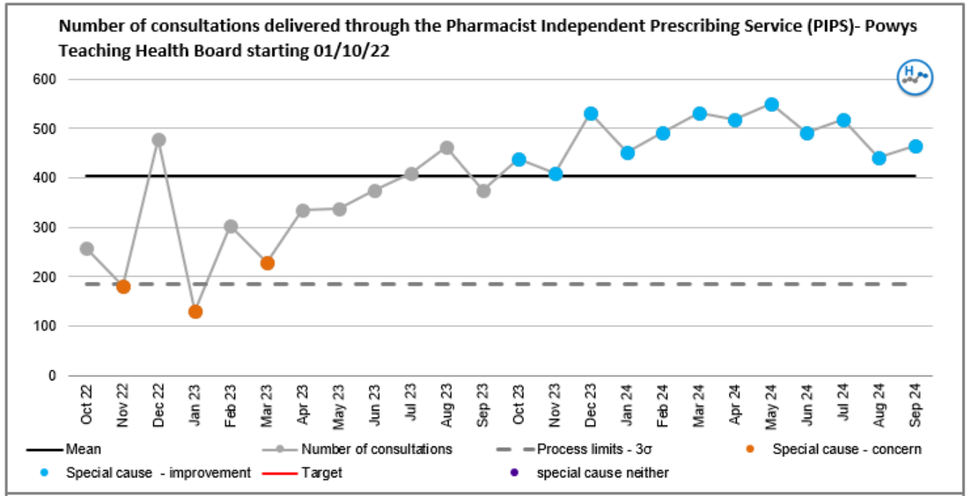
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Access & Activity | **NHS Performance Measure – 14** | **Frequency - Monthly**

Primary Care - Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)

Executive lead	Executive Medical Director	Officer lead	Chief Pharmacist

Latest available	Sept -24	Status of measure	Level 2a
Reported performance	464	Benchmark position (Wales)	
Target	Increase compared to the same month in the previous year.		
SPC assurance rating	Special cause – improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



Challenges

- Identifying mentors to support trainee Pharmacist Independent Prescribers (PIP) is a limiting factor – many struggle to identify a suitable, willing mentor.
- Please note that data validation has retrospectively change December 2023 previously number of consultations recorded from 548 to 532.
- Please note that data validation has retrospectively changed August 2024 previous number of consultations recorded from 423 to 440

Actions & Mitigations

We now have 7 Pharmacies with active Pharmacist Independent Prescribers:

- Llanidloes Pharmacy
- Llanwrtyd Wells Pharmacy
- Primrose Pharmacy – Haygarth
- RM Jones – Hay on Wye
- RJ Davies – Lower Cwmtwrch
- JG and RJ Davies – Ystradgynlais
- Well Pharmacy, Brecon

The health board is continuing to work with contractors to promote Pharmacist Independent Prescribers.

What the data tells us

- This was a new measure for the 2023/24 NHS Performance Framework. PIPS is the first UK nationally commissioned community pharmacy prescribing service with the aim to increase access to services that should relieve pressure across the NHS including common ailment services, emergency medicine supply, influenza vaccinations, and emergency, bridging and quick start contraception.
- Performance against the measure shows PTHB is compliant (i.e. showing an increase in consultations compared to the same month in the previous year): 464 consultations were delivered in September 2024 compared to 374 consultations in September 2023.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	334	339	375	410	463	374	439	409	532	451	491	531
2024/25	517	551	492	517	440	464						

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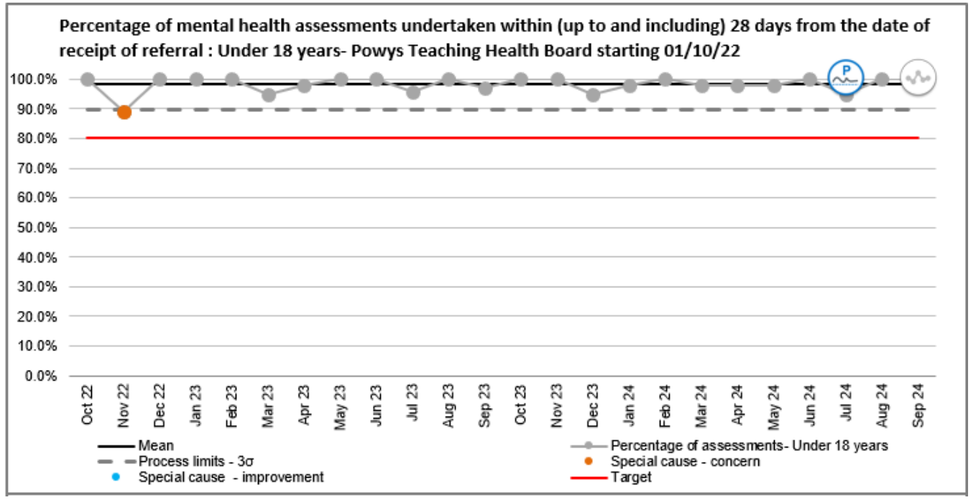
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Access & Activity | **NHS Performance Measure – 15** | **Frequency - Monthly**

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

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

Latest available	Sep-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (91.9%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?			



What the data tells us

- LPMHSS assessment carried out for young people (under 18 years of age) is reporting 100% compliance in September 2024, the health boards performance against this measure has met or exceeded the target since September 2021 and ranks 1st in Wales against 91.9% All Wales position for August 2024.
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

Challenges

- Whilst improvement noted and no issues to report, important to note sustained increase in demand.

Actions & Mitigations

- Increasing demand is being monitored.

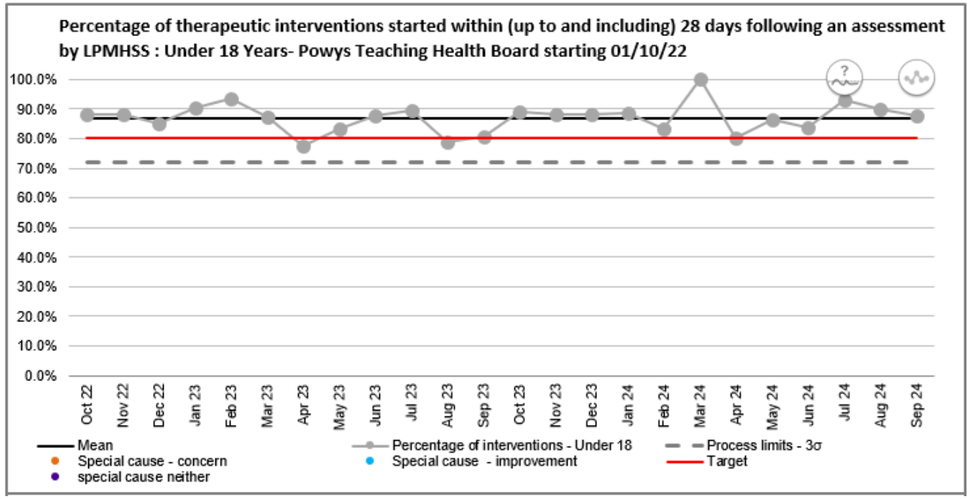
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 16** | **Frequency - Monthly**

Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged **under 18 years**

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

Latest available	Sep-24	Status of measure	Level 1
Reported performance	87.5%	Benchmark position (Wales)	2nd (43.2%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		



What the data tells us

- Performance for under 18's interventions reports 87.5% in September against the 80.0% target with common cause variation.
- PTHB ranks 2nd in Wales against an All-Wales position of 43.2% for August 2024
- Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

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Challenges

- No challenges reported

Actions & Mitigations

- No current actions or mitigations reported

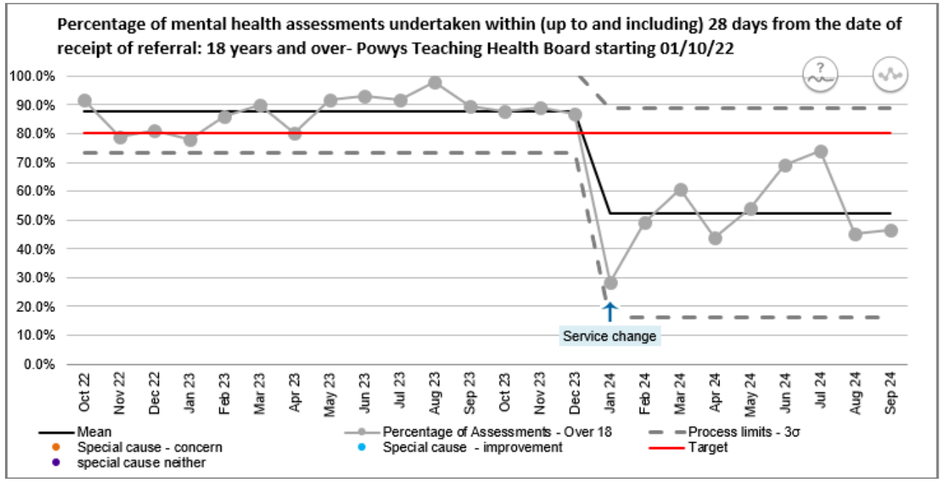
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

Latest available	Sep-24	Status of measure	Level 3
Reported performance	46.7%	Benchmark position (Wales)	6th (68.4%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	Autumn 2024		



What the data tells us

- Performance in September shows a slight increase in performance to 46.7% from 45.3% in August 2024
- Data quality no longer continues to be a challenge for the Mental Health submissions.
- However, administrative staff shortages have caused a lapse in timeliness for entering and validating data.
- 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 following information cleansing.
- 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.

Challenges

- Shortfall in administrative capacity in South Powys team has impacted on data submission and validation in October, the service is due to see the return of a key administrator in November from long term sickness.
- Practitioner sickness and vacancies have impacted of the capacity for Part 1A assessments.
- Further compounded by annual leave during the summer period (comparable with the same period last year).
- There was also a significant increase in referrals in August compared to previous month and 3-month average.
- We expect to see performance improve in October and then significant improvement projected in November data.
- The introduction of the SPOA and Triage Model has seen a significant increase in referrals for a Mental health Assessment in LPMHSS north. If this continues, this could compromise our capacity to assess people in a timely way. This is being actively monitored.

Actions & Mitigations

Reporting and Recording

- 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.
- Following a significant amount of work there is now a high degree of confidence in our data submissions.
- Now able to provide the historic data, based only on Mental Health assessments going back to April 2023.
- MH and Learning Difficulties services are now reporting performance to the Integrated Quality and Performance Group (IQPG) meetings with the most recent meeting asking for a review/consideration of resilience within administrative systems for LPMHSS which will be undertaken in due course.
- Demand and capacity challenges reported to NHS Executive with projected improvement in October and recovery in November.

Recruitment

- Successful recruitment of 3 fulltime (fte) mental health practitioners (1 north Powys, 2 south Powys) will significantly increase capacity for mental health assessments
- Recruitment of 1 agency mental health practitioner (3-month term 0.8 fte) to support recovery of Part 1A waiting list whilst pre-employment checks and induction are completed for new starters

Operational

- Weekly LPMHSS touchpoint meetings review Part 1a and 1b demand and capacity and escalate any specific performance pressures in a timely way
- New Part 1A appointment booking approach in LPMHSS south to reduce cancellations and 'Did not Attend' Part 1A Assessments.

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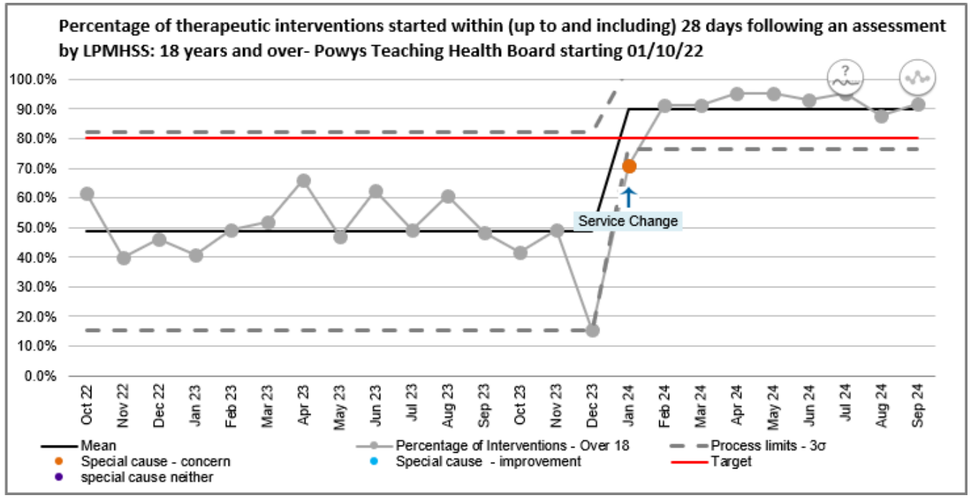
Access & Activity | **NHS Performance Measure – 18** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged **18 years and over**

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

Latest available	Sep-24	Status of measure	Level 1
Reported performance	91.7%	Benchmark position (Wales)	5th (75.2%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	By end of 2024/25		



What the data tells us

- Health board performance for adult interventions met the required target of 80.0% reporting 91.7% in September. Following service recovery and development plan compliance has been achieved ahead of schedule and the measure has been de-escalated.
- PTHB ranks 5th against the All-Wales position of 75.2% in August.

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Date: 2024.10.17 14:18:20

Challenges

- Data entry is duplicated on Welsh Community Care Integrated System (WCCIS) and Welsh Patient Administration System (WPAS) with some teams delaying entry on the one system, this backlog causes inaccurate data capture. Deficits in admin capacity in South Powys Local Primary Mental Health Service (LPMHSS) due to sickness has deteriorated again and created a greater administration backlog.
- Work to ensure practices are fully standardised across Powys are ongoing and alignment with Matrics Cymru stepped care model is a longer-term action within the remedial plan.

Actions & Mitigations

- Recovery and Development Plan being implemented; Actions include;
  a. A standard operating procedure (SOP) has been put in place to ensure consistent data capture and align capture of workflow across all areas with weekly touch points arranged to monitor consistency of reporting. This establishes clear Referral to Treatment (RTT) criteria - Tier 1 (part 1b; 28-day RTT) vs Tier 2 (part 2; 26-week RTT) criteria to ensure clients are placed on the appropriate RTT waiting list.
  b. Implement clear cancellation and DNA Policy and CBP/DNA rates (north and south).
  c. Introduction of centralised waiting list and allocation process with treatment in turn in south Powys.
  d. Build resilience and flexibility in existing model Improve case management processes including sessional limit and introduction of job plans.
- Temporary admin support to increase capacity and reduce backlog has been put in place.
- The mitigations and further information provided last month are still in place

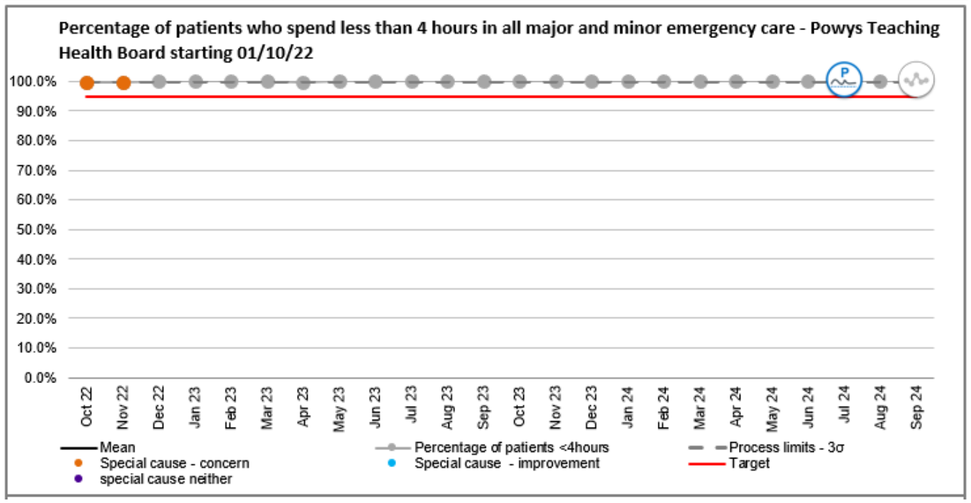
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Access & Activity | **NHS Performance Measure – 23** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Senior Manager Unscheduled Care

Latest available	Sep-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (68.8%)
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			



What the data tells us

Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.

Presentation Liz
25/01/2024 14:18:20

Challenges

- No issues with the Powys Minor Injury Units (MIU) currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

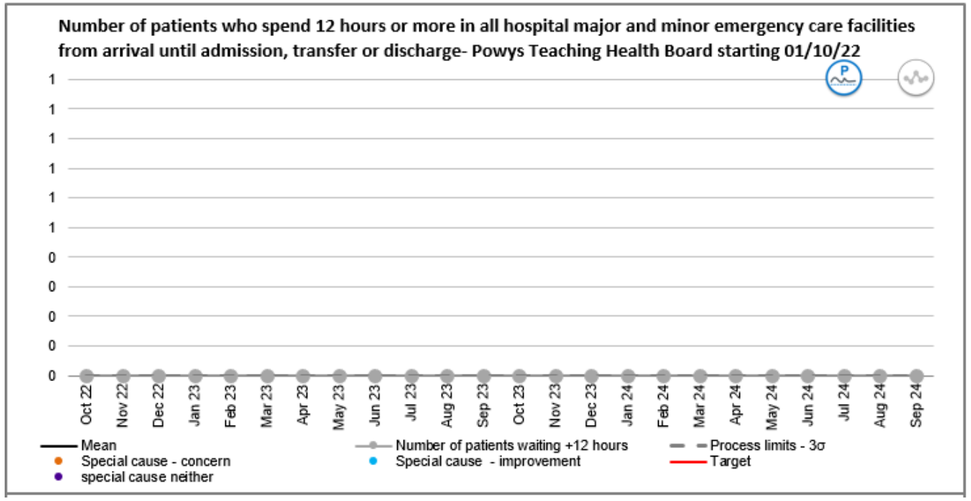
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Access & Activity | **NHS Performance Measure – 24** | **Frequency - Monthly**

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	Executive Director of Primary Care, Community and Mental Health	Officer lead	Senior Manager Unscheduled Care

Latest available	Sep-24	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (9,730)
Target	Reduction compared to the same month in the previous year, towards the national target of zero		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DHCW EDDS		
Recover by?			



What the data tells us

- Powys Teaching Health Board (PTHB) as a provider of care via MIU's continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.

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Challenges

- No issues with the Powys MIU's currently reported.

Actions & Mitigations

- No new actions from a provider perspective.

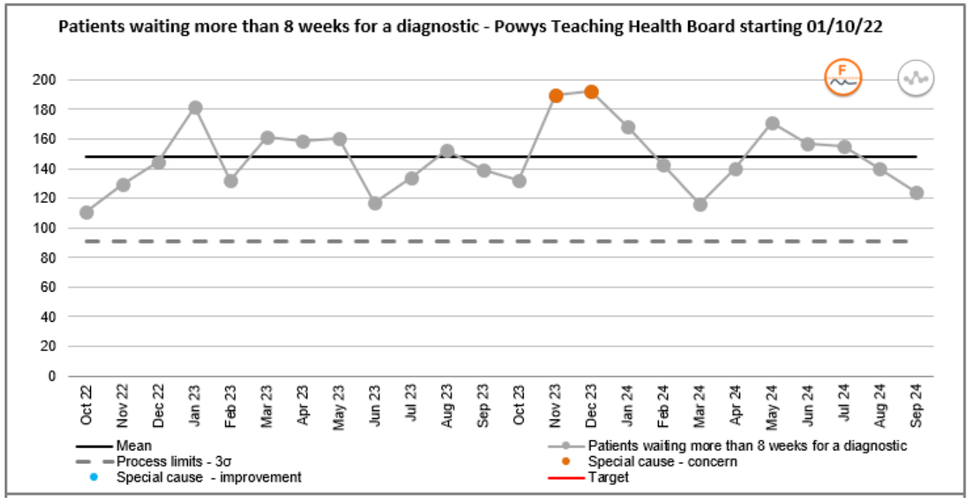
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Access & Activity | **NHS Performance Measure – 26** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 3
Reported performance	124	Benchmark position (Wales)	1st (43,703)*
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	160	103	64%
Diagnostic Endoscopy	Colonoscopy	15	2	13%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	7	1	14%
Diagnostic Endoscopy	Gastroscopy	31	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	22	0	0%
Radiology - GP referral	Non-Obstetric Ultrasound	376	18	5%

What the data tells us

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

- The health board has reported 124 breaches in September 2024, 103 breaches are for Cardiology (Echo Cardiograms), 3 within Endoscopy and 18 reported for Non-Obstetric Ultrasound.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target and trajectory.

Pattinson Date 25/10/2024 14:14:56

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

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

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

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Cardiology - Challenges	No. of breaches	103

- 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.
- National shortage of clinical physiologists, and other health boards remain dependant on insource arrangements to manage demand and waiting list delays (whole system fragility).
- National waiting times for echo-cardiograms have increased and remain high in acute providers.
- Mid Wales collaborative support review in Q2 impacted by Hywel Dda UHB capacity challenges, this project is currently paused.

Cardiology - Actions & Mitigations

- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA).
- Use of PTHB employed echo-cardiogram technician to support cardiology.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal.
- Reviewing opportunities for Mid Wales collaborative support outreaching into North Powys Q2 24/5.

Patterson Liz
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Diagnostic Endoscopy - Challenges	No. of breaches	3

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- JAG 5 Year Assurance accreditation 6-month deferral pending review of in reach sessions including sub speciality leadership. Further evidence provided to JAG with review meeting scheduled for November 2024.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Insource capacity available until Q3, procurement process in progress.

Diagnostic Endoscopy - Actions & Mitigations

- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Start of sponge capsule (cytosponge) from 2nd October 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.
- 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.
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Assistant Medical Director Planned Care role is now confirmed as permanent position.
- Appointed colorectal specialty lead on a locum basis.
- Review of standard operating procedures (SOP's) and related documentation completed.

Non-Obstetric Ultrasound - Challenges	No. of breaches	18

- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity because of only being able to provide alternate specialty for "lumps & bumps" vs Musculoskeletal (MSK).
- South Powys have a similar challenge with SBUHB affecting capacity type and resulting breaches.

Non-Obstetric Ultrasound - Actions & Mitigations

- Use of agency for breaching patients.
- Urgent referrals are routed to acute providers.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.

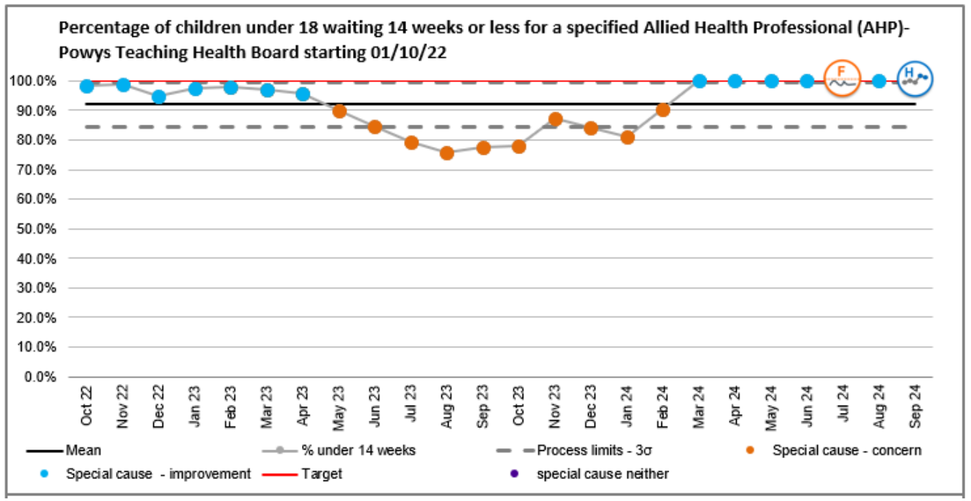
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Access & Activity | **NHS Performance Measure – 27** | **Frequency - Monthly**

Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (86.1%)*
Target	100%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) meets the target of 12-month improvement with 100% compliance in September.

Edwards-Jones Liz
25/01/2024 14:18:20

Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Significant staffing vacancy.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - 50% staff vacancy

Actions & Mitigations

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for SLT.
- Demand and capacity work is being undertaken to improve flow for SLT and OT.
- Recruitment plans underway for SLT and OT.
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.

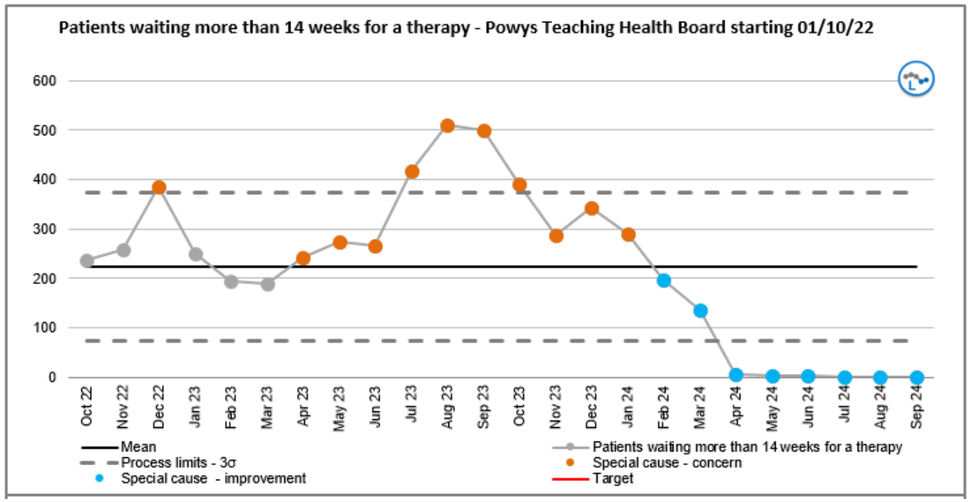
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Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (6,305)*
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?			



What the data tells us

- 0 patients breached the 14-week target in September
- Statistically reporting special cause improvement for the latest period.

Peterson Liz 25/11/2024 14:18:20

Challenges

- None reported as of 07/11/2024

Actions & Mitigations

- Validation process reviewed with service and updated.

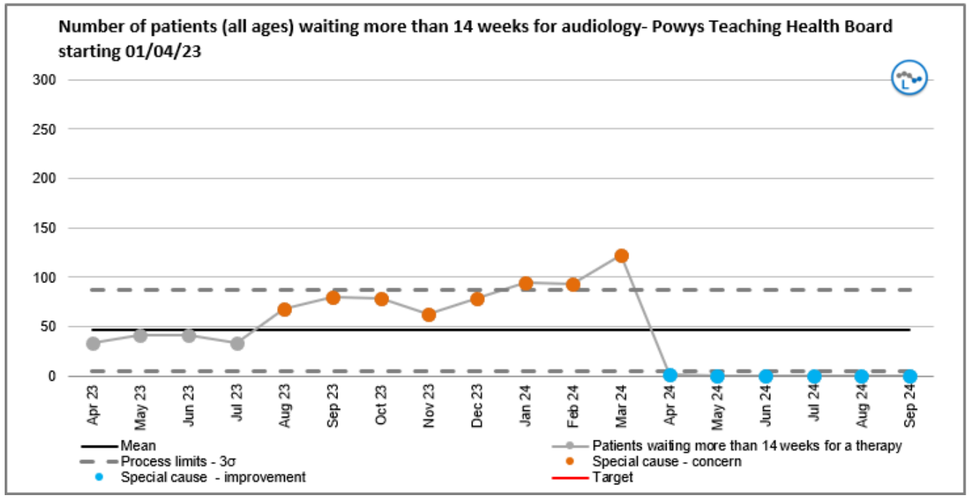
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Access & Activity | **NHS Performance Measure – 29** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 1
Reported performance	0	Benchmark position (Wales)	1st (3,913)*
Target	0		
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?			



What the data tells us

- North Powys Audiology Service commissioned out to Betsi Cadwaladr University Health Board. Prior to April 2024, North Powys figures were included in the PTHB waiting times report which showed significant number of patients waiting beyond the 14-week target. From April 2024, these figures are no longer reported within PTHB as they are reported as part of BCUHB figures.
- The PTHB provided service for South Powys patients demonstrates 0 patients waiting over 14 weeks for Adult Hearing Loss Pathway

Challenges

- Unplanned sickness and cancellation of clinics.
- North Powys Audiology Service commissioned via long term agreement to Betsi Cadwaladr University Health Board (BCUHB), Poor waiting times in BCUHB result in inequity of access waiting times between North Powys and South Powys.

Actions & Mitigations

- Monitoring of waiting list
- North Powys waiting times are now reported within BCUHB's reports as they are commissioned to provide the Audiology Service for patients in North Powys. They have since reduced the number of long-waiters and are down to 11 patients waiting over 14 weeks, all of whom have appointments in November (as at 06/11/2024) .
- Planned roll out of the First Point of Contact Advanced Audiology service in one site in North Powys in Quarter 4, to improve the quality of the referrals into the North Powys Audiology service and potentially increase the capacity of the adult hearing aid pathway.

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Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

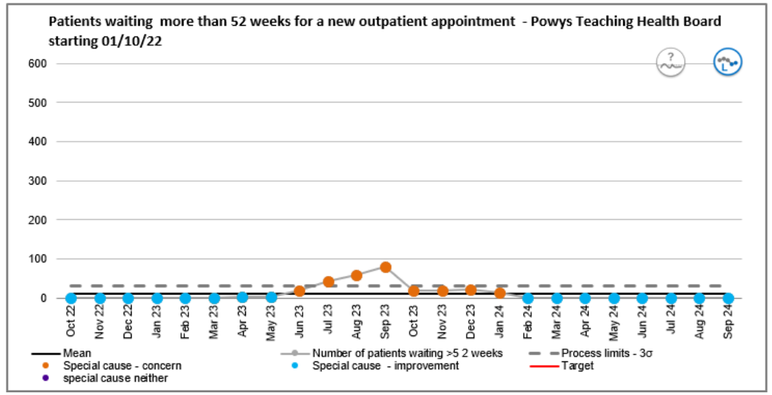
Latest available	Sep-24	Status of measure	Level 1

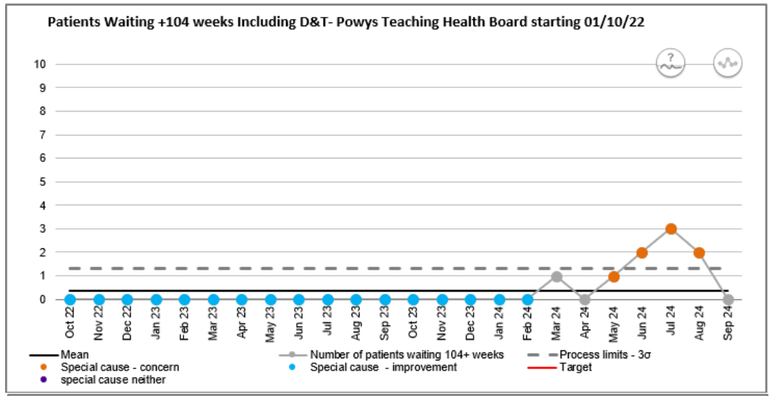
No	Measure	Target	Actual	SPC variance
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	0	0	Special cause improvement
32	Number of patients waiting more than 104 weeks for referral to treatment	0	0	Common cause variation
33	Number of patients waiting more than 52 weeks for referral to treatment	Reduction to zero by Jun-25	16	Special cause improvement

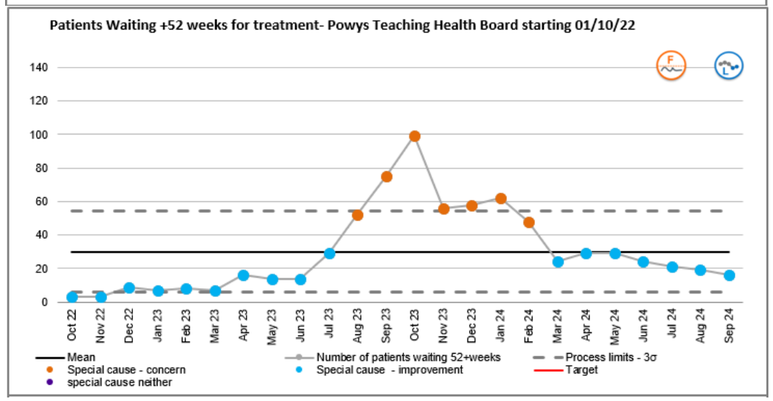
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	DCHW		
Recover by?			

What the data tells us

- No patients wait over 52 weeks for a new outpatient appointment in September.
- Patients waiting more than 104 weeks - PTHB generally performs well against this metric the number of breaches is reported as 0 in September, previous breaches are linked to reliance on acute care centre specialised diagnostics in orthopaedics.
- Number of patients waiting more than 52 weeks - The health board has met the reduction target for the last 4 months with only 16 patients waiting more than 52 weeks for treatment in September.
- The Performance team have de-escalated these metrics to level 1, but this is reviewed monthly against service challenge and compliance.







Patterson Liz
25/11/2024 14:18:20

Further narrative and details on Provider RTT on next slide

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Challenges

- Insource capacity available until Q3, procurement process in progress.
- Challenges in Orthopaedics are a 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.
- National system pressures contribute to the ongoing risk of fragile across all in-reach consultant led pathways within the provider.
- In-reach clinician fragility for General Surgery linked to national challenges including further business continuity challenges for Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- 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 linked to national problems for recruitment in England & Wales. Staff shortages are persistent with stress and high burnout resulting in many experienced clinicians opting to retire earlier without succession plan, there are significant recruitment challenges.
- Across the system a very significant backlog in elective care where patients need non-emergency treatment or diagnosis. Planned Care is still in recovery with all neighbouring HBs/NHS Trusts utilising insourcing, outsourcing, mutual aid, waiting list initiatives as there is not enough capacity in the system to manage demand with urgent cancer pathway pressures take priority making the achievement of elective ambitions very challenging.
- Preventable ill health and premature death are increasing, people are living longer but with major health conditions all of this is adding to system pressure.

Actions & Mitigations

- Insource procurement process under review and in progress.
- 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.
- Referral management pilot for orthopaedics is now at business case stage, this is due to be discussed Q3.
- Pan Powys ENT opportunities scoping remains underway into Q3.
- 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

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RTT waits by main specialty - PTHB Provider -September 2024 - Open pathways

		Patients Waiting by band						
Specialty	% <26 Weeks	0-25 Weeks	26-35 Weeks	36-52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Total Waiting
100 - GENERAL SURGERY	85.0%	350	40	18	4			412
101 - UROLOGY	78.0%	160	39	6				205
110 - TRAUMA & ORTHOPAEDICS	65.7%	490	166	81	7	2		746
120 - ENT	86.5%	479	60	12	3			554
130 - OPHTHALMOLOGY	70.5%	807	208	130				1145
140 - ORAL SURGERY	91.1%	204	17	3				224
143 - ORTHODONTICS	90.9%	10	1					11
191 - PAIN MANAGEMENT	100.0%	210						210
300 - GENERAL MEDICINE	93.5%	29	1	1				31
302 - ENDOCRINOLOGY	100.0%	11						11
320 - CARDIOLOGY	79.4%	173	35	10				218
330 - DERMATOLOGY	100.0%	124						124
410 - RHEUMATOLOGY	77.5%	138	26	14				178
420 - PAEDIATRICS	100.0%	56						56
430 - GERIATRIC MEDICINE	100.0%	22						22
502 - GYNAECOLOGY	94.6%	264	13	2				279
663 - PODIATRIC SURGERY	76.1%	54	4	13				71
999 - Allied Health Professional Ser	100.0%	2795						2795
	87.4%	**6376**	**610**	**290**	**14**	**2**	**0**	**7292**

* AHP references Allied Health Professionals

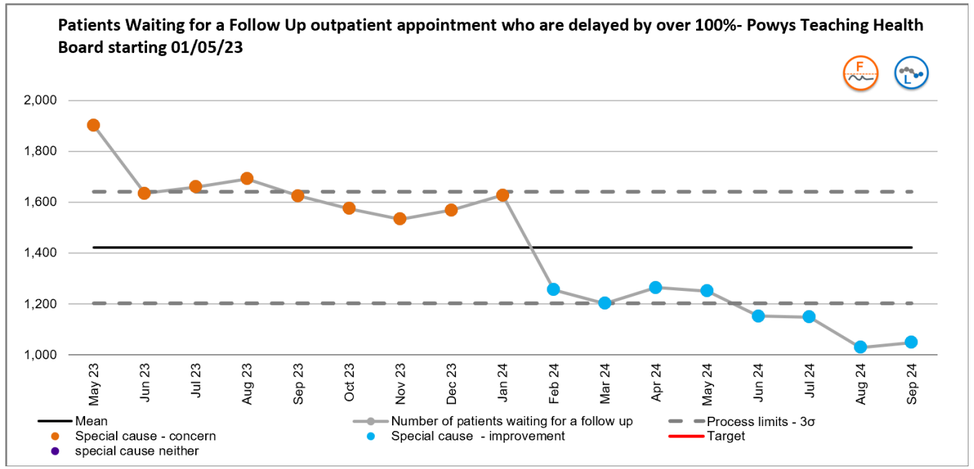
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Access & Activity | **NHS Performance Measure – 31** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 3
Reported performance	1049	Benchmark position (Wales)	1st (238,063)
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		



What the data tells us

- In September 1049 FUP's were reported as overdue by 100% or over this is less than the equivalent period in September 2023 (1624).
- 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.

Cabinet 17.09.24 Pack 8.10

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.

Check Data tomorrow for DQ issues

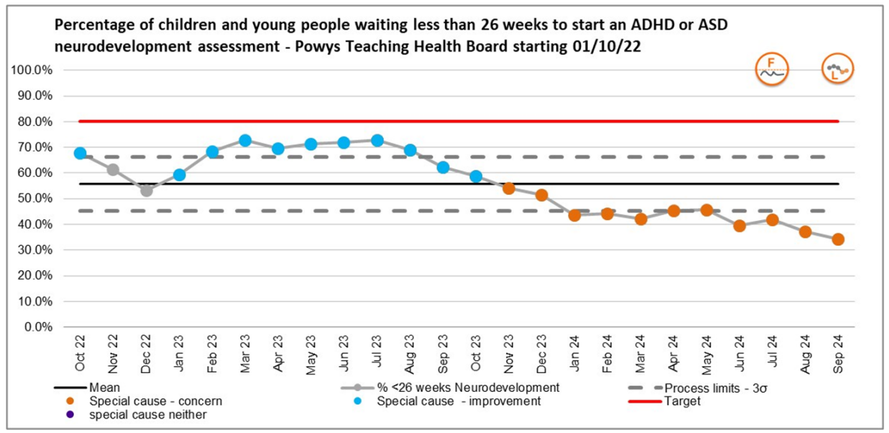
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

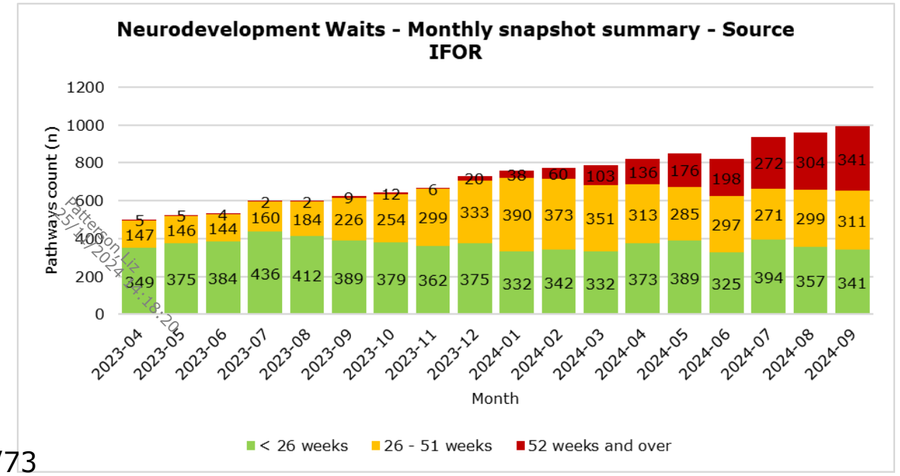
Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

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	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Womens and Childrens

Latest available	Sep-24	Status of measure	Level 3
Reported performance	34.3%	Benchmark position (Wales)	2nd (24.6%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Linked to business case approval		





What the data tells us

Please note that unlike normal referral to treatment pathways for planned care this metric measures the time from referral to first assessment appointment, this assessment may then take a significant engagement time to provide a diagnosis and future care plan.

- Performance for ND remains at level 3 escalation following ongoing and challenging performance. Of the 993 pathways reporting in the September snapshot 34.3% wait less than 26 weeks, it should be noted that 34.3% wait 52 weeks or more for their first assessment.
- Statistically performance is flagged as special cause concern, and there is a growing and significant challenge around the waiting list position and length of wait for patient. The service is currently at the highest level of escalation within the Integrated Quality and Performance Framework and is undertaking Executive engagement via the internal Escalation Oversight Group.
- PTHB continues to benchmark positively against the All-Wales position however this reflects the system challenge in Wales rather than good performance locally.

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 measures pathway to assessment time will continue to worsen whilst those in the 'Assessments in progress' backlog are addressed.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service has been unable to meet the demand with the current model.
- Inability to recruit additional ND skilled workforce within timeframe, funded by the WG 24/25 waiting list initiative monies outlined below.

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 the measured pathway to assessment target, 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 waiting time pathways rather than the previous geographically led process which resulted in regional variance in patients pathway 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; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Implementation of mail envoy.
- Procurement and Implementation of dictate IT.
- •Welsh Government waiting time initiative announced October 2024 with key priorities that "includes an immediate focus on reducing the ND service waiting times. This approach includes releasing additional in year funding to support Health Boards to achieve this."

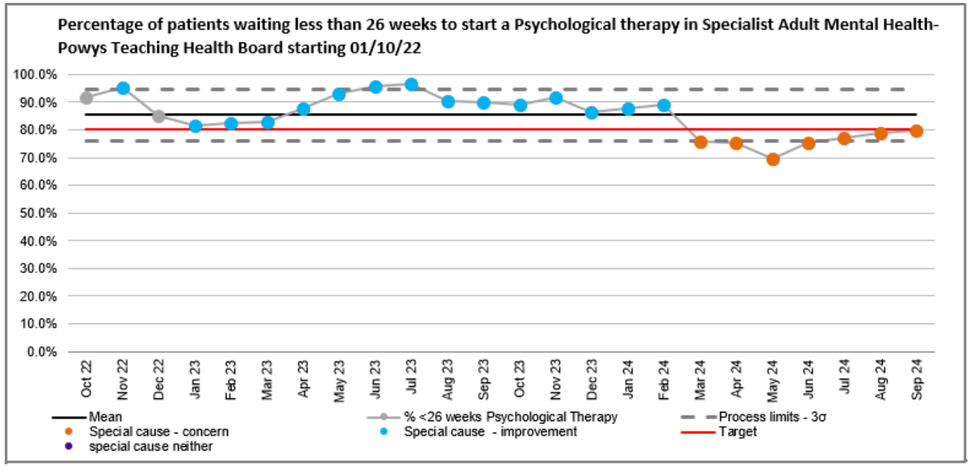
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 35** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	79.9%	Benchmark position (Wales)	1st (60.1%)*
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?			



What the data tells us

- This measure now reports special cause concern and is flagged at level 2a – exception.
- Whilst performance remains below target in September at 79.9% vs the national 80% target, performance has improved from last month as anticipated and continues an upward trajectory.
- Powys benchmarked positively in August and ranked 1st with the All-Wales position of 60.1% for the same period.

Redacted on Liz
15/10/2024 14:18:20

Challenges

The recent dip in performance has been principally attributed to:
- New staff inductions have taken place, and this will reduce the impact on allocating clients to practitioners to start therapy.
- Introduction of the new allocation process.
- We anticipated that these issues were short term pressures, and we expect to sustain the marginal improvement in the next reporting period.

Actions & Mitigations

- A locum psychologist was agreed in July 2024 for a three-month period, whilst new staff underwent induction.

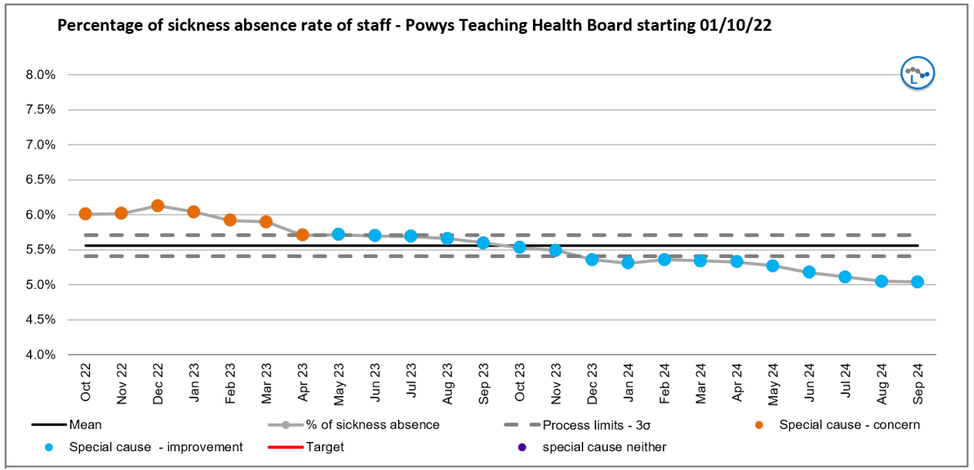
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 36	Frequency - Monthly

Percentage of sickness absence rate of staff

Executive lead	Executive Director of People and Culture		Deputy Director of People and Culture

Latest available	Sep- 24	Status of measure	Level 1
Reported performance	5.0%	Benchmark position (Wales)	5th (6.2%) – Jul-24
Target	12-month reduction trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce		
Recover by?			



What the data tells us

- The rolling 12-month sickness absence rate is reported as 5.0% for September 2024.
- The organisation benchmarks positively when compared with the All-Wales position of 6.2% (July 2024).
- Variation is special cause – improvement.

Peterson Liz
05/11/2024 14:18:20

Challenges

- In the last 12 months there have been 2,861 episodes of absence recorded and a continued reduction in the rolling sickness absence rate.
- Anxiety, Stress & Depression continues to be the top reason, accounting for nearly 30.6% of all sickness WTE days lost. This is followed by Other Gastrointestinal problems which accounted for nearly 9.3%.
- Sickness absence rates are highest in the following staffing groups:
    - Additional Clinical Services – 6.76%
    - Estates & Ancillary – 7.30%
    - Nursing & Midwifery – 5.87%.

Actions & Mitigations

- Directorates to actively promote all available wellbeing support to staff that are in work and absent.
- Long-term absence cases to be reviewed by managers to ensure all actions are up to date in line with the Managing Attendance at Work policy with support of the WOD team were appropriate.
- The WOD Business Partners (BP) team have updated the managers toolkit to support the deployment of the All Wales Managing Attendance at work policy.
- Sickness absence monitoring is discussed via directorate Senior Management Team meetings.
- A series of roadshows have taken place across all hospital sites to support wellbeing.
- WOD Business Partners continue to review absence triggers and long-term sickness cases to undertake targeted discussions with directorates to support interventions and offer bespoke training where required.

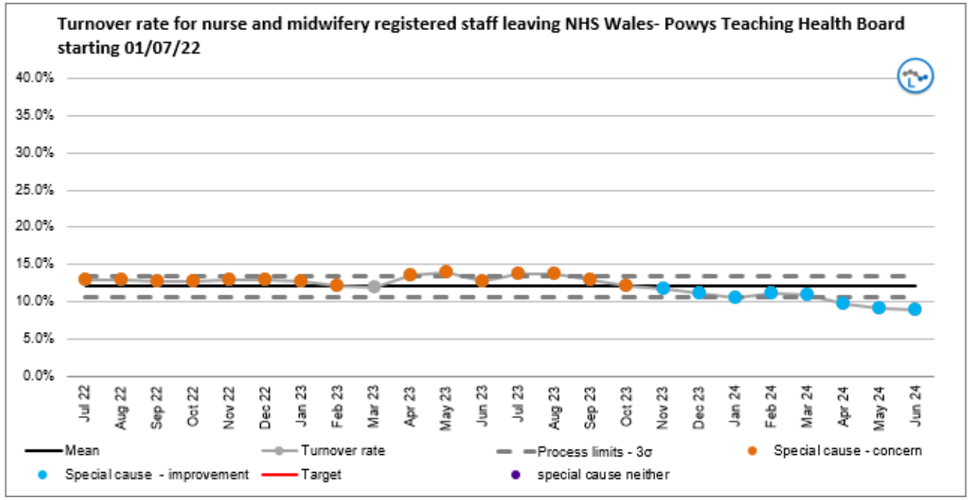
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 37	Frequency - Monthly

Turnover rate for nurse and midwifery registered staff leaving NHS Wales

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Jun-24	Status of measure	Level 1
Reported performance	9.0%	Benchmark position (Wales)	8th (6.43%)
Target	Rolling 12-month reduction against a baseline of 2019-20		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Plan development 2024/25		



What the data tells us

- PTHB is compliant against the target as reported in June with turnover rate reducing to 9.0%. PTHB benchmarks 8th with All Wales performance at 6.43%

Patterson Liz
25/11/2024 14:18:20

Challenges

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that " current data has some anomalies, and we will be going to organisations to discuss the raw data to iron these out".

Actions & Mitigations

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.
- The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
- An initial organisational self-assessment against the national nurse retention plan has been completed which will inform the forward plan.
- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.
- The health board have successfully appointed to the Workforce Retention Lead role which will support the delivery of the nurse retention plan within Powys.

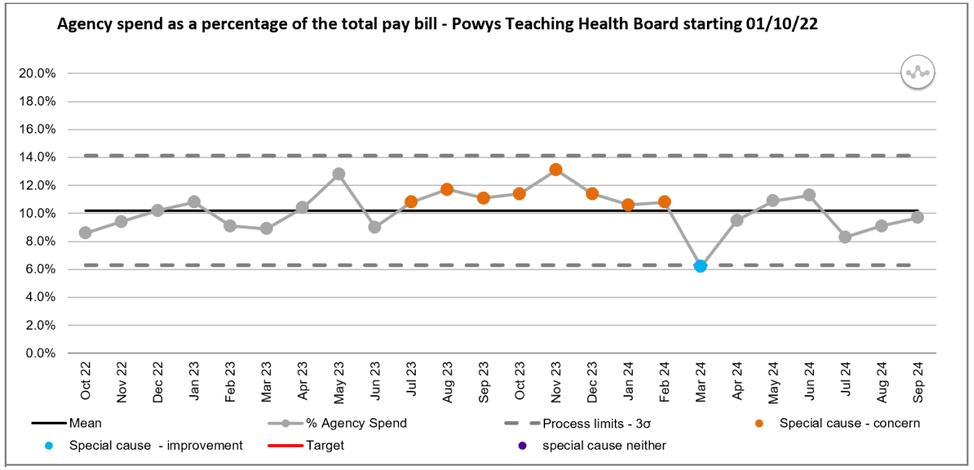
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce | **NHS Performance Measure – 38** | **Frequency - Monthly**

Agency spend as a percentage of the total pay bill

Executive lead	Multi Executive leadership	Officer lead	Multi Officer Leads

Latest available	Sep-24	Status of measure	Level 1
Reported performance	9.7%	Benchmark position (Wales)	12th (3.40%) Jul-24
Target	12-month reduction		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Finance		
Recover by?			



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction has been achieved and performance for September is 9.7%.
- Variation is common cause.

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Challenges

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

Actions & Mitigations

- Reviewing operational footprint to further reduce reliance on temporary staffing.
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff.
- Refresh of actions from establishment review.
- Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023.
- Substantial recruitment to AHP posts utilising WG AHP funding.
- Further tightening of operational processes including:
- Earlier roster planning.
- Improved roster compliance and sign off.
- Targeting of bank staff over agency.
- Targeted recruitment campaigns.
- Long lining of on contract agency.
- Establishment review
- On streaming of further overseas Nurses.
- Roster scrutiny and accountability.
- Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
- Restrictions on sign off for on-contract agency use.
- Conversion of agency to substantive in one setting.
- Conversion of Thornbury nurses to on framework agency in high-cost area.
- Bi-weekly cross organisation group for scrutiny and challenge.
- Deep dive focus on Mental Health agency utilisation – improved position for December.
- Substantial recruitment to WG funded AHP posts to be complete Q4 2023/24.

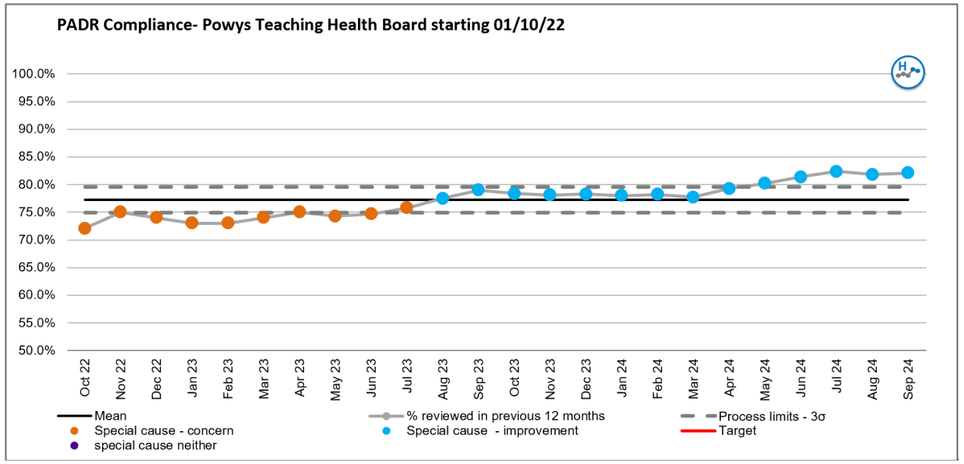
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	82.1%	Benchmark position (Wales)	4th (76.0%) Jul-24
Target	85%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		



What the data tells us

- PTHB PADR compliance is reported at 82.1% for September 2024, performance continues to remain above average but is below national target.
- The last benchmark available for Wales in July showed PTHB benchmarking 4th out of 13 organisations

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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.

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

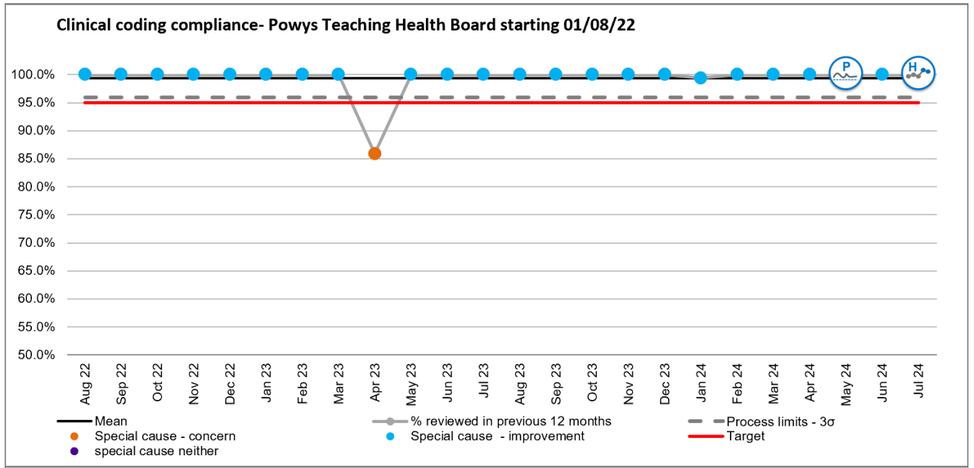
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 40** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Officer lead	Head of Information, digital transformation and informatics

Latest available	Jul-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (67.2%)
Target	Maintain the 95% target or demonstrate a 12-month improvement trend		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB has a very small but high performing clinical coding team who predominately report 100% compliance against the national measure.
- Variation is reported as special cause – improvement for July 2024

Jackson Liz
25/01/2024 14:18:20

Challenges

- Challenge around late recording on patient administration system following discharge impacted January performance and their coding compliance, this is not a regular challenge.

Actions & Mitigations

- No current actions, challenge in January regarding late records resolved.

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

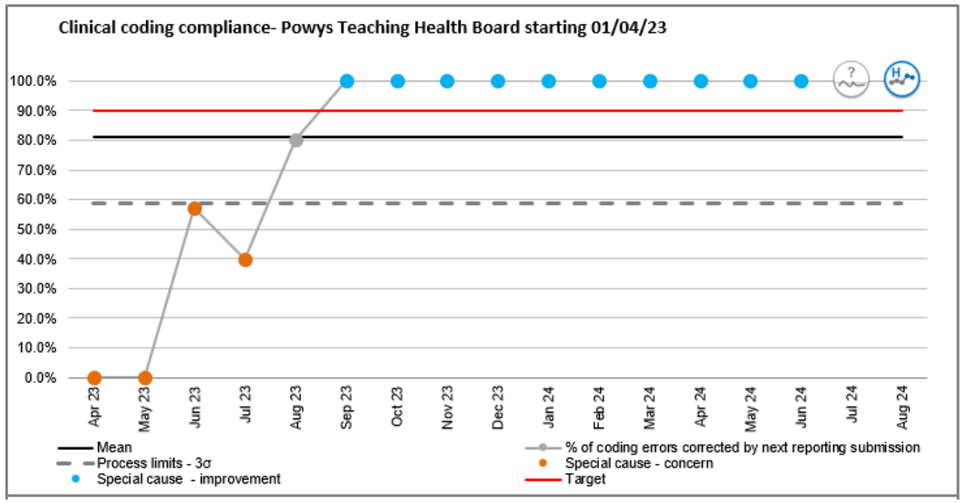
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 41** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification

Executive lead	Executive Director of Allied Health Professions, Health Sciences and Digital	Officer lead	Head of Information, digital transformation and informatics

Latest available	Aug-24	Status of measure	Level 1
Reported performance	100%	Benchmark position (Wales)	1st (61.1%)
Target	90%		
SPC assurance rating	Special cause mprovement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- This measure reports 100% compliance in August 2024.
- Rationale - This measure supports the improvement of data quality which informs significant clinical management decisions. It supports the identification of issues of inaccuracy in clinically coded data and ensure that Health Boards and Trusts improve the quality of this data by correcting issues as soon as possible. The aim is for 100% accuracy, but 10% discretion allows for outlier cases and aligns with data quality methodology.

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Challenges

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

Actions & Mitigations

- No outstanding actions or mitigations to report

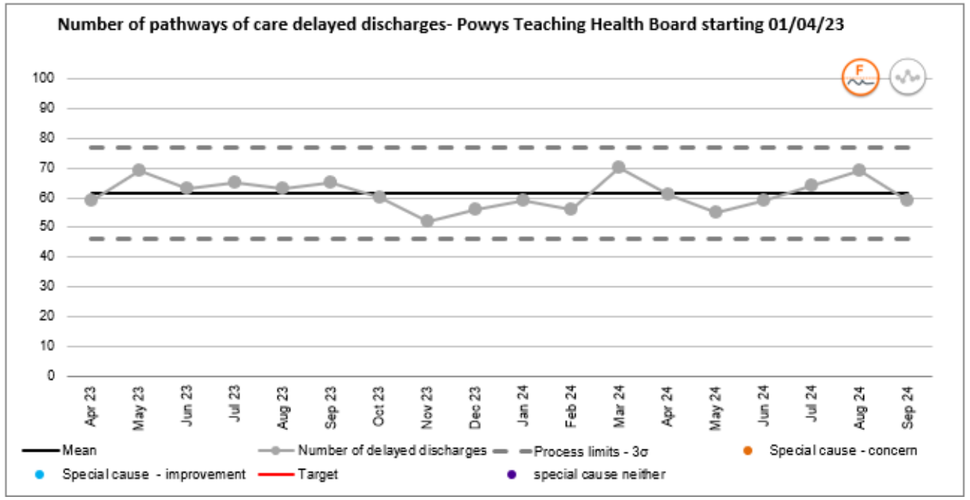
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 43** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	59	Benchmark position (Wales)	2nd (1,596)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB reports non-compliance at the end of September against the 12-month reduction target, it should be noted that delays decreased from 69 to 59 for this period.
- Of the delayed discharges only 2 were because of NHS bed related issues.

Griffiths-Jones Liz
25/11/2024 14:18:20

Challenges

- Increased deconditioning following extended stays.
- Increased assessment delays trending upward.
- Limitations of domiciliary care market and wider social care provision market capacity & responsiveness.
- Increasing community demand.
- Delayed social care allocation and assessment.
- Requirement to refresh community hospital model.
- No change to days delayed (no increase or decrease on March baseline) with risk to target of 15% reduction by November 24
- 4% Increase in Days Delayed – Risk to target of 20% reduction by November 24
- 5% decrease in assessment delays, however more progress is needed to reach the 20% reduction target by November 24

Actions & Mitigations

- Increased discharge liaison officers in post.
- Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge.
- Working with PCC to facilitate improved Domiciliary care market capacity and better understand demand.
- Proposed test of change for several Community Hospital sites operating model (RTGU and Rehabilitation)
- System engagement and escalation with Powys County Council to inform improved capacity measures.
- Promotion of Home First model as per Goal 5 focus outcomes and exploration of repatriation of reablement service.
- Promotion of reablement, reduced LOS and activities to reduce deconditioning.
- Daily Sitrep and flow discussions.
- Bi-weekly focus on stranded patient review.
- Weekly themes and trends meeting.
- Accelerated Sustainability model planning to inform community offer.
- Continued participation in market engagement with care providers/ third sector provisions.
- Attendance to Shrewsbury and Telford Hospitals NHS Trust ATH & Wye Valley NHS Trust silvers daily by Senior Manager Unscheduled Care.
- Coordination hub to be established alongside to support co location workstream. E-referral and a single point of contact for coordination to improve admission avoidance and inpatient admissions are to the correct wards.

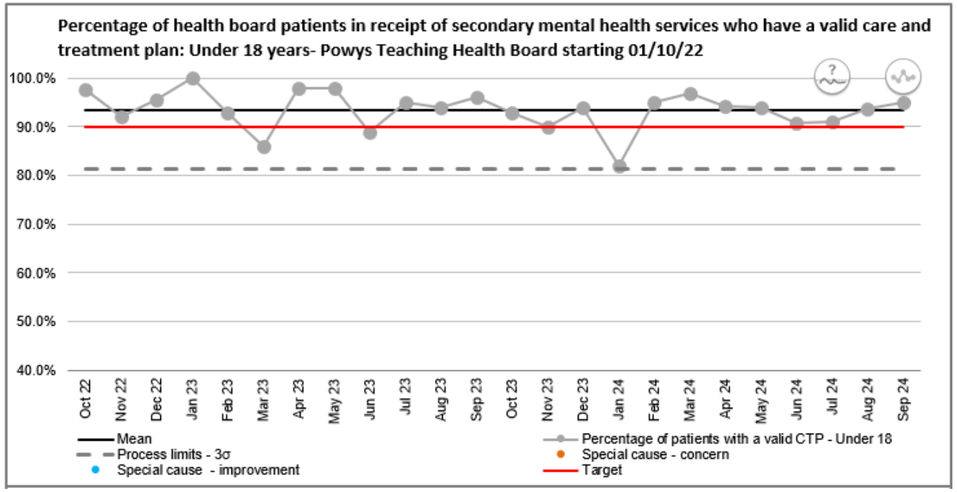
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 44** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years

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

Latest available	Sep-24	Status of measure	Level 1
Reported performance	94.9%	Benchmark position (Wales)	3rd (90.2%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?			



What the data tells us

- Performance in September has increased to 94.9% from 93.6% in August 2024 against a 90% national target.
- The health board ranked 3rd against the All-Wales position of 90.2% in August 2024.
- Variation remains common cause.
- Data challenges about CTP submission validation are currently being investigated by the Digital, Performance, and Mental Health team.

Challenges

- We have only seen one month where there our CTP performance dipped (Jan 2024) following a particularly complex Christmas period.
- The 90% target has consistently been met or exceeded since March 2024. Some of the variation has been between 90%-100% has been attributed to the minor impact on service delivery (small numbers can denote variance even due to the sickness of one practitioner).

Actions & Mitigations

- No actions or mitigations reported for this period.

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

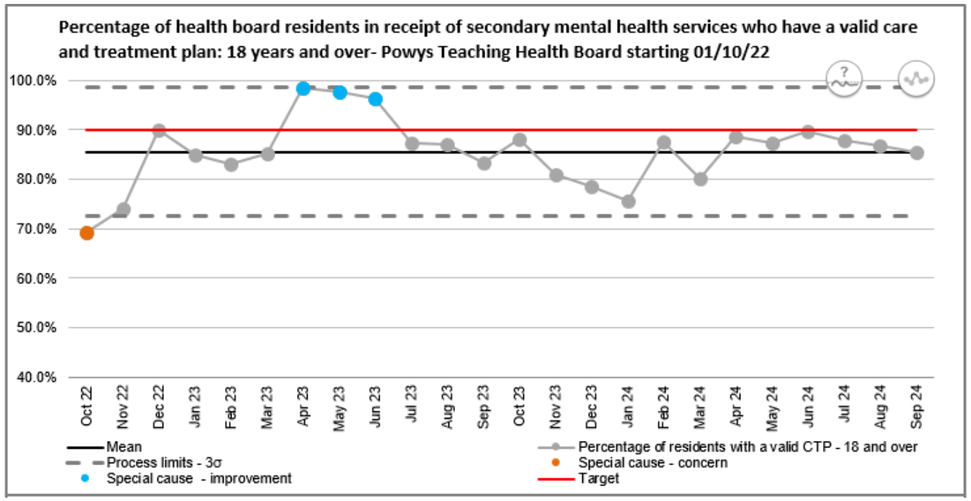
Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over

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

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	85.5%	Benchmark position (Wales)	6th (82.3%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 85.5% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 82.3% in August.
- Data challenges about CTP submission validation are currently being investigated by the Digital, Performance, and Mental Health team.

Challenges

- We have made retrospective changes to our older adult data as the CTP template does not take into account any changes in caseload due to validation. So if we adjust the caseload after validation, it can occasionally arise in a compliance >100%. After discussion with WG, the PTHB data team are submitting updated caseload data on a monthly basis from September 2024.
- North Powys vacancies and sickness absence continue to impact.
- The service is significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. In order to mitigate and align to work to modernise and streamline services the new triage and assessment service was launched in September. Activity to prepare and plan for the service implementation has impacted on senior management and administrative capacity.
- Challenges around submitted data and historic values currently being investigated.

Actions & Mitigations

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model including a change to the duty and assessment model which now has received full approval for funding from 'Six Goals' to be implemented with immediacy (recruitment underway).
- Continue to advertise recruitment positions.
- A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
- Remedial action plan is beginning to take effect, which includes clinical assessment and prioritisation of caseloads, and prioritising data cleansing and data accuracy.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a 'MH Measure' data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.
- Change to Service Manager model has seen a focus of one service manager on all adult community teams and one for all OA community teams. Standardisation and quality improvement work being undertaken.
- The triage and assessment service is already having a positive impact in reducing the pressures within CMHTs.
- MH & LD division have brought in capacity to undertake a whole service CTP audit. Having prioritised the wards initially this work is now gaining momentum with a full report to be provided for SMT.
- In adult community mental health, the capacity was diverted to establishing a new triage and assessment model impacted performance at the end of summer 2024 but is being drawn back to CTP compliance work now.

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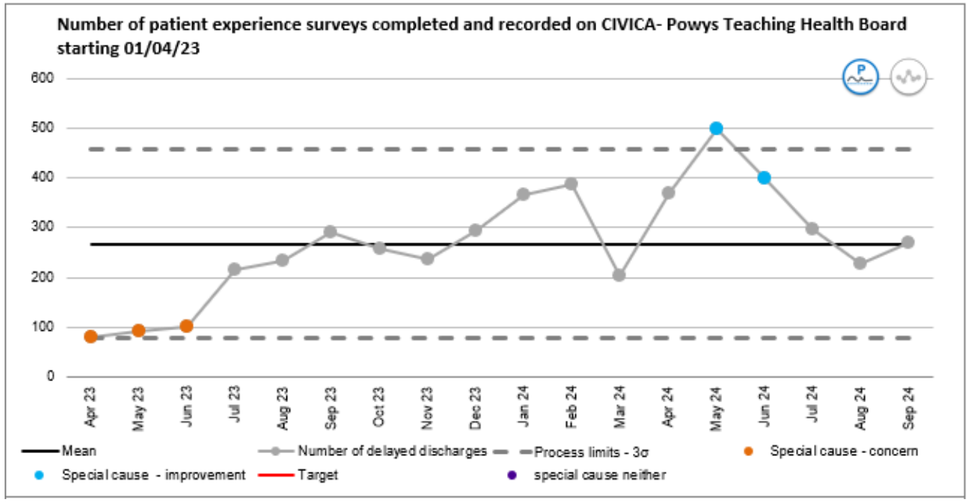
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 46** | **Frequency - Monthly**

Number of patient experience surveys completed and recorded on CIVICA

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director Quality & Safety

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	271	Benchmark position (Wales)	8th (21,268)*
Target	Month on month improvement		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Quality and Safety team		
Recover by?			



What the data tells us

- Reported experience surveys have improved in September 2024 with 274 surveys completed and recorded on CIVICA compared to 229 in August 2024

Patterson Liz 25/11/2024 14:18:20

Challenges

- Limited resource to support proactive management of CIVICA experience questionnaires to realise the full potential of the system.
- Limited analysis of 'Your NHS' responses to inform service improvements or service successes due to no 'aligned resource' to support.

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.
- Some support is being provided within the Q&S team to provide some capacity to develop the use of CIVICA in the health board.
- Currently undertaking a scoping exercise to inform future models to support the patient experience Framework.

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 – 47, 48, and 49** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

PTHB reported health care acquired infections Klebsiella sp, Pseudomonas aeruginosa, E.coli, Aureus (MRSA & MSSA), and C.difficile

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director Quality & Safety

Latest available	Sep-24		
No	Measure	Target	Actual
47	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	No national target for PTHB as a non acute provider.	0
48	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)		1.49
49	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population		23.83
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PHW dashboard		
Recover by?			

Challenges

- Whole genome sequencing (WGS) identified transmission with an inpatient area during April and May 2024; however, subsequent community-onset cases since are classified as 'single cluster', indicating no patient-patient transmission.
- At an All-Wales (and UK level) rates of CDI continue to increase and are reaching levels seen in 2014/15

What the data tells us

- 15 cases of C.Difficile reported for April - September 2024 (11 community onset & 4 hospital onset); this is ***4 more*** than the equivalent period in 2023/24.
- 1 case of HOHA MSSA was reported for April- September 2024; this is ***1 more*** than the equivalent period in 2023/24
- 0 cases of e.coli reported for April – September 2024; this is ***2 less*** than the equivalent period in 2023/24
- 0 cases of MRSA reported for April – September 2024; this is the ***same*** as the equivalent period in 2023/24

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Actions & Mitigations

C.Difficile actions and mitigation:

- The addition of an AMS Pharmacist will enhance the review of CDI cases, building on current efforts. These will include comprehensive case reviews, AMS/IPC joint ward rounds and educational initiatives,
- IPC level 1 and 2 training compliance remains above 85% across the Health Board
- The IPC Consultant Nurse actively participates and is a member of the All-Wales CDI focus forum, dedicated to exploring strategies and implementing a framework to reduce CDI rates throughout Wales

An Electronic auditing system for IP&C approved and funded, with implementation scheduled for November 2024. This system will facilitate improve reassurance and monitoring of IP&C measures and standards. Currently the system is with DCHW for final testing/sign-off.

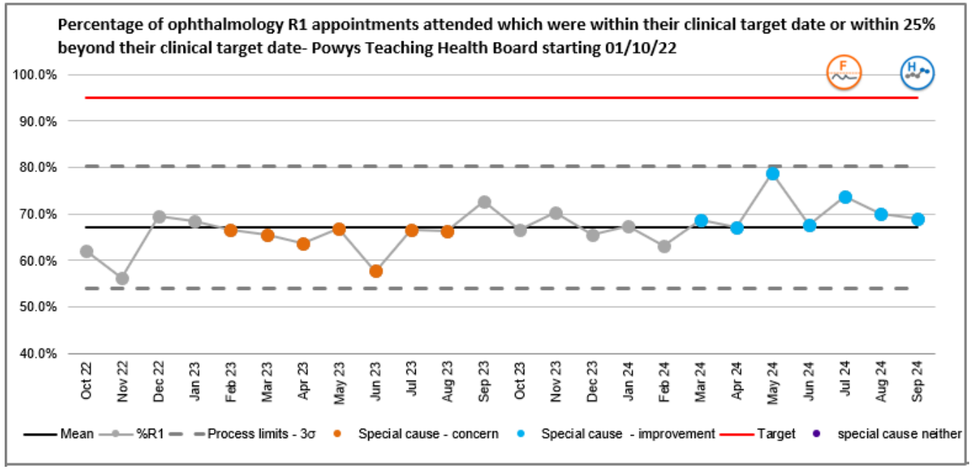
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 51** | **Frequency - Monthly**

Planned Care and Cancer - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 1
Reported performance	69.0%	Benchmark position (Wales)	1st (61.5%)*
Target	12-month improvement trend towards national target of 95%		
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?	Plan to be developed 2024/25		



What the data tells us

- The health boards performance for the measure in September is 69.0% attending within clinical target date (or within 25% beyond). PTHB has continued to benchmark positively against the All-Wales benchmark (61.5%) and ranks 1st in August 2024.
- Performance has declined slightly and does not currently meet the required target.

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Challenges

- National fragility impacting in-reach capacity for ophthalmology.
- National staffing recruitment (including local impact) challenge reducing capacity including sickness absence, vacancies for theatre staffing, and industrial PTHB service is reliant on Wye Valley NHS Trust (WVT) for in-reach capacity (it is key for service). However, WVT remains impacted industrial actions during Q4 23/24 which had a significant impact on eyecare.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care roll-out delay, pending national decisions.

Actions & Mitigations

- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- Exploring charity funding for purchase of equipment to support repatriation of cataract pathway.
- Work with community optometry on contract reform and transformation opportunities.
- Escalated weekly waiting list meetings carried out in March with Executive leads to support waiting list management.
- Planned care bids to national planned care fund in March 2024 – outcome pending
- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2nd PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.

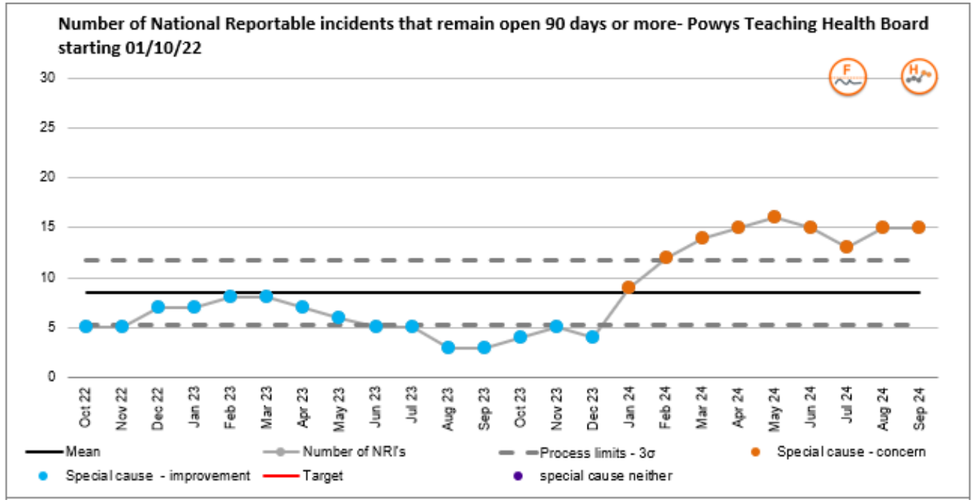
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 54** | **Frequency - Monthly**

Number of National Reportable incidents that remain open 90 days or more

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Deputy Director of Nursing

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	15	Benchmark position (Wales)	3rd (344)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys reported 15 nationally reportable incidents (NRI) that remained open over 90 days in September.
- 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.

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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 impact performance against the 90-day measure.
- Fragility of small teams impacts capacity to complete investigations within a timely manner.
- There is limited resource within the Quality and Safety Team to provide support the completion of investigations.

Actions & Mitigations

- Continued high level of support to services from the Head of Quality & Safety.
- 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.
- Currently review of the Incident Management Framework is being undertaken following a year of implementation; Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs.

Provider Service Assurance

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

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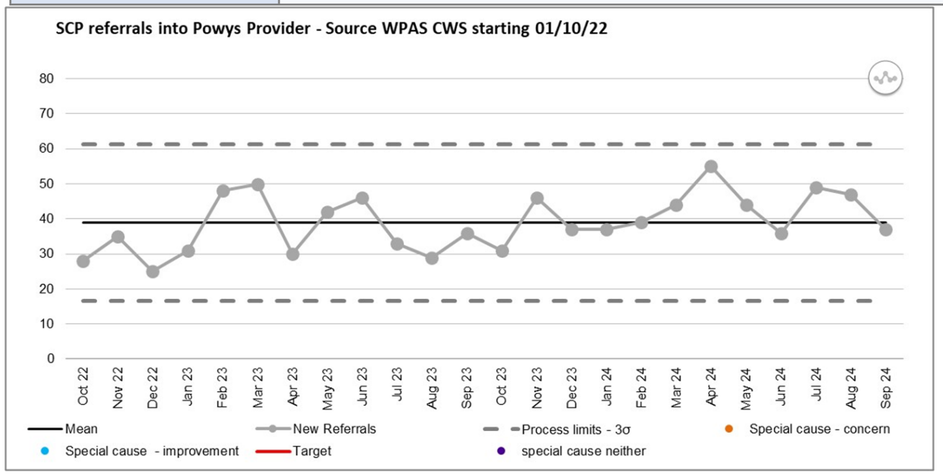
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

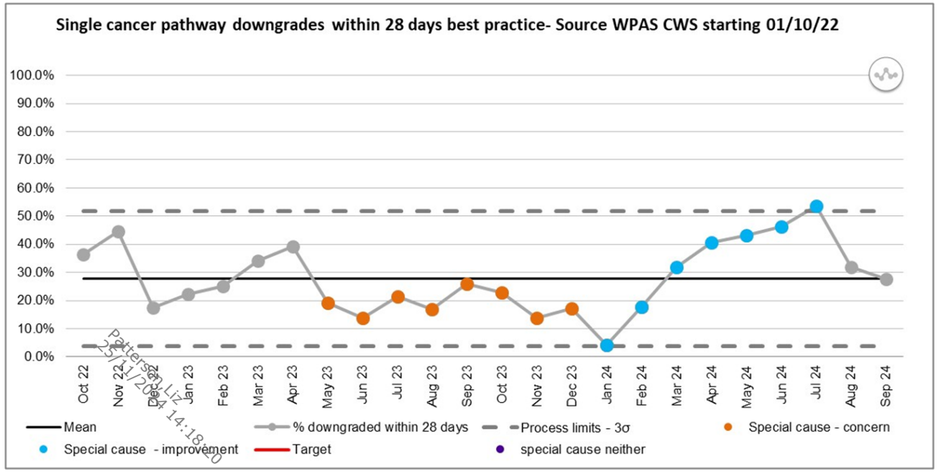
Access & Activity | **Local Measure** | **Frequency - Monthly**

Planned Care & Cancer – Powys provider cancer pathways additions and downgrade performance against 28-day NICE guidance of best practice.

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Sep-24	Status of measure	Level 2a
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		





What the data tells us

- Powys has reported 37 new pathways in September with the majority via primary care, monthly referral numbers have dipped below the 24-month average.
- The health board has seen a further drop in compliance to 27.8% for downgrades within 28 days.
- PTHB meets the straight to diagnostic test 12-month improvement trend in September, however this measure and its compliance will be volatile because of small numbers.
- 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

PTHB predominately provides outpatient and diagnostic pathways for upper & lower gastrointestinal suspicions, as such key challenges reflect General Surgery constraints;

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- 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.

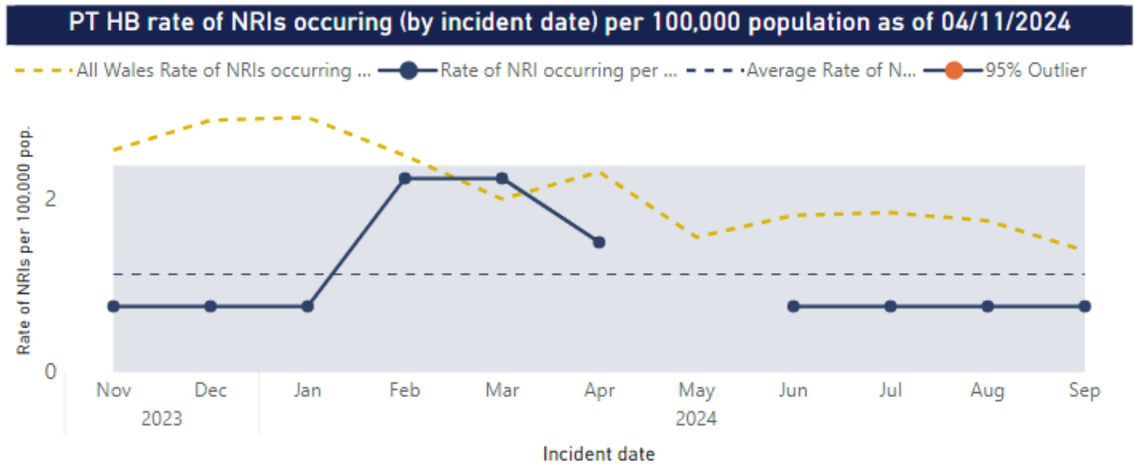
Actions & Mitigations

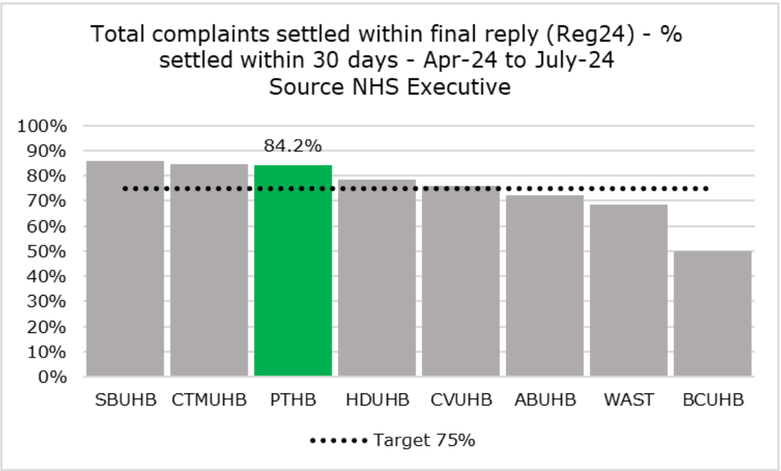
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Start of sponge capsule (cytosponge) from 2nd October 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.
- 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.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Assistant Medical Director Planned Care role is now confirmed as permanent position.
- Appointed colorectal specialty lead on a locum basis.
- 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.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.

Percentage of patients who are referred to Powys Provider straight to test

Source DHCW SCP submission	Target	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
% of patients who are sent straight to test	12 month improvement trend	28.6%	0.0%	45.5%	11.8%	26.5%	31.0%	50.0%	31.8%	20.8%	42.9%	42.9%	28.6%

Key quality measures – Powys as a provider





Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	21/10/2024	100%
National reportable incident rate per 100k pop	Sep -24	0.74 per 100k
% Complaints settled within 30 days	April – July 2024	84.2%
Reported never events	16/09/2024	Zero

What the data tells us

- PTHB reports a lower than All-Wales rate for incidents in September with 0.74 per 100k population vs the All-Wales rate of 1.39 per 100k.
- Performance for complaints settled within 30 days achieved 84.2% above the 75% target for the April to July 2024 cumulative period. In July 88% of new complaints were managed through early resolution.
- PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.

Patterson Liz
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Challenges

- Historic NRI investigations requiring joint review have prevented closure within time frame.
- The Health Board has a small pool of experienced, incident investigators to draw on for investigation completion.
- Two incidents pending police investigation have prevented reporting within time frame.

Actions & Mitigations

- Quality and Safety Team undertaking a review of incident investigation training.
- Mental Health have recruited an external incident investigator to review historic outstanding NRI investigations to coach to closure.
- Quality and Safety Team reviewing the Incident Management Framework to provide robust process on the completion of investigations and the accompanying action plan to prevent delay of closure.

Commissioned Service Assurance

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

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

Planned Care & Cancer – Welsh Commissioned Referral to treatment (RTT)

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

Latest available	Sep-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

	Sep-24	No. long waits by cohort, with latest SPC variance						Total Waiting
Welsh Providers	% of Powys residents < 26 weeks for treatment	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		
Aneurin Bevan Local Health Board	60.4%	778	H	450	H	47	L	2693
Betsi Cadwaladr University Local Health Board	49.7%	308	H	200		41	L	756
Cardiff & Vale University Local Health Board	51.4%	159	H	113	H	8	L	426
Cwm Taf Morgannwg University Local Health Board	54.4%	251	H	137		12	L	766
Hywel Dda Local Health Board	56.2%	434	L	261		38	L	1435
Swansea Bay University Local Health Board	56.1%	655		316	L	18	L	2055
Total	56.5%	**2585**	H	**1477**		**164**	L	**8131**

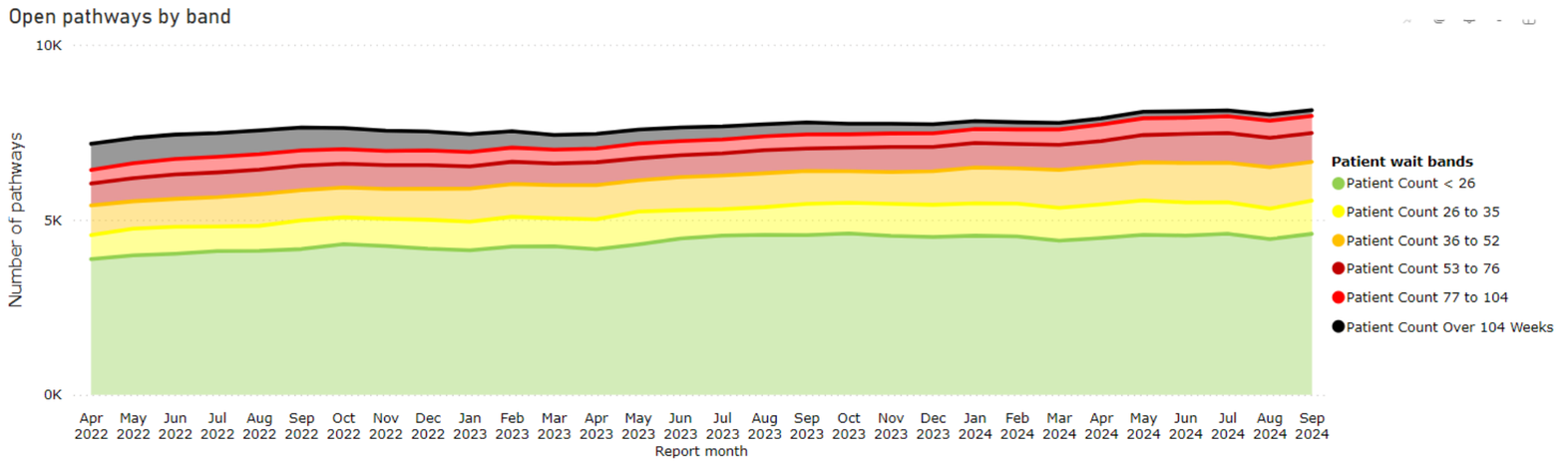
What the data tells us

- 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 September, 421 patient pathways waited over 52 weeks for a new outpatient appointment, only Swansea Bay University Health Board is compliant with zero breaches.

Provider	Patients waiting > 104 weeks
ABUHB	47 (34 T&O, 3 ENT, 8 Ophthalmology, 1 Urology, 1 General Surgery)
BCUHB	41 (2 General Surgery, 9 Gynaecology, 11 Ophthalmology, 7 ENT, 4 Oral Surgery, 3 Orthodontics, 1 Gastroenterology, 1 Dermatology, 1 Urology and 2 Pain Management)
C&VUHB	8 (2 T&O, 2 Gynaecology, 1 Clinical Immunology and Allergy, 2 Urology and 1 Ophthalmology)
CTMUHB	12 (2 T&O, 2 ENT, 2 Ophthalmology, 1 Oral Surgery, 1 Restorative Dentistry, 3 Gastroenterology and 1 Gynaecology)
HDUHB	38 (22 T&O, 13 Ophthalmology, 1 Urology, 1 ENT and 1 Colorectal Surgery)
SBUHB	18 (10 T&O, 2 Gynaecology, 2 plastic surgery, 2 general surgery, 1 ENT and 1 urology)

Pathway as at 25/11/2024 16:18:20

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



Challenges

- May 2024 Cabinet Secretary detailed required areas for improvement across Planned Care:
  - 40% reduction in number of patients waiting over 52 weeks for new outpatient appointment by September 2024; zero by March 2025.
  - Zero patients waiting more than 104 weeks for referral to treatment by end of December 2024.
  - Number of patients waiting more than 8 weeks for a specified diagnostic: 95% to be zero by December 2024.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

Actions & Mitigations

- Welsh including Powys provider services, have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2023/24, the majority of PTHB patients in this cohort are sitting with commissioned providers.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.

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

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

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

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

Latest available	Aug-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

	Aug-24	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	67.7%	64	H	13		0		319
Robert Jones & Agnes Hunt Orthopaedic & District Trust	56.4%	1150	H	579	H	32	H	3564
Shrewsbury & Telford Hospital NHS Trust	62.4%	1251	H	467	H	0		5396
Wye Valley Trust	68.7%	557	L	151	L	3	H	3483
Total	62.6%	**3022**	H	**1210**	H	**35**	H	**12762**

RTT open pathway waiting list snapshots by month and band of wait for combined English providers
Source DHCW

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.
- English providers however have not achieved NHS England targets to reduce elective waits to less than 65 weeks with a deadline of September 2024, and Powys residents have seen an increase long waits over 104 weeks to 35 breaches in August.
- Robert Jones and Agnes Hunt show ongoing and growing challenge over all long wait measures.
- Wye Valley NHS Trust is also reporting limited 104+ week breaches in August.

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).
- SATH reviewed and updated their patient administration system during Q1 2024/25, this has unfortunately been challenged with system problems and waiting list including outpatient and inpatient data disrupted, the health board are awaiting confirmation on the resolution of this challenge.

Actions & Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement

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

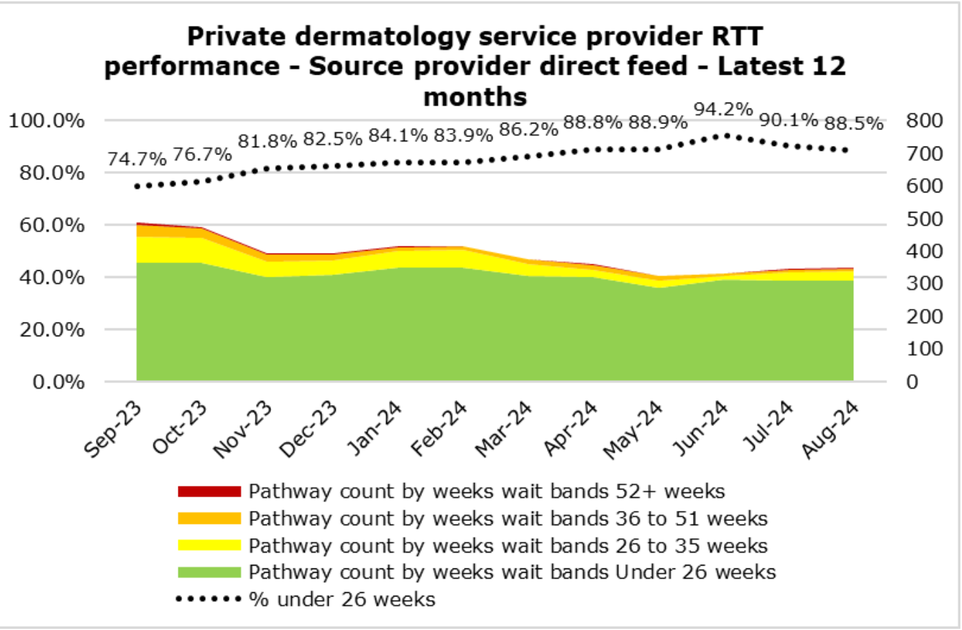
Access & Activity | **NHS Performance Measures –** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Referral to Treatment - Private dermatology service provider

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

Latest available	Aug-24	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
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
Aug-24	88.5%	309	30	7	3	349

What the data tells us

- August 2024 shows a slight decrease in performance. 88.5% of patients wait under 26 weeks for treatment whilst 10 patients are currently waiting over 36 weeks.

Patterson,Liz
25/11/2024 14:18:20

Challenges

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

Actions & Mitigations

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

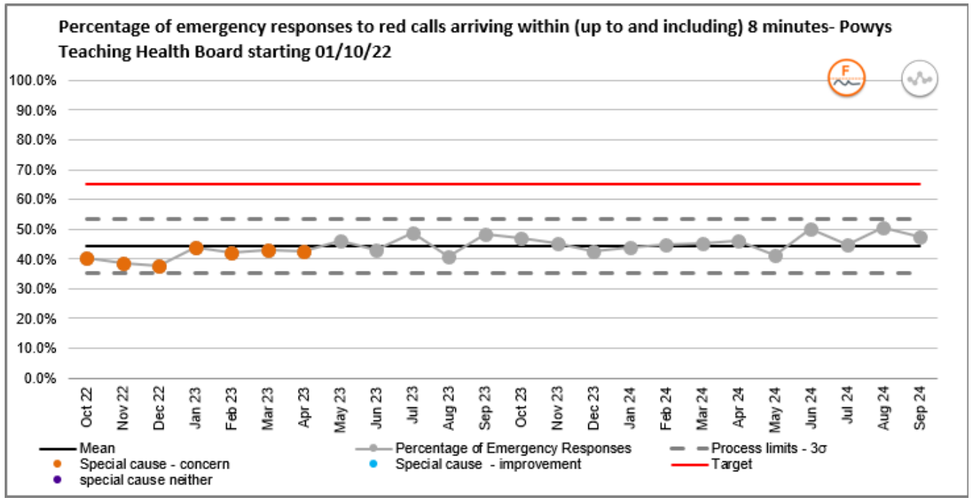
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 19** | **Frequency - Monthly**

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

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

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	47.3%	Benchmark position (Wales)	6th (49.0%)*
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- The reported performance in September has shown a decrease in performance to 47.3% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation.
- The performance data supports that without a significant intervention to system the commissioned WAST service will not achieve the national target of 65.0%.
- PTHB ranks 6th and the All-Wales position is 49.0%

Challenges

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.
- Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
- 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.

Cabinet 17/09/2024 10:20

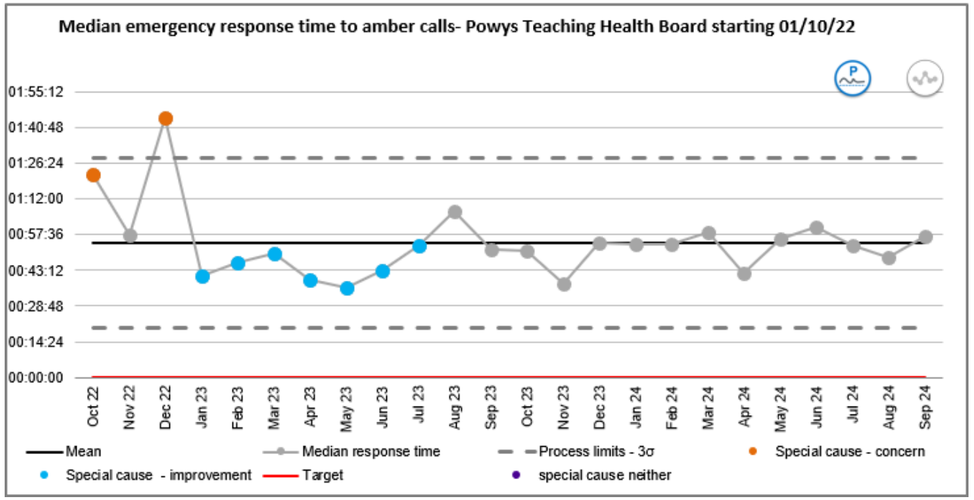
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 20** | **Frequency - Monthly**

Urgent & Emergency Care - Median emergency response time to amber calls

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

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	00:56:58	Benchmark position (Wales)	1st (01:48:48)
Target	12-month reduction target		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported a decrease in performance in September 2024 to 00:56:58.
- PTHB ranks 1st in Wales with the All-Wales average at 01:48:48.

Jamieson Liz
25/10/2024 14:18:20

Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.

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

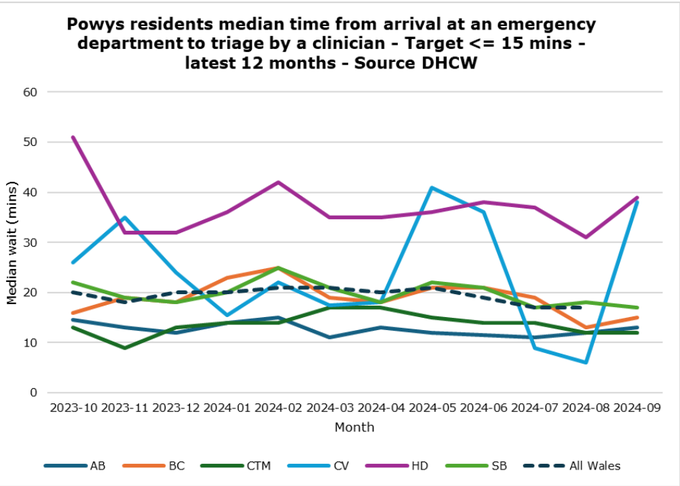
Access & Activity | **NHS Performance Measure – 21 & 22** | **Frequency - Monthly**

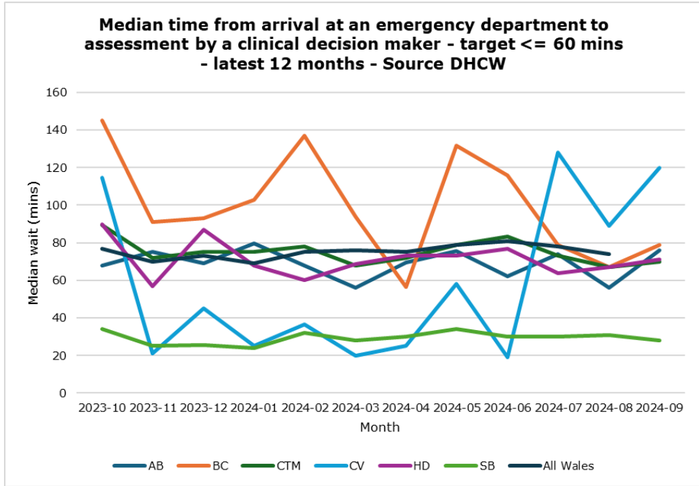
Urgent & Emergency Care – Powys residents - Median time from arrival at an emergency department to triage by a clinician

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	Sep-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	Average
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.
- For Powys residents in Welsh acute providers an average wait of 19 minutes is reported for triage in September. ABUHB & CTMUHB are noted as being under the 15-minute national target.
- For Powys residents in Welsh acute providers an average wait of 58 minutes is reported for wait to senior clinical decision below the 60-minute target, however all providers bar SBUHB breach. Due to SBUHB excellent performance against this target the average performance is skewed and will require further investigation.

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.

Aug-24				
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	56	114
BCUHB	13	19	67	129
CTMUHB	12	13	67	62
C&VUHB	6	9	89	72
HDUHB	31	28	67	73
SBUHB	18	28	30	29

2024-10-21 14:18:20

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	Sep-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 decrease to 65.1% for those waiting under 4 hrs in Welsh units..
- Patients waiting over 12 hrs has fallen to 121 in September 2024.

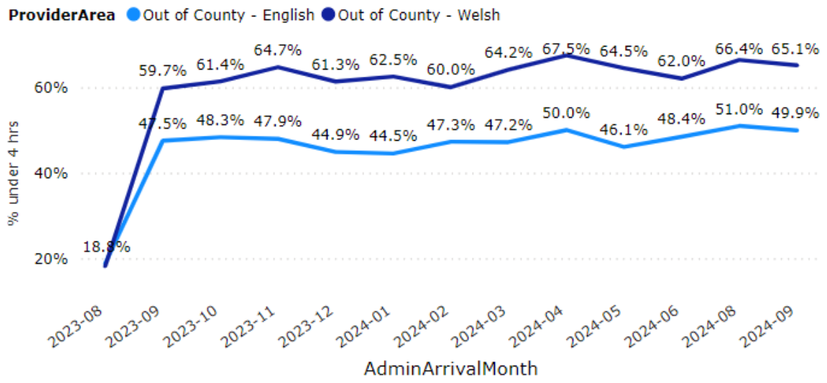
English Emergency Access (A&E) providers

- PTHB residents attending English emergency units see the longest wait with 52.3% reported as waiting less than 4hrs in their units.

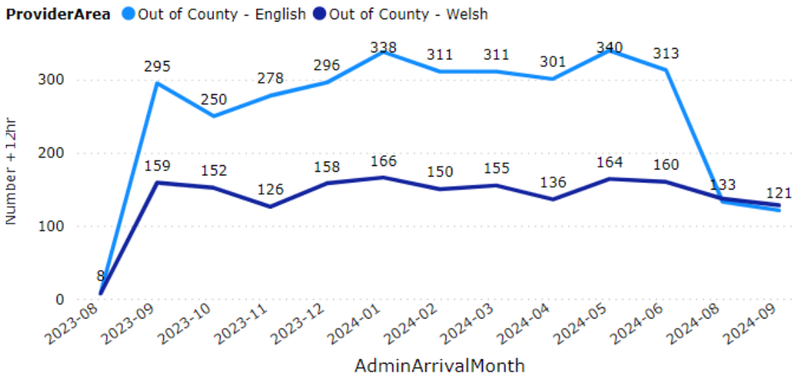
Data Quality

- 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.

Percentage of patients who spend less than 4 hours in all major and minor emergency care



Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities



Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing challenges of increased demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.

Peterson Liz
06/11/2024 14:18:20

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.

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

Access & Activity | **NHS Performance Measures – 24** | **Frequency - Monthly**

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

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

Latest available	Aug-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

NHS Wales - Single Cancer Pathway (SCP) compliance for treatment within 62 days (target 75%) - Powys residents

Health Board	Measure	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Aneurin Bevan UHB	Total Pathways With Treatment	18	11	11	18	15	11
	Breaching 62 Day Target	7	5	2	8	6	4
	% Treated Within Target	61%	50%	82%	56%	60%	64%
Betsi Cadwaladr UHB	Total Pathways With Treatment	0	0	0	4	1	1
	Breaching 62 Day Target	0	0	0	4	1	1
	% Treated Within Target	0%	0%	0%	0%	0%	0%
Cardiff And Vale UHB	Total Pathways With Treatment	0	0	0	0	1	0
	Breaching 62 Day Target	0	0	0	0	0	0
	% Treated Within Target	0%	0%	0%	0%	100%	0%
Cwm Taf Morgannwg UHB	Total Pathways With Treatment	4	1	3	3	6	6
	Breaching 62 Day Target	3	3	2	2	3	4
	% Treated Within Target	25%	25%	33%	33%	50%	33%
Hywel Dda UHB	Total Pathways With Treatment	9	3	8	9	8	8
	Breaching 62 Day Target	6	5	3	3	2	3
	% Treated Within Target	33%	38%	63%	67%	75%	63%
Swansea Bay UHB	Total Pathways With Treatment	8	6	11	10	12	7
	Breaching 62 Day Target	2	1	6	2	6	2
	% Treated Within Target	75%	86%	45%	80%	50%	71%
Total	Total Pathways With Treatment	39	21	33	44	43	33
	Breaching 62 Day Target	18	14	13	19	18	14
	% Treated Within Target	54%	52%	61%	57%	58%	58%

Closed pathways - Sep-24 - suspicion to treatment days of wait band (target within 62 days)

Health Board	0-14 days	15 to 28 days	29-62 days	63-104 days	105-200 days	Total
Aneurin Bevan UHB	1	1	5	3	1	11
Betsi Cadwaladr UHB				1		1
Cwm Taf Morgannwg UHB			2	2	2	6
Hywel Dda UHB	1		4	1	2	8
Swansea Bay UHB	1	2	2	2		7
Total	3	3	13	9	5	33

Cyfarfod 11/11/2024 14:18:20

What the data tells us

- At the end of September at total of 304 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 271 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 33 pathways were closed with the commencement of definitive treatment. 14 patients breached the 62 days target with the longest wait reported as 222 days in Cwm Taf UHB for a Lower Gastrointestinal (Lower GI) pathway
- Reported performance for September has fallen slightly to 57.6% not meeting the pathway target of 75% or the ministers incremental target of 60% by December with 14 of 33 pathways being treated within the 62-day target.

- 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.

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 (Q1 currently underway).
- 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.

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

Access & Activity | **NHS Performance Measures – 24** | **Frequency - Monthly**

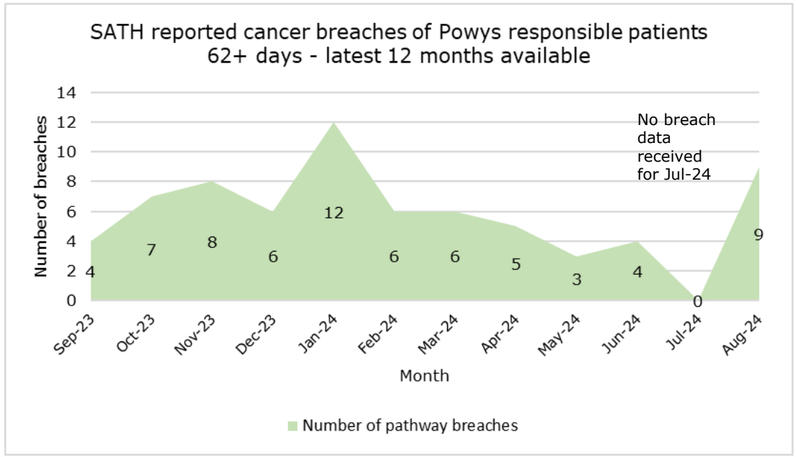
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

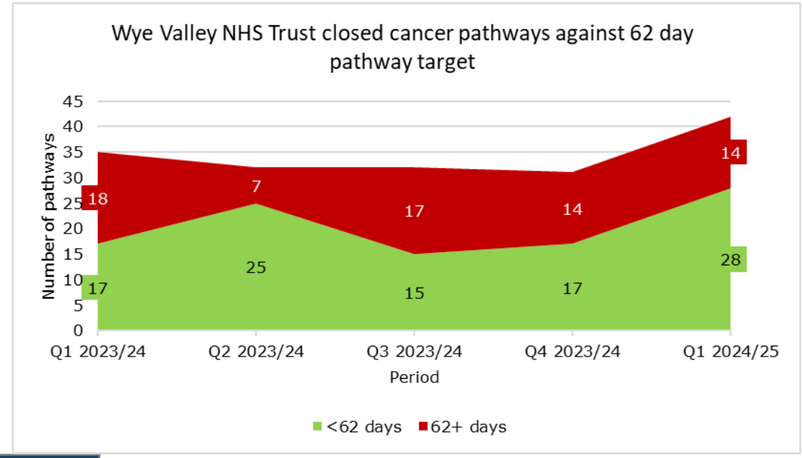
Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance and Commissioning

Latest available	Aug-24	Status of measure	Level 3
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 Definitively 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

Aug-24	SATH	WVT	All English Providers	Target
28-day FDS	67.6%	76.2%	75.5%	75%
31-day DTT	84.7%	89.0%	91.7%	96%
62-day USC	53.3%	71.9%	69.2%	85%

Statistics » Cancer Waiting Times (england.nhs.uk)

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) report 9 breaches in August.
- All breaches are reported at over 104 days and all pathways have been reviewed by SATH. Key reasons for delay are given, including outpatient and elective capacity, and complex diagnostic pathways.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in August (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 (Q2 is not currently available).
- 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.
- 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.

Powys Teaching Health Board

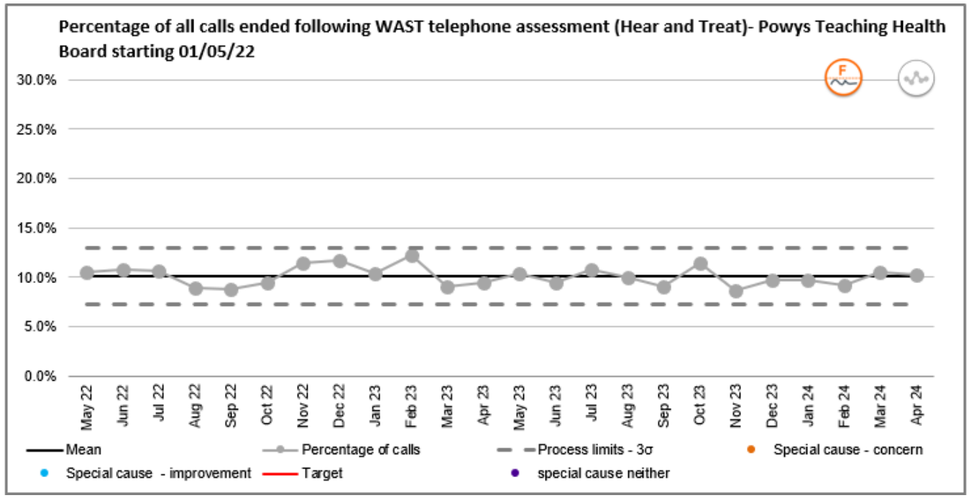
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 42** | **Frequency - Monthly**

Urgent and Emergency Care - Percentage of calls ended following WAST telephone assessment (Hear and Treat)

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

Latest available	Apr-24	Status of measure	Level 2a
Reported performance	10.3%	Benchmark position (Wales)	7th (15.2%)
Target	17% or more		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys has not met the national target in April with 10.3% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 15.2% for April 2024.

Reason Liz
25/06/2024 14:18:20

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.

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)	• Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories. • No exceptions or quality concerns. • Sound governance arrangements in place. • Performance within expected targets either national or local	• No escalation action. • Could result in frequency adjustment for some monitoring mechanisms and meetings including IQPG.	Main monitoring through base performance review process. Key measures bi-annually in IQPR to the Board.
Level 2a (Exception)	• Failure to achieve / maintain delivery in more than 1 key deliverable / area of performance. • Sustained deterioration on 1 or more domain. **This can include:** • Failure to deliver on an NHS Performance Framework target or local target trajectory. • A deviation or departure from the normal or expected course of action signifying specific condition or event that requires attention or further action to address the deviation. • Failure of quality standard. • Where SPC methodology notes variance of concern.	• Correspondence to Clinical service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Recovery plan to be developed that address issues to be recovered/improved. • Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency including IQPG. • Reported through to Executive Committee. • Monthly reporting where appropriate via IQPR as an exception to performance.	**Options include:** • IQPG engagement monthly with Executive • Internal support as required (QI/vbhc/planning – issue dependent). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Internal peer review. • Executive support (directly or from other teams). • Consider need for bespoke response. • Minimum monthly updates to Executive Committee.
Level 2b (Exception)	**Specially for finance:** • Where Corporate Directorate or Clinical Service Area level budget is overspending by more than £0.5m Year to date or £1m forecast.	Identified through monthly financial reporting	CEO to call a special 'Budget Review Meeting' of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support). **Agreed action plan established:** • Monitored through financial reporting arrangements. • Review period established if plan failing.
Level 3 (Escalation)	• Serious concerns on quality and governance. • Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives. • Clear articulation of reasons for escalation and criteria for escalation. **This can include:** • Where a performance matter (exception) does not meet target and hits criteria for higher level of resolution, decision making or further action. • Any measure that continues to fail a health board submitted trajectory as part of the Ministerial Priority measures. • Performance recovery is failing to improve or maintain performance. • Any significant failure of quality standard. • Where IQPG deems that a service or measured outcome requires escalation resulting from identified challenge or significant concern.	• Correspondence to service area/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring. • Service Area or corporate directorate demonstrating recognition of issues and commitment to improve. • Improvement/recovery plan required to address issues identified. • Reported through to executive and relevant committee. • Escalated frequency of IQPG meetings and resultant remedial action plan completion. • Challenge review on appropriate shift to the Escalations Oversight Group (EOG). • Monthly reporting where appropriate via IQPR as an exception to performance.	**Actions could include:** • Escalation Oversight Group (EOG) • Independent review of service/corporate department effectiveness. • Deployment of appropriate HR policies e.g. Capability policy. • Weekly/fortnightly meetings with CEO and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria). • Consideration of compliance with Professional clinical codes and standards and proportionate response. • Consideration of compliance with managerial code of practice. • Suspension or revision of service provision. **De-escalation:** The appropriate outcome for a challenge to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision. A level 3 escalation may return to any previous lower level of escalation dependant on the remaining challenge and required monitoring.

Patterson,Liz
25/11/2024 14:18:29

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

Domains	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

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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	Aug-24	Sep-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	20	8
				Actual	✓ 0	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0
				Actual	✓ 0	✗ 1	✗ 2	✗ 3	✗ 3	✓ 0
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0
				Actual	✗ 140	✗ 171	✗ 157	✗ 155	✗ 140	✗ 124
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0
				Actual	✓ 0	✓ 0	✓ 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%	86.0%	86.0%
				Actual	✗ 80.0%	✓ 86.5%	✓ 83.7%	✓ 93.1%	✓ 90.0%	✓ 87.5%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.10%	✓ 87.50%	✓ 91.7%

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Mental Health performance improvement trajectories 2024/25 – Submitted May 2024

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

At the start of 2024/25 financial year Welsh Government policy and performance leads requested trajectories to support internal NHS Wales delivery assurance process for the operational delivery of mental health performance, forming part of routine mental health touchpoint meetings with Health Board colleagues as well as Integrated Quality, Planning and Delivery meetings between Health Boards, Welsh Government and the NHS Executive.

The below table contains key elements for the submitted trajectories and is colour and icon coded dependant on compliance, please note that:

- Value cell shading red/green, this denotes compliance to health board submitted trajectory as a key mental health performance indicator
- Value cell icon either green tick ✓ or red cross ✗ denotes compliance against the NHS Performance Framework target.

Policy Lead Priority Measures				Month					
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-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%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 98.1%	✓ 100.0%	✓ 94.6%	✓ 100.0%	✓ 100.0%
	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	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	✓ 80.0%	✓ 86.5%	✓ 83.7%	✓ 93.1%	✓ 90.0%	✓ 87.5%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	✓ 94.1%	✓ 93.9%	✓ 90.8%	✓ 91.0%	✓ 93.6%	✓ 94.9%
	Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
			Actual	✗ 45.4%	✗ 45.8%	✗ 39.6%	✗ 42.0%	✗ 37.2%	✗ 34.3%
	SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 92.7%	✓ 93.8%	✓ 100.0%	✓ 100.0%	✓ 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%	75.0%	75.0%
			Actual	✗ 44.1%	✗ 54.1%	✗ 69.2%	✗ 74.0%	✗ 45.3%	✗ 46.7%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%
			Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.1%	✓ 87.5%	✓ 91.7%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%
			Actual	✗ 88.6%	✗ 87.2%	✗ 89.6%	✗ 87.8%	✗ 86.7%	✗ 85.5%
	Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%
			Actual	✗ 75.1%	✗ 69.4%	✗ 75.2%	✗ 76.9%	✗ 78.7%	✗ 79.9%

Agenda item: 4.4

PTHB Board	27th November 2024
Subject:	**Progress Against the Integrated Plan (Delivery Plan 2024-2025) for the Quarter 2 period, July to September 2024.**
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning/Planning Managers
Other Committees and meetings considered at:	Executive Committee (16th October 2024) Delivery and Performance Committee (22nd October 2024) – who supported the report to the Board.

PURPOSE:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2024).

The Health Board approved Integrated Plan submitted to Welsh Government (WG) on the 31st March 2024 remains unsupported by WG, despite a revised plan being submitted in May 2024. The plan however does represent the core outputs and outcomes the Board seeks to deliver in 2024/25 in line with our Health and Care Strategy and our other national and local drivers

Following endorsement at this meeting, it will be submitted to Welsh Government, as a formal report of Progress against Plan for the Quarter 2 period (July to September 2024), in line with national reporting requirements.

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.

Approve/Take Assurance	Discuss	Note
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
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	

4. Enable Joined up Care	Y	strategic priorities. This can include reference to the Board Assurance Framework.
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2024).

The Health Board approved Integrated Plan submitted to Welsh Government on the 31st March 2024 remains unsupported by WG, despite a revised plan being submitted in May 2024 which identified further savings in year. The plan represents the core outputs and outcomes the Board seeks to deliver in 2024/25 in line with our Health and Care Strategy and our other national and local drivers

Following endorsement at this meeting, it will be submitted to Welsh Government, as a formal report of Progress against Plan for the Quarter 2 period (July to September 2024), in line with national reporting requirements.

BACKGROUND

1) Integrated Plan status

The Integrated Plan approved at Board and submitted to Welsh Government in March 2024 was not supported by Welsh Government because the Health Board submitted a deficit three year plan that did not meet the statutory duty within the NHS Finance (Wales) Act 2014 to breakeven.

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 31st May the Health Board resubmitted a plan that improved by £2m from the 31st 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 23rd August, the Health Board issued an Accountable Officer letter 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 unsupported therefore but does represent the core outputs and outcomes the Board seeks to deliver in 2024/25.

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2) Development of Progress Report against Plan

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 2.

An additional explanation including mitigating action is also included where any items are **RAG** rated as ed. Executive leads were also asked to reassess their delivery confidence ratings with current confidence levels compared to that of the start of the year. Improvements have been made continuously to this report to enable sufficiently detailed yet concise reporting of progress against the PTHB Integrated Plan.

This is an important component of the Health Board's monitoring, assurance and performance management regime. This is particularly relevant in the context of the Health Board's escalation status of 'Targeted Intervention' for strategy, finance and planning.

Executive Lead sign off has also been ensured as part of each Lead Executive's accountability for their portfolio and strategic priorities.

3)Progress Summary at Q2

The report shows that there is good progress with delivery of the actions and priorities in the Plan as reported at Q2, and medium to high delivery confidence reported on the majority of the actions in the Plan at this stage of the year.

The main areas which are off-track relate to specific schemes in community services and primary care; the Major Health Conditions Plan, which is being reviewed as part of the reshaping of the Transformation Programme; and some of our digital schemes due to the interdependency with national programmes or funding.

4) Next Steps

This report provides the Board with an update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2024).

Once considered and endorsed by the Board, this will then be submitted to Welsh Government as a formal report of Progress against Plan for the Quarter 2 period.

NEXT STEPS:
Following endorsement by the Board, this report will be submitted to Welsh Government as a formal report of Progress against Plan for Quarter 2, in line with the national reporting requirements.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT
This section must be completed for all strategic organisational decisions including approval of health board policies.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Integrated Plan Progress Report

Quarter 2 2024/ 2025

July to September 2024

BRAGG Key

Blue - Complete
Red - Behind schedule
Amber - At risk/issues present
Green - On track
Grey – Not due yet

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Board

27 November 2024

Item 4.4a

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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)

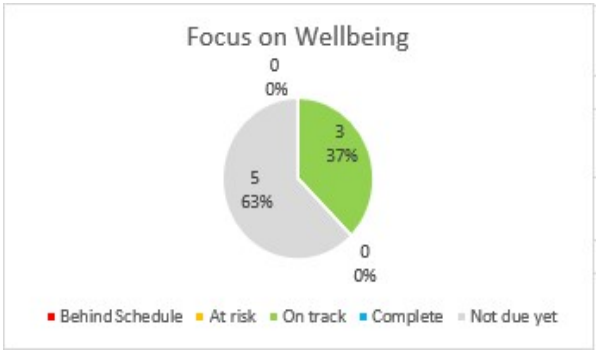
WG TEMPLATE Planned Care & Cancer

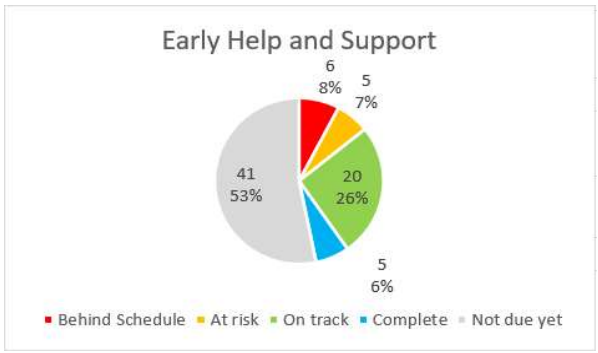
WG TEMPLATE Mental Health

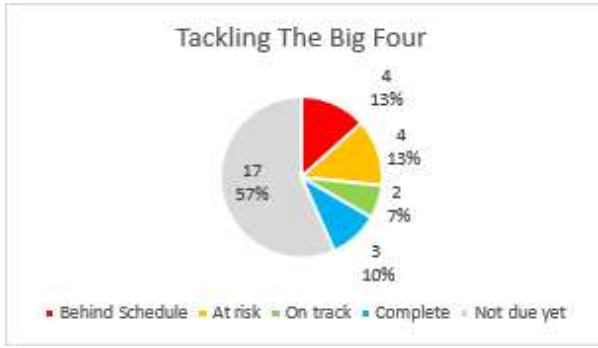
WG TEMPLATE Urgent and Emergency Care / Six Goals



SUMMARY OVERVIEW

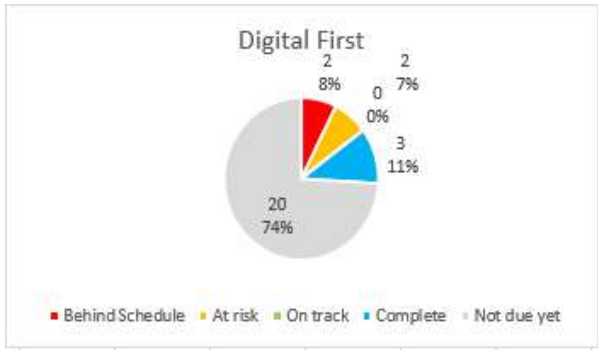


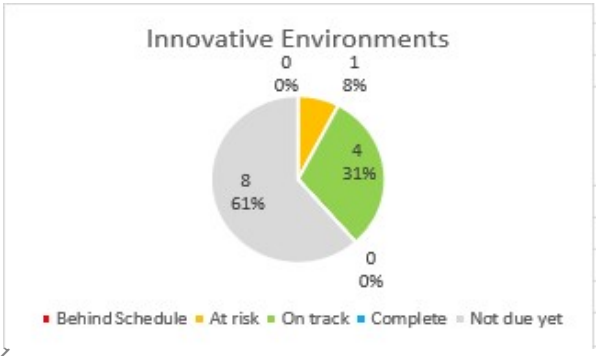


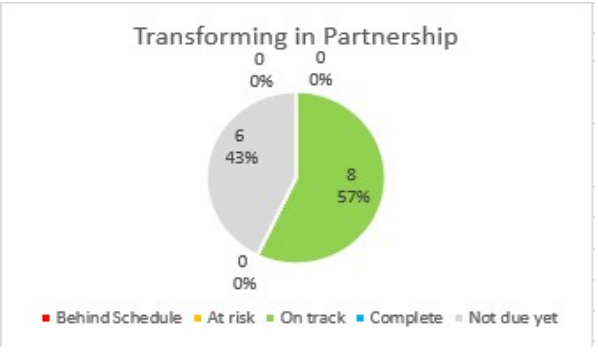


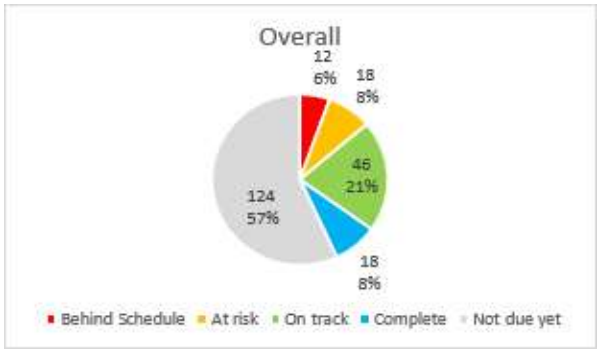












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Role:	Acronym
Chief Executive Officer	CEO
Deputy Chief Executive Officer	DCEO
Executive Director of Primary Care, Community and Mental Health	ED PCC&MH
Executive Director of Finance, Capital and Support Services	ED FC&SS
Executive Director of People 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

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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:

- Powys Healthy Weights Action Plan is being implemented. Powys Breastfeeding Welcome Scheme launched 1st August with Powys Teaching Health Board and Powys County Council.
- To help maintain smoking cessation referral rates, a communications and engagement plan is being delivered to raise awareness of the services available. Communications are aimed at the public, along with communications and engagement being undertaken with professionals to improve identification of smokers and signposting/referral to the specialist support available to quit.

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* 0 = Original		
			Q1	Q2	Q3	Q4	0	Q1	Q2
Work with partners to develop a whole system approach to address common modifiable risk factors	Framework for whole system approach developed Q4	ED PH					M	M	Medium
	Implement the Powys Whole System Approach to Healthy Weights action plan, working in partnership Q1-Q4		Green	Green			H	H	High

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Delivery of health board-led population level health improvement programmes	Improve awareness of and access to NHS Stop Smoking services Q1-Q4		Green	Green			H	H	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	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:

- Revised Major Incident and Emergency Response Plan and Corporate Business Continuity Plan approved by PTHB Board in July 2024.
- Vaccination programmes are planned and being delivered in line with national directives/guidance.

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*

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							0 = Original		
			Q1	Q2	Q3	Q4	0	Q1	Q2
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	Green			H	H	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						M	M	Medium
Implement respiratory vaccination programme in line with Welsh Government directives	Plan and deliver respiratory vaccination programmes Q1, Q3,Q4		Green				H	M	High
Implement immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars	Plan and deliver vaccination programmes Q4						H	M	Medium
Promote uptake of national screening programmes in partnership with Public Health Wales	Analyse data published and develop and implement action plan Q4						H	H	High

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

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

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Executive Director Sign Off	Mererid Bowley (Executive Director of Public Health)

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:

Optometry:

- Occupational Health Offer to Optometry now in place. All Optometrist and Dispensing Opticians informed of the service. Primary Care SLA in place with Occupational Health Department.
- Special School Primary eyecare pathway - Special Schools and pupil numbers identified. Awaiting national confirmation on funding which is part of 24/25 Optometry negotiations. Implementation challenges may become apparent.
- Implementation of pathways with outreach Ophthalmology Services for Glaucoma and Medical Retina pathways complex due to the number of secondary care provider services. Meetings commenced with WVT Ophthalmology lead which has been positive. Patients reviews to be undertaken to consider referral to primary care optometry. Optometry capacity to provide needs to be considered against secondary care waiting list times. WG transformation funding available to support this work. PTHB bid currently being prepared for submission.

Dental:

- PTHB dental waiting list transferred and now live on national Dental Access Portal. 1st health board in Wales to go live.
- Implementation of Dental Collaborative is dependent on the outcome of national negotiation and if agreed will take effect from Q1 25/26; therefore, in line with national intention full implementation of this cannot be achieved. However, management representatives from Community Dental Service attend and contribute to all 3 clusters forums. This will stay at 'amber' until implementation via Dental Contract Reform.

Community Pharmacy:

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- 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.

Women and Children's:

- Digital Maternity Cymru programme is DHCW led, PTHB are engaging with the procurement plan and all internal health board actions are completed.
- Workforce planning is in place across the directorate with a workforce profile anticipated by the end of the financial year to inform future workforce needs and training requirements.
- Plans for Women's Health and Sexual Health Improvement are progressing in line with NHS executive and WG direction, national symposium during Q3 will further support the details of the national vision and impact for Powys.
- ND & community paediatrics improvement programme progressing at pace to ensure safe and robust processes are in place to deliver the service to maximum capacity. Demand and psychosocial model being mapped and anticipated completion during Q3.

Commentary on red rated actions:

- **Accelerated Cluster Development:** Nursing Collaborative is being led and developed by Professional Nursing lead. Collaborative membership still under consideration. Lessons can be learned from AHP collaborative which received support from National team representatives initially.
- **Optometry:** Pre-registration Optometrist between primary and secondary care cluster project delayed due to departure of Optometry Advisor. New Optometry Advisor appointed who will re-commence these discussions with mid and north cluster. Hoping for the roles to be advertised in Q3.
- **Optometry:** School vision and eyecare access improvements requires input from W&C Services. New Optometry Advisor appointed who will re-engage and take forward these discussions following commencement in post

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* *0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Accelerated Cluster Development	Collaborative engagement and develop maturity Q1-Q4		Amber	Amber			H	M	Medium

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	Continue to develop reporting and governance arrangements with RPB Executive (Pan Cluster Planning Group) Q3	ED PCC&MH						H	H	High
	Implementation of Dental Collaborative (pending national negotiation outcome) Q2			Amber				M	M	Low
	Develop the Professional Nursing Collaborative Q2			Red				H	H	Medium
	Develop the Optometry Collaborative Q1		Green					H	H	Medium
	Continue to identify services best delivered at cluster or pan-cluster level Q4							H	H	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		Green					H	H	High
	GMS Practice Sustainability analysis, review, and action planning Q2			Green				H	H	High
	Engagement with patients and stakeholders on perception and experience of access Q4							H	H	High
	Development of workforce model in line with Strategic Programme for Primary Care/ Primary Care Strategic Workforce Plan & PTHB Frailty and Community Model Q3							H	H	High
	Roll out multi-professional workforce tool Q3							M	M	Medium
Optometry	Systematic tracking of core hour provision Q2			Green				H	H	High
	Support and track access in relation to IPOS (Independent Prescribing Optometrists) Q1		Green					H	H	High
	Pre-registration Optometrist between primary and secondary care in Cluster(s) Q2			Red				M	M	Medium
	Establish inter-practice referral for urgent cases Q1		Blue					M	H	High
	School vision and eyecare access improvements Q2			Red				L	L	Low

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

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

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Women & Children's – Pathway Development	Implementation of key service / pathway developments: - Develop and deliver Community Paediatric Remodel action plan - Implementation of the multi agency Neurodevelopment Strategic Action Plan for Powys - Develop an Additional Learning Needs Strategy for Powys including partnership delivery plan Q1-4		Amber	Amber			M	H	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	David Farnsworth (Assistant Director: Community Services Group) 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

Intended Outcome/ Impact

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

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Commentary on Progress in this Quarter:

- **Continuous Engagement in sharing the challenge and understanding Discovery findings; shaping and refining ideas Q1-4:** Through the Temporary Service Change Engagement process, there has been further engagement with stakeholders and the public around the challenges facing the health and care system in Powys identified in the Accelerated Sustainable Model Discovery Report.
- **Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care Q2-3:** This work has taken place through the Route Map to Sustainability Group. Workshops were held during June and July to identify initial ideas, with data-led groups in place examining options in commissioning, community, estates, digital & AI, and social care. The options developed are due for discussion with Executive Committee and the PTHB Board in Autumn 2024.
- **Develop Frailty scoring Q1-Q3:** The Frailty Workstream has not been able to meet during Q2 2024/25 for various reasons which include providing the capacity to develop the Temporary Service Change proposals. Despite this, during Q2 the District Nursing Service has developed new WCCIS paperwork which will include frailty scoring for every new patient allocated to the service who receives two visits or more, and this will be reviewed annually.
- **Develop the approach to Comprehensive Geriatric Assessment and care planning Q1-Q3:** The Comprehensive Geriatric Assessment is continuing to be implemented through the AHP Frailty Practitioners, with 123 assessments completed to date. The team is due to review the first patients it assessed in the coming months to understand the impact of the preventative approach it is taking to support patients living with frailty.
- **Implement National Community Nursing Framework in Powys Q1-Q4:** Further Faster funding from Welsh Government has supported the reconfiguration and expansion of staffing within the District Nursing Service to meet requirements from the National Community Nursing Framework. An updated self-assessment against elements of the Community Nursing Standards took place in Q2 to identify the areas for development so that these could form an action plan for implementation to meet the relevant requirements.
- **Finalise approach to planning for the Last Year of Life with major conditions Q1-Q2:** Further Faster funding from Welsh Government has supported investment in a dedicated End of Life Care Planning Facilitator role which will enable and empower health and social care staff, including voluntary sector staff, to deliver best practice in end of life care. This role has been advertised during Q2, with interviews taking place imminently.
- **Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post Q1-Q3:** The Service Level Agreement between PTHB and SBUHB, which hosts the National Lymphoedema and Cellulitis Team, has been agreed by both sides and recruitment has commenced to the Powys-related post. The National Team is moving forward with the official programme starting on 1 November 2024 and the preparations for this have been started.
- **Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation Q2–Q3:** The UTI Pathway Task & Finish Group has focused on prevention of UTIs and is finalising the distribution of posters to promote hydration to the public through GP practices, community pharmacies, PTHB sites and community locations such as leisure centres. A Protected Learning Time session on UTIs is being developed for staff based in GP-practices to promote best practice.

Commentary on red rated actions:

- **Scope an improved approach to cognitive impairment on general wards Q1-Q2:** This action was not progressed during Q2 due to the Temporary Service Change work to scope the potential colocation of patients by clinical need. The work was paused given the potential changes which may follow for several PTHB inpatient wards if the Temporary Service Changes are implemented, and not progressing it also provided the capacity needed to develop the Temporary Service Change proposals during Q2.

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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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
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	Green			H	H	High
	Next phase of design including configuration of tiered community model, outpatient, daycase and admitted patient care Q2-3			Green			M	M	High
	Identification of service development Q3						M	M	Medium
	Minimum 12 Week Consultation for areas of significant service change Q3-4						M	M	Medium
Continue to implement Frailty Model, including optimisation and join up for frailty of memory	Develop Frailty scoring Q1-Q3		Green	Amber			M	M	Medium
	Develop the approach to Comprehensive Geriatric Assessment and care planning Q1-Q3		Green	Green			M	M	Medium
	Review access to Fracture Liaison Service Q3-Q4						H	H	High
	Implement National Community Nursing Framework in Powys Q1-Q4		Green	Green			M	M	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	Blue			H	H	High
	Commence implementation including liaison with out of county providers Q3-Q4						M	M	Medium
Review and refine the Community Hospital model	Scope an improved approach to cognitive impairment on general wards Q1-Q2		Green	Red			M	M	Low

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	Pilot the approach Q3-Q4						M	M	Low
Support Admission Avoidance	Subject to approval, support the National Cellulitis Improvement Programme with a Powys-related post Q1-Q3		Green	Green			H	H	High
	Scope phase 1 Urinary Tract Infection (UTI) pathway transformation and commence implementation Q2–Q3			Green			H	H	High
	Review the impact of the PTHB-element of the National Cellulitis Improvement Programme Q4						H	H	High

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

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

- **Change in Timescale**

Pilot the (improved approach to cognitive impairment on general wards) approach Q3-Q4: The scoping work was not progressed in Q2 to provide capacity for the scoping of the Temporary Service Change proposal around the potential colocation of patients by clinical need. If the Temporary Service Change to co-locate patients is implemented, then that will need to be prioritised in-year over this action. If the Temporary Service Change to collocate patients is not implemented, then the scoping work which was not progressed in Q2 could be re-established in Q3, however this will delay the pilot into Q4 at the earliest.

Executive Director Sign Off	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

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- 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:** The GIRFT implementation support sessions for Ophthalmology, Orthopaedics, General Surgery, Gynaecology and Urology have completed. GIRFT improvement requirements and implementation of nationally approved clinical pathways are now being performance assured via the Clinical Implementation Networks. PTHB does not have speciality specific representation at the Clinical Implementation Networks (CIN) for all specialities. PTHB have worked with Welsh Government to reflect what it is that PTHB do, and how it is done confirming that PTHB have covered off the discharge protocols to the level that can be. The board held a discussion around the CIN representation from PTHB understanding that PTHB does not have a level of clinical leadership which was relevant to this request, and this has been shared with the CINs. GIRFT improvement requirements and implementation of nationally approved clinical pathways are now being performance assured via the Orthopaedic Clinical Implementation Network and Planned Care Strategic Oversight Group. PTHB has clinical and managerial representation on the national Orthopaedic Clinical Implementation Network (CIN) and input to the associated Clinical Reference Groups (CRGs) which are responsible for the development of national clinical pathways. There is currently no orthopaedic speciality medical leadership input within the organisation. This was highlighted as a gap and subsequent recommendation in the Orthopaedic GIRFT review and is emphasised as a core on-going requirement within the Orthopaedic CIN Programme.
- **Key Strategic Relationships:** A strengthening of partnership working with Robert Jones and Agnes Hunt NHS Trust over the past 18 months has resulted in orthopaedic specialty input to review of the PTHB provider theatre procedure list (Basket list), development of a Carpal Tunnel Syndrome clinical pathway aligned with GIRFT and British Society for Surgery of the Hand (BSSH) guidance and ongoing identification of opportunities for further collaboration. However, this input has been unfunded, temporary and project or task based with the risk of reprioritisation secondary to requirements arising in the employing NHS Trust. The current in reach service is commissioned from NHS Wales, NHS England (via SLA & LTA), Oswestry Orthopaedics and PTHB locums. Two workshops have been held with RJAH and ongoing monthly meetings are in place to progress joint actions. Partnership working with RJAH NHS Trust has highlighted the opportunity for a joint consultant orthopaedic consultant appointment to replace insourced upper limb activity from Oswestry orthopaedics and further support pan Powys development of the service. Bids were submitted to the national Planned Care Transformation Fund in March 2024 to fund orthopaedic clinical lead sessions, additional clinical infrastructure and referral management resource to enable expansion of the orthopaedic triage pilot pan Powys and transition to business as usual. Unfortunately, no allocation was awarded to Health Boards from this fund.
- **Referral Management Solutions:** The Orthopaedic Referral Management Pilot in Brecon has now completed. As of 2nd September 2024, the total number of patients triaged through the pilot was 178. Of these 155 were new referrals and 23 were expedites. In summary, 47% of referrals were identified as being able to be redirected to CMATS based on information reviewed, 50% of referrals remained on the orthopaedic pathway. There have been no concerns raised by patients, orthopaedic consultants or referring clinicians. The PTHB pilot evaluation demonstrated that spinal referrals accounted for 10% of all referrals, with a redirection/triage rate of 94% to CMATS. A business case has now been submitted to the Investment Benefits Group (IBG) to seek investment to enable critical service transformation and a permanent pan Powys referral optimisation process in MSK and Orthopaedic Planned Care services. Dental: The proposal to purchase high quality cameras to allow good clinical photography in Dental service is currently paused until the outcome and evaluation is complete for the Dermatology pilot. This was a decision of the Diagnostic and Planned Care Programme Board. If the Dermatology project is successful, the evidence would be used to progress the Dental bid.

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- **Improve Value in Key Specialities:** PTHB offer a one stop assessment and treatment service provision for WET AMD across the two service delivery suites. The WET AMD clinic is delivered by an Ophthalmic Multi-Disciplinary approach to service delivery, with a combination of Optometrists, Ophthalmic Nurse Specialists and Ophthalmology oversight. The Health Board continues to aim for 0% complication and procedure infection rate and also monitors patient post procedure infection rate which remains at 0%. PTHB continues to deliver WET AMD treatment in line with the RCO and NICE treatment guidance. The Health Board has successfully trained another Registered General Nurse to Ophthalmic Specialist Nurse level. This member of staff has completed her intravitreal injection competencies. PTHB continue to monitor the visual health and disease progression through the live audit database recording of visual acuity. This data held is reviewed and discussed with patients, when a change in treatment is required, ensuring joint decision making with patients.
- **Implement the Outpatient Transformation Plan:** PTHB have appointed an Assistant Medical Director for Planned Care. Continued implementation of outpatient transformation plan to include virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptom. This will be supported by the 3Ps Waiting Well Service, a Clinical Lead is in post and during Q2 the Single Point of Access is being established prioritising Ophthalmology.
- **Radiology Provision across Powys:** RISP transition is planned for Go Live in PTHB in March 2025 and the requirement for the WG capital equipment replacement funding allocation to be spent in FY 24/25. The Estates and Operational teams have developed a phasing plan collaboratively to meet the requirement. This has considered continuity of operational service delivery and concurrent estates activity across PTHB. The impact on the already established capital project pipeline has been considered and the proposed phasing will ensure potential issues around deliverability are avoided.
- **Enhance provision of Point of Care Testing throughout Powys**: The Point of Care Testing (POCT) Coordinator role has addressed risks identified on the directorate register and Internal Audits. This has been achieved through reviewing policies and SOPs, identifying errors, omissions, and needed updates. An External Quality Assurance (EQA) scheme for INR testing has been established. EQA participation is essential for maintaining high standards of performance and ensuring the reliability of test results in POCT settings as part of good clinical governance. The POCT Asset Register has been reviewed and updated. A Business Case has been submitted to the health boards Investment Benefits Group to present the case for a permanent Point of Care Testing (POCT) resource in Powys Teaching Health Board (PTHB). It also details the (All Wales Point of Care Testing) WPOCT system, associated expectations on Health Boards, and the resource required for implementation and long-term management of the system.

Commentary on red rated actions:

- **Seek Consultant Urologist sessions:** PTHB were unsuccessful in the Planned Care Transformation fund for speciality consultant sessions resulting in PTHB not being able to progress with Consultant Urologist sessions at present.
- **Dental:** The proposal to purchase high quality cameras to allow good clinical photography in Dental service is currently paused until the outcome and evaluation is complete for the Dermatology pilot. This was a decision of the board due to the amount of funding that would be required. If the Dermatology project is successful, the evidence would be used to progress the Dental bid.

Progress against key actions and milestones

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Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment* *0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
GIRFT Recommendations	Continue implementation of GIRFT recommendations for General Surgery, Orthopaedics and Ophthalmology to include repatriation of low complexity day cases Q1-Q4		Green	Green			H	H	High
	Seek Consultant Urologist sessions to scope community urology service Q2-Q4			Red			M	L	Low
Key Strategic Relationships	Explore Opportunities for jointly funded or regional post Q1		Blue				H	H	High
	Recruitment for jointly funded or regional post Q3						H	M	Medium
	Evaluation of jointly funded or regional post Q4						H	M	Medium
Referral Management Solutions	Scope a (Provider) interface triage pilot for Orthopaedic Referrals Q1	ED PCC&MH ED PP&C	Blue				H	H	High
	Pilot interface triage solution for Orthopaedic Referrals Q2			Blue			H	H	High
	Evaluate interface triage solution for Orthopaedic Referrals and any associated Business Case through the Investment Benefit Group Q3						H	H	High
	Subject to approval implementation of interface triage solution for Orthopaedic Referrals; Evaluation Q3-Q4						H	H	High
	Scope a referral management solution for Dermatology; Pilot subject to any associated Business Case support; Evaluate; begin phased roll-out Q1		Blue				H	H	High

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	Develop referral management solution for dentistry in relation to oral cancer Q2			Red			H	M	Low
	Further develop phlebotomy service Q3-Q4						M	M	Medium
Improve Value in Key Specialities	Continued implementation of Wet Age-Related Macular Degeneration (AMD) and Cataracts improvement plan in alignment with GIRFT Q1-Q4		Green	Green			H	H	High
Implement the Outpatient Transformation Plan	Appoint permanent Assistant Medical Director for Planned Care Q1		Blue				M	H	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	Green			M	M	High
Radiology Provision across Powys (enabling implementation of RISP)	Submit capital business case for replacement of X-ray equipment to enable implementation of RISP Q1	ED PCC&MH	Blue				M	H	High
	Review x–ray provision across Powys as part of work on sustainable model Q1	ED PP&C	Blue				H	H	High
	Develop x-ray implementation plan and implement phase 1 Q2-Q4			Green			M	L	High
Enhance the provision of Point of Care Testing throughout Powys	Review and develop existing POCT provision and governance: Establish QA Compliance framework, analyse asset registry, monitoring initiation and training development Q1-Q2		Green	Blue			H	H	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						M	M	Medium
	Identify ongoing funding for the POCT Co-ordinator role Q3-Q4						M	M	Medium

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Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	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) David Farnsworth (Assistant Director: Community Services Group)

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:

- **Map and develop key optimal pathways for Diabetes**: An updated version of the national Diabetes Insight and Variation Atlas (DIVA) was released in Q1 and an internal meeting was held with PTHB clinical leads from Dietetics and Podiatry, and transformation colleagues, on 13th June 2024 to discuss the refreshed DIVA dashboard and the insights it can provide. This has supported the development of the baseline, tied to the Major Conditions plan above. This work has also been linked to the national Diabetes Prevention Programme following a meeting on 19th August. There have been recent changes in NICE guidance around the provision of diabetic pumps for clinically appropriate patients and work is underway to establish a clinic in North Powys for these patients, supported by colleagues from Shrewsbury & Telford Hospitals NHS Trust.

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Commentary on red rated actions:

- **Development of a phased major conditions transformation plan**: Terms of Reference for the Major Conditions Working Group approved by the Value Based Health Care Programme Board on 7th August 2024. Analysis of key data finalised ready for discussion at the first meeting however a Senior Responsible Officer to lead the Group is yet to be identified and the Route map to Sustainability work had to be prioritised which has impacted on the Major Conditions Working Group being established and being able to take this work forward. There has also been sickness within the Transformation Team supporting this area in September which has impacted on capacity.

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* *0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
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	DSI&T	Amber	Red			H	H	Low
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			Amber			M	M	Low
Stroke	Review National Prescribing indicators in primary care for Atrial Fibrillation; explore improvements Q3	EMD					H		High
	PTHB Clinical engagement in key Strategic Programmes for Stroke (Wales and England particularly Herefordshire & Worcestershire) Q3	ED PP&C							High

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	Incorporation of guidelines for stroke rehabilitation Q3	ED AHPHS&D								High
Diabetes	Delivery of All Wales Diabetes Prevention Programme (AWDPP) Q1-Q4	DSI&T ED PH	Select	Select			H			Select
Cardiac	Community cardiology Q4	ED PCC&MH/ ED PP&C					H			Medium
Cancer Cancer Improvement Plan	Deliver the PTHB Cancer Improvement Plan Q1- Q4	EMD	Green	Amber			M	M		Medium
Single Cancer Pathway	Review variation of Single Cancer Pathway performance across secondary care providers and reduction of backlog of those waiting over 62 days for first definitive cancer treatment Q1 – Q4	EMD	Red	Red			L	L		Low
Implement improving Cancer Journey	Implement Improving Cancer Journey Programme Phase 2 Q1-Q4	EMD	Green	Green			H	H		High
	Annual review of PTHB Cancer Improvement Plan and update for 2024-25 at year end Q4						H			High
Respiratory Ensure equitable and standardised MDT services across the whole of PTHB	Continue to explore options for medical cover across PTHB Q1-Q3	ED PCC&MH	Select	Amber			M			Select
	Provide support to Primary Care to implement Asthma plans for the asthma population Q2-Q4			Green			M			Select
Formal change request (Please tick as applicable and provide explanation below)										

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Change in Scope	N/A	Change in Timescale	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	David Farnsworth (Assistant Director: Community Services Group) Kate Wright (Executive Medical Director) Stephen Powell (Executive Director of Planning, Performance and Commissioning) Mererid Bowley (Executive Director of Public Health) Debra Wood Lawson (Director of Strategic Improvement and Transformation) 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

Commentary on Progress in this Quarter:

- **Transformation of Adult and Community Model Phase 1**: This piece of work is being considered via the Strategic Change Programme, although there is interdependency with preliminary transformation work taking place with partners including North Powys Wellbeing Programme, Social Care and 3rd Sector colleagues to scope the redesign of the Mental Health community model for Powys, ensuring equitable, quality care, in line with national strategies, that meets the needs of the Powys population. Preliminary meetings will lead to a joint workshop in early October. The alignment of Powys Dementia Home Treatment Teams

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(DHTTs) to create a sustainable pan-Powys team, improving equity and consistency across Powys is progressing with analysis output feeding into a design workshop on 7th October 2024 attended by the wider Mental Health team and partners. Mental Health Service baseline data and demand/capacity modelling is still underway with the North Powys Wellbeing programme. The baseline data will now reflect 2023/24 data rather than 2022/23, which whilst providing increased accuracy, has required further validation with external modelling consultant, causing slippage against original Q1 deadline. North Powys Wellbeing Programme anticipate delivery of reliable 2023/24 baseline data during early Q3.

- **Expand capacity to extend single point of access including Next Phase of Development offer alignment with 111P2 for Duty and Assessment Model:**. Phase 1 went live on 16th September which included triage of referrals, using the Colgate model. Phase 2 Go-live, including joint assessments with service teams, is scheduled mid-October 2024. Workshops are underway with service teams to confirm joint assessment and referral pathways for triaged referrals. The inclusion of the 'Triage & Assessment' team will bring added benefits of a streamlined referral pathway, leading from a single point of access for referral. This will increase efficiency of receipt of referrals and ensure assessment occurs close to the front door enabling efficient access to the service needed, reducing complexity of navigating referrals and any internal delay caused by multiple referrals. Outcome measures have been identified and reporting is being put in place, including out of hours and out of county ED attendances for Mental Health.
- **Ensure access to provision of sanctuary for adults and children: Adults -** Discussion held at Executive Committee on 15th May 2024 regarding 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. In May the Executive Committee confirmed they will support a pilot approach and asked for this to be scoped and taken back to Execs in due course. A paper went to the PTHB Executive Committee on 7th August 2024, (deferred from 10.7.24), and now requires further work to align with Mental Health whole system change. The preferred model is currently to pilot under the North Powys Wellbeing Programme, within Newtown, given the needs in this area.

  Children - A CAMHS Crisis Hub is now fully operational, providing access to sanctuary for children in a safe, friendly, built for purpose environment. Funding for the revenue stream associated with the project has been extended by Welsh Government until the end of 2025/26. A new Rapid response & Outreach Team (RRO) has been recruited with working hours aligned to the adults CRHTs, enabling a greater Out Of Hours for CYP. The Hub uses an Multi-Disciplinary Team (MDT) 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. Recent data shows this facility is diverting 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, initially 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. The project is still viewed as an important component of the Mental Health Transformation programme with an emphasis on improving patient experience and outcomes, improved governance oversight compared to current provision, and better value for money. This project is interlinked with transformation work around the MH Community Model and overall strategy and will require consideration of alignment with other workstreams, following a prioritisation of MH high priority projects.
- **Next phase of neurodiversity pathway development:** This deliverable is being led within the MH Learning Disabilities and Neurodiversity Teams. Powys is the first region in Wales to now have an Neurodiversity (ND) pathway which includes a jointly operated Integrated Autism Service (IAS) working alongside a new ADHD service. New working practices are being embedded, with the pathway undergoing service evaluation and further development. In order to expand and sustain the service consideration needs to be given of permanent funding for existing staff.

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Commentary on red rated actions:

- **Baseline data:** The baseline data will now reflect 2023/24 data rather than 2022/23, which whilst providing increased accuracy, has required further validation with external modelling consultant, causing slippage against original Q1 deadline. North Powys Wellbeing Programme anticipate delivery of reliable 2023/24 baseline data during Q3.
- **Step-down solution:** This project remains paused since 8th May 2024 and is currently on hold awaiting the outcome of a prioritisation of projects within Mental Health.

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 0 = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
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				H	M	Medium
	Public engagement and consultation Q2			Amber			M	H	Medium
	Workforce design and further consultation Q3						M	M	Medium
	Phase 1 implementation Q4						M	M	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				M	H	Medium
	Develop phased delivery plan Q2			Blue			M	H	High
	Phase 1 implementation including administrative single point of access Q3						M	M	High
	Phase 2 implementation including commencing development of referral routes for Secondary Care referrals Q4						M	M	High

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

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	David Farnsworth (Assistant Director: Community Services Group)

Patterson, Liz
25/11/2024 14:18:20

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:

- **Launch and roll-out of Digital Patient Flow System Q2:** Powys DigiFLO is now live across Adelina Patti, Bryn Heulog, Claerwen, Epynt, Graham Davies, Llewellyn, Maldwyn, Twymyn and Y-Bannau wards, in addition to Glan Irfon. Over 400 in-patient facing staff have been granted access including Nursing, Therapies and Pharmacy staff, with a further 300 staff to receive access. The Standard Operating Procedure for the use of Powys DigiFLO has been developed and issued.
- **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 increased. Number of POCDs within recent 3-month data (Jun-Aug 2024) demonstrate a 7% increase compared with the 3-month prior (189 [Mar-May]: 203 [Jun-Aug]) and an 8% increase when compared with the same period in the previous year (188 [2023]: 203 [2024]). There is a slight reduction in August 2024 delays from the delays reported for March 2024, which is the baseline health boards have been requested to use by the national team. Assessment Issues and Care Home Placement arrangements remain the highest contributing causes, making up 41% and 23% of total POCDs for this period 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 increased from 15 (Q4 baseline) to 19 (Sep). This will continue to be monitored through the Power BI dashboard to enhance monitoring of super-stranded patients, as well as monitoring through the POCD sub-group which reports into Unscheduled Care Strategic Oversight Group; formed in collaboration with Powys County Council.
- **Embed discharge liaison officer posts throughout Powys Q1-Q2:** Recruited posts have been successfully embedded throughout Powys, with vacancies covered by peripatetic staff. Additional recruitment efforts have been undertaken, with additional posts anticipated to commence Q3. An Impact Assessment is planned to resume Q3 to continue evaluate the effectiveness of the DLO role within Powys.
- **Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4:** Average length of stay has increased by 10% throughout Q2 (44.99 [Jun]: 48.67 [Sep]), however, this continues to represent a 17% reduction when compared with the same period of the previous year (58.69 [Sep 23]: 48.67 [Sep 24]).

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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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Implement a Digital Patient Flow System	Complete test and pilot phases of newly developed Digital Patient Flow System Q1	DSI&T	Blue				H	H	High
	Launch and roll-out of Digital Patient Flow System Q2			Blue			H	H	High
	Embed Digital Patient Flow System into standard practice and broaden user operability Q3						H	H	High
	Review and refine Digital Patient Flow System, begin to strengthen beyond minimum viable product Q4						H	H	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		Green	Amber			H	H	Medium
	Reduce the number of super-stranded patients through escalation and tracking Q1-Q4		Green	Amber			H	H	Medium
Improved Approach to Supporting People to Leave Hospital Fitter and Faster	Embed discharge liaison officer posts throughout Powys Q1-Q2		Green	Blue			H	H	High
	Consider Expansion of Discharge Liaison Officer Q3-Q4						H	H	High
	Reduce average length of stay throughout Powys, through escalation and tracking Q1-Q4		Green	Amber			H	H	Medium

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

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

Patterson, Liz 25/11/2024 14:16:20

Change in Executive Lead

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

- Improved Approach to Supporting People to Leave Hospital Fitter and Faster - 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:

- **Broadening the knowledge and skills of MIU staff in Powys Q1-Q4:** Uptake and completion of MIU training remains on schedule, with completion of training for 2 additional fully qualified Emergency Practitioner, and 2 additional Minor Illness qualified practitioners having been achieved throughout Q2.
- **Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation Q2:** Referral process and form have been updated to support the identification of the most appropriate patients for Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon). The Clinical Lead has actively engaged with Care Transfer Coordinators and Ward Sisters to foster open communication and collaboration, ensuring all parties are aware of scope and referral process. A joint screening and acceptance process is now in place, allowing for collaborative decision-making and smoother transitions for patients requiring Therapy Led Rehabilitation at Mid-Powys Intermediate Care Centre (Glan Irfon).
- **Commence monthly aggregate reporting of D2RA Measures Q1-Q3:** The Digital Patient Flow System: Powys DigiFLO is now live. This 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. Reporting of 4 measures are expected to continue beyond the national pilot, with aggregate reporting for each of these measures anticipated to be achieved in-line with national expectations. Work is 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 Q1-4: 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 remains under consideration, with work underway to develop the future service design. An Executive Paper was presented to the Executive Committee on the 11th September 2024; further development of the model is required to confirm both the model and next steps.

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Pathway 2: The revised Therapy Led Rehabilitation Model at Glan Irfon is operational, with further work having taken place to enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation.

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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
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				H	H	High
	Broadening the knowledge and skills of MIU staff in Powys Q1-Q4		Green	Green			H	H	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				H	H	High
	Enhance partnership and collaboration to ensure targeted patient referral and access, as well as appropriate service utilisation Q2			Blue			H	H	High
	Implement optimised model as part of winter response strategy Q3						H	H	High
	Review of SOP and operational model including PROMS to inform the way forward Q4						H	H	High
Enhance and expand D2RA Pathway utilisation	Commence monthly aggregate reporting of D2RA Measures Q1-Q3		Green	Green			M	H	High
	Improve data quality and confidence of D2RA Measure reporting Q3-4						H	H	High
	Expansion of dedicated pathway capacity Q1-4		Green	Green			M	M	Medium

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

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

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Change in Timescale

- 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 – Change in executive lead from DSI&T to ED PCC&MH
- Expand Therapy Led Rehabilitation – Change in executive lead from DSI&T to ED AHPHS&D
- Enhance and expand D2RA Pathway utilisation - 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:

- Workforce Planning - 38 staff have completed the bespoke PTHB workforce planning training to date. Managers and service leads from Mental Health, Womens & Childrens, Digital and Corporate nursing have all received an introduction to workforce planning and overview session. A broad range of staff have attended the various training on offer ranging from band 7 to Assistant Director level.
- International Nurse Recruitment - Shared Services through the Value and Sustainability Board in May 2024 confirmed that PTHB was successful in a bid for £260K to fund additional cohorts of Internationally Educated Nurses. This will enable Powys Teaching Health Board to recruit a further 18 adult nurses during 2024/25.

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Cohort 4 - Llanidloes: 4 nurses arrived in February 2024 and all 4 have passed the OSCE exam and have received their NMC Pins. Cohort 5 - Newtown: 6 nurses joined us in August. They commenced their OCSE training on the 4th September 2024. Cohort 6/Cohort 7: A recent recruitment trip to Kerala, India saw the recruitment of 12 IENs for PTHB. We are aiming to onboard 6 of these new recruits in October/November 2024, and then the remaining 6 early 2025 (localities TBC).

- Aspiring Nurses – All plans and funding arrangements in partnership with HEIW and FE/ HEIs are in place for the new Sept 2024 cohort. 19 new Aspiring nurses have been successfully recruited. They have undertaken a 4-week bespoke induction programme and have now all commenced their roles in the community wards with a view to starting their academic programmes early October.

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 0 = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
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		Green			H	M	Medium
On board a further 3 cohorts of internationally trained Adult Nurses targeting areas with high variable pay spend Explore the potential to recruit internationally trained Mental Health Nurses and Medics	On board Cohorts 1, 2 and 3 for 24/25 Q2 & Q4			Green			H	H	High
	Scope opportunities from national programmes for international recruitment for Mental Health Q3						H	H	High
Launch a second cohort of the Aspiring Nurse Programme with HEIW and University partners	Agreed plans and funding arrangements in partnership with HEIW and FE/ HEI providers Q2			Blue			H	H	High

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(improving access for Powys based pre-registered students to the Nurse Degree Programme)	Report on the recruitment rates of the programme Q4						H	H	High
	Ensuring there is an opportunity for a Welsh essential recruitment offer Q4						H	H	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				H	H	High
	Report on the development plans for 2024/25 academic year Q3						H	H	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:

- Workforce Retention- Within quarter 1 of 2024/25, a deep dive of data was presented to Executive and Workforce and Culture Committee. This data has led to the development of a gap analysis, in line with the HEIW Nurse retention plan; and has provided the basis for informed discussions within the Workforce Steering Group and subsequent task and finish groups. Within Q2 of 2024/25, the progress towards meeting the actions aligned in the HEIW Nurse Retention Plan has begun, with 4 completed to date. Collaboration across all staff groups in PTHB has been initiated in an effort to spread the successes achieved in the Nurse Retention Plan actions, across the health board.

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- Raising Concerns and Speaking Up Safely. Introduce Team Activities/Briefings - Speaking Up Safely has been added to Corporate Induction and the Manager's programme. A Speaking Up Safely specific session has been developed with some tools for teams to utilise in team meetings, this will be trialled and then rolled out in Q3 and Q4.
- Refresh Chat to Change Plan – Chat 2 Change were introduced to the Speaking Up Safely framework on the 10th of July during a training day and then discussed at other training meetings. Chat to Change have produced awareness posters and will be raising awareness of the need to have a culture of raising concerns at the Wellbeing Roadshows through Q3.
- Clinical Leadership Programme – Tier 1 programme is being delivered at a rate of one course per month with excellent feedback and evaluation. So far, there have been 35 participants The Tier 2 programme has undertaken initial development, but due to the complexity of the course this will not be finalised until the end of Q3 ready for initial trial in Q4.
- Manager's Charter – The 'PTHB Manager' has been developed and approved by Executive Committee on the 26th June 2024 with a planned launch in Q3.

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* *0 = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
Deliver the actions set out in the national Nurse Retention Plan	Complete the nurse retention self-assessment tool Q1	ED P&C	Blue				H	H	High
	Undertake a gap analysis and deep dive of data and intelligence, to understand retention and priorities Q2			Blue			H	H	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				H	H	High
	Introduce team activities/briefings Q2			Amber			H	H	High
	Refresh the Chat2Change plan Q2			Green			H	H	High
	Embed the Speaking Up Safely Framework Q4						H	H	High

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Roll out Tier 1 of clinical leadership programme	Deliver the Tier 1 programme at a rate of 1 course per month Q1-2		Blue	Blue			H	H	High
Develop a pilot for Tier 2	Develop the Tier 2 programme Q2			Amber			H	H	Medium
	Pilot Tier 2 programme Q3						H	M	Medium
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				H	H	High
	Consult with Executive team, Trade Unions and Chat2Change group Q2			Blue			H	H	High
	Launch Charter Q3						H	H	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:

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- Compassionate Leadership – Two Compassionate Leadership behaviours courses were delivered per month in Q2 except in August due to Annual Leave. Courses were delivered as open programmes and as part of the Clinical Leadership Programme. Approximately 350 staff have attended the programme since its launch. The three-day Powys Compassionate Leader programme developed by HEIW was also delivered in July.
- Team Climate – No service surveys were undertaken in Q2 (but has been undertaken with Adult Services Teams as part of Workforce Futures), due to the need to focus on the National Staff Survey results. Team Climate Survey will be undertaken with the Corporate Directorate in Q3.
- Managing Attendance at Work – The managing attendance at work toolkit was updated in partnership and published via the SharePoint pages, further work is in development to continue to enhance this approach, including the development of guidance regarding reasonable and tailored adjustments to support staff to return to/remain in work. A number of bespoke sessions have also been delivered within directorates to support in the application of the policy and toolkits.

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* *0 = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
Regular access to wellbeing roadshows and initiatives which support health	Undertake a series of wellbeing roadshows across the county Q4	ED P&C					H	H	High
Embed Compassionate Leadership model to underpin approach to staff wellbeing	Deliver two Compassionate Leadership courses per month Q1-Q4 Quarterly Update		Green	Green			H	H	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		Blue				H	H	High
	Delivery of targeted / bespoke sessions to managers Q1-Q4 Ongoing		Green	Green			H	H	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	Amber			H	H	High

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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 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:

- The organisation's Strategic Equality Plan for 2024-2029 was passed earlier this year. This sets our priorities over the five year period with a particular focus on Age, Sensory Loss and Neurodiversity as three areas identified by staff and public consultation. Good progress has been made this year in relation to the integrated plan objectives including:
    - 15% of PTHB staff have undertaken the Gender Awareness training
    - Equality for managers training included as part of the managers training programme
    - The introduction of SignLive services to the health board: Enabling BSL users to contact the health board via telephone.
    - The organisation's Welsh in Healthcare Strategy (Standard 110) has been approved
    - Promotion of Confidence raising course – 48 participants in first round

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- **Online Translation Update:** Demand for external translation services has continued to increase since April 2023, resulting in an increased requirement to commit expenditure to translation services for patients. The table below (foreign language and BSL interpretation) identifies the average quarterly activity to date:

Quarter	Year	Average number of requests

Q1	2023	91.00
Q2	2023	84.67
Q3	2023	90.33
Q4	2023	96.33
Q1	2024	121.67
Q2 to Date	2024	134.00

- Since the introduction of the translation application via Language line in November 2023, we have seen a **20%** increase overall in the number of translation requests and an **80%** increase in the use of language line (when comparing the same period in the previous year). As Language Line represents the most cost-effective option, despite the increased requirement for translation services, the higher proportion of language line use has resulted in a reduction of approximately **35%** in the total expenditure when compared to the same period in the previous year. We are continuing to monitor the efficiency of translation through language line and promote the use of the application.

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* *0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Continue the rollout of the Gender Awareness programme	Updates on Gender Awareness provided in Equality Annual Report Q4	ED P&C					H	H	High
Integration of Welsh Language into the wider Managers' Training Programme	Continuous programme of training Q4						H	H	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							H	Medium
	Sensory loss work: deployment of assistive technologies & Sign Live Q4						H	H	Medium

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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			Green			H	H	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				H	H	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)

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

Patterson, Liz 27/11/2024 14:11:20

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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Improve awareness and access to their digital appointment	Introduce patient portal for managing appointments Q4	ED AHPHS&D					H	H	Low
Improve awareness of and access to the NHS Wales App	Support the development of the NHS Wales App to include Cross Border pathway Q4						M	M	Low
Transition to an alternative virtual consultation platform	Provide a replacement virtual consultation platform across Powys Q3						H	H	Medium

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	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

Paterson-Jones 27/11/2024 12:18:20

- 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:

- Currently in negotiation with DCHW to find a solution to the cross border work.

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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Transition of ICT Service Support; Digital Clinical partnership with Experience Level Agreements (XLA)	Target Operating Model Implementation Q3	ED AHPHS&D					H	H	Medium
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			Red			L	L	Low
Scope requirements for Integrated Shared Care Record	Enable front line staff to access digital clinical information across multiple disciplines Q4						M	M	Medium
Provide opportunities to improve Digital literacy across the HB	Upskill, train and support staff to improve confidence in using digital systems Q4						H	H	High

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

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

Letters 2 Liz 25/11/2024 11:18:20

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

Patterson,Liz
25/11/2024 14:18:20

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:

- Multiple parallel workstreams currently exist to increase Data & System efficiency within the service. This has meant that there has been a large demand on internal resource to deliver to National programme deadlines while at the same time ensuring local strategic initiatives are continuing at pace. An area that requires significant focus & clarity going forward is the cross border programme of work which is continuing to be delayed.

Commentary on red rated actions:

The project timeline for Cross Border was extended by three months to 30th September 2024 to ensure the completion of the revised workstreams. However, new issues have emerged which have raised several concerns, resulting in further delays and development work that have once again impacted the schedule.

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* *0 = Original*		
			Q1	Q2	Q3	Q4	0	Q1	Q2
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		Amber			M	M	Medium
Complete ePMA (Electrotonic Prescribing and Medicines	Completion of a Business case to roll out (inpatient & outpatient) Q2			Blue			M	M	High

pattison, liz 25/11/2024 14:18:22

Administration) pre-implementation phase										
Award ePMA contract	Develop, build, test and implement the ePMA system Q4							M	M	High
Finalise cross border clinical records sharing project	Improve data flows of clinical information into our All Wales architecture to support delivery of care Q2			Red				M	M	Low
Review replacement of WCCIS	Implement a replacement community system that supports the delivery and recording of patient care Q4		Amber					H	M	Medium
Implement print management solution	Replace and deliver new multi-functional devices across the HB Q1		Blue					H	H	High
Introduce digital clinical appointment letters	Adoption across all services using WPAS to digitally engage with patients Q4							M	M	Medium

Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	**X**

Change in Timescale

- 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 This change was 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

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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: N/A

Commentary on red rated actions:

- Opportunistic funding had been secured to replace all health board funding had been secured in 23/24 Financial Year, but delivery wasn't possible in the timescale available. Capital Funding will be sought at every opportunity to replace firewalls currently in use across the health board. Some devices have already been replaced as part of project funding.

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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Improve network Connectivity and reliability	Upgraded core infrastructure across all areas in the Health Board Q4	ED AHPHS& D	Amber				**M**	**L**	Medium
Improve telephony and collaboration tools	Procure and implement new telephony system Q4		Amber				**M**	**H**	High
Improve application availability and resiliency	Implement enterprise level availability technologies to support resilience across the Health Board Q2			Blue			**M**	**L**	High
Continue to improve cyber security posture	Replace and update Firewall authentication technology across the Health Board and migrate applications Q4		Red				**M**	**L**	High
Align and upgrade legacy operating systems	Removal of legacy and unsupported operating systems to support resilience Q3						**H**	**M**	High

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

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

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Change in Timescale

- 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 - 07/08/24 This change was approved at Executive Committee.
- Improve telephony and collaboration tools – A change in timescales is being requested due to capacity restraints of both PTHB and BT. Request to amend to Q4-07/08/24 This change was approved at Executive Committee.
- Continue to improve cyber security posture – Funding has not yet been secured for this. Request to amend to Q4 - 07/08/24 This change was approved at Executive Committee.

Executive Director Sign Off	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

Commentary on Progress in this Quarter:

- A robust and repeatable data collection framework has now been established within the Health Board to ensure there is consistency in standards & quality of any 'App'/Form that is built. The Data Catalog has been built within the Health Board and is now a valuable tool for the Digital Team to enable a complete oversight of the data estate, however this is not yet widely visible to teams outside of Digital which is planned to be rolled out by end of Q3.

Commentary on red rated actions: N/A

Progress against key actions and milestones

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Key Areas of Delivery	*Key Deliverables*	*Lead Executive*	*BRAG ('not due' already greyed out)*	*Year End Delivery Confidence Assessment* *0 = Original*

			Q1	Q2	Q3	Q4	0	Q1	Q2
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					M	M	Medium
Creation of a Health & Care Data Platform	Develop and implement a secure & robust Platform Q3						M	M	Medium
Modernise data processes	Plan and deliver a data collection framework Q2			Blue			M	M	High
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			Amber			M	M	High
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						M	M	High
Accelerate use of Robotic Processing Automation	Plan and deliver a 'RPA Framework' and Operating Model across the HB Q4						H	H	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					H	H	High
Adopt Machine learning toolkit (predictive analysis on current data sets)	Design and deliver a framework to adopt Machine Learning models Q3						H	H	Medium

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

Patterson, Liz
25/11/2024 14:18:20

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 Wellbeing Programme – Currently awaiting formal feedback from WG on the prioritisation process (now due in Q3). Following ongoing discussions with WG regarding affordability it has now been agreed by Board and Cabinet to progress a phased approach.
- Llandrindod Wells Rural Regional Centre – PTHB have secured £3m from WG Backlog Maintenance fund to complete works to upgrade roofs, replace windows and improve the safety of vehicle and pedestrian access to the site. This will now also include the refurbishment of Westdene to provide key worker accommodation. Works are due to start on site in Q3 and are on track for completion this financial year. A Strategic Outline Case/Outline Business Case and Full Business Case will be required for the next phase which will be progressed in Q3
- Discretionary Capital Programme -There are currently 43 projects on the pipeline all of which are on track/progressing well. Still some uncertainty of potential impact of urgent service change on the programme, this will need to be confirmed in early Q3 to ensure delivery of the remainder of the pipeline.
- Strategic Capital Plan – Plans continue to be developed for North Powys / Spa Rd integrated hubs alongside feasibility work for the Ann Holloway Centre. Currently commissioning consultants to develop blueprint for integrated hubs across Powys

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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**

Paterson,Liz 20/11/2024 14:18:20

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

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25/07/2024 14:18:20

Intended Outcome/ Impact

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

Commentary on Progress in this Quarter:

- Draft Estates Strategy – Draft document has been progressed with particular focus on 'where are we now' other sections will need to be refreshed in line with route map to sustainability work etc

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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Draft Estates Strategy	Estates Strategy; initial draft for review Q1	ADEF&SS	Amber				M	M	Medium

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	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

- 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

Pattesgrove
25/11/2024 10:18:20

Commentary on Progress in this Quarter:

- Decarbonisation - Annual quantitative carbon emissions report submitted to Welsh Government. Variance in data included in previous reporting has seen a significant increase in reportable carbon emissions from scope 3 sources which are taken directly from NWSSP Procurement. Changes made by WG to reporting methods and conversion factors have also contributed to a shift in reported figures. Assurance can be given that scope 1 & 2 emissions, which the Health Board may directly influence through energy usage, for example, are stable and will see double-digit savings from planned Re:fit programme which will commence from Q4. Decarbonisation progress measured against actions within the Decarbonisation Strategic Delivery Plan.
- Biodiversity – Continued work to enhance biodiversity supported by plans provided in last year's Climate Emergency Programme Board reporting have seen initiatives such as the collaborative work with Flora Cultura as a provider of green and therapeutic healthcare at Bronllys.
- Energy Efficiency – Re:fit programme has received funding approval for £4.3M Invest to Save capital expenditure. Programme commencement from 16th September following contract exchange. Programme completion targeting Q1 25/26.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment* *0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Decarbonisation	Decarbonisation Strategic Delivery Plan – actions as set out for 2024/2025 Q1-Q4	ADEF&SS	Green	Green			H	H	High
Biodiversity	Enhancement and protection of biodiversity including community group engagement Q1-Q4		Green	Green			H	H	High
Energy efficiency	Implementation of energy efficiency interventions pan-Powys: Re:fit programme / Invest to Save Q4						M	M	High

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

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

Paterson, Lisa 21/11/2024 14:18:20

Executive Director Sign Off	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 of Spa Road building has continued in line with 3-phase approach. All components of phase one have been completed – Medical Records team are awaiting budget to commence records transfer. Development work within phase two complete to point of approval with PCC space options to co-locate within the building and meet eligibility criteria for Integration and Rebalancing Capital Fund (IRCF) which will complete redevelopment of the ground floor into mental health hub (from Hazel's terrace) and creation of multi-service integrated training facility. First floor occupation has been prioritised in line with revenue release and new service enablement.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Integrated Hubs / Agile Working	Develop Spa Road, Llandrindod Wells as Integrated Hub Q3	ADEF&SS					H	M	Medium

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

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

Patterson Liz
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Executive Director Sign Off	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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**

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

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	Mererid Bowley (Executive Director of Public Health) Helen Bushell (Director of Corporate Governance / Board Secretary)

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:

- Activities have progressed as planned.

Commentary on red rated actions: N/A

Progress against key actions and milestones

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Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Delivery of Annual Strategic Planning Cycle	Quarterly Reporting cycle (progress against plan and strategic change) Q1-Q3	ED PP&C	Green	Green			H	H	High
	Annual Plan Review & Development Q3-Q4						H	H	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	Green			H	H	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	Stephen Powell (Executive Director of Planning, Performance and Commissioning)

Strategic Priority 25: Governance

Executive Lead - Director of Corporate Governance / Board Secretary

Intended Outcome/ Impact

- Decisive and effective decision making supported by assurance, oversight and effective management of risks
- Appropriately skilled, trained and informed Board
- Excellent Board and Executive administration and governance advice and support

Patterson, Liz 27/11/2024 14:11:20

Commentary on Progress in this Quarter:

- The Board Assurance Framework (BAF) was approved by the Board in May 2024. The corporate risk register has been full reviewed and enhanced into the new format enhancing assurance reporting. The next edition of the BAF dashboard is in development. The end of year confidence assessment is medium due to capacity in the team, work remains focussed to produce the next level of BAF data for the November/January Board meetings.
- All Board and Board Committee meetings have been delivered, meeting our governance standards.
- The Board Development programme is in full delivery.
- The risk management framework is likely to be delayed to full implementation into Q4 due to team capacity (recruitment is underway).
- Corporate business systems continue to be reviewed and refined to ensure efficiency and effectiveness.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment* *0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
Board Assurance Framework	Board Assurance Framework (BAF) is an integrated part of every Board meeting Q1	DCG	Green				H	H	Medium
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	Green			H	H	High
Board Development programme that underpins the High Performing Board programme	Board development programme x6 sessions; board briefings x12 sessions Q1-Q4		Green	Green			H	H	High
Review Boards Risk Management Framework further embedding effective risk management	Risk management framework reviewed and fully implemented Q3						H	H	Low
Corporate business systems maximising efficiency and effectiveness	Corporate business systems clearly defined and in place Q1		Green				H	H	High

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Formal change request (Please tick as applicable and provide explanation below)			
Change in Scope	N/A	**Change in Timescale**	X

- **Change in timescale**

The Risk Management Framework is unlikely to be delivered fully in Q3, further progress will be made in Q3 and Q4. Some aspects (risk management software and training) may not be fully delivered until Q2 of 2025/26.

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 key focus for the engagement and communication team during Q2 has been the design, delivery and analysis of a period of engagement on a number of proposals for temporary changes to health services to ensure quality, financial sustainability and value. A period of engagement, initially from 29th July 2024 to 25th August 2024 and subsequently with the closing date extended to 8 September 2024 has taken place. At the end of Q2, analysis of the findings of engagement is under way to support recommendations on the next steps for consideration by a meeting of the public of the Board early in Q3.
- 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. Following the development of a proposed shared definition during Q1, this received the endorsement of Regional Partnership Board and Public Services Board in Q2 with work no under way to translate this into toolkits for delivery. A development session for RPB members has also taken place to consider the critical factors in system leadership for co-production.
- Promotion of MMR vaccination in response to the challenge of measles has remained a key focus during Q2, alongside planning in readiness for the launch of the winter respiratory vaccination programme which additionally includes RSV (Respiratory Syncytial Virus) vaccination alongside COVID and influenza.

Patterson, Liz
25/11/2024 14:28:20

- Targeted marketing has also continued to expand subscriptions to our GovDelivery email 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 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
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	Green			H	H	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	Green			H	H	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	Green			H	H	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	Helen Bushell (Director of Corporate Governance / Board Secretary)

Patterson Liz 25/07/2024 14:18:20

Strategic Priority 27: Quality and Safety

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

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:

- Duty of Candour & Quality Plan has progressed as anticipated with a focus on quality led decision making supported by robust quality impact assessments.

Commentary on red rated actions: N/A

Progress against key actions and milestones

Key Actions	*Key Milestones*	*Lead Executive*	*BRAG ('not due' already greyed out)*				*Year End Delivery Confidence Assessment 0 = Original*		
			Q1	**Q2**	**Q3**	**Q4**	**0**	**Q1**	**Q2**
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	Green			H	H	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	Claire Roche (Executive Director of Nursing, Quality, Women and Family Health)

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.5

BOARD	**27 November 2024**
Subject:	**CORPORATE RISK REGISTER**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Governance and Risk Assurance Officer
Other Committees and meetings considered at:	Risk Assurance Group (RAG) – 5 November 2024 Executive Committee – 13 November 2024 Delivery & Performance committee (D&P) - 22 October 2024 Patient Experience Quality and Safety committee (PEQS) - 7 November 2024 Planning, Partnerships and Population Health Committee (PPPH) – 14 November 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

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.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
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. Nine out the 12 risks have been considered through the Committee review process and no changes to the risk description, score or existing controls in place have been suggested.

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 of the Board.

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.
A summary including information regarding movement of the various risks will be included in the Board Assurance Framework.

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.

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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.

Committee review of Corporate Risk Registers
Since the last Board meeting in September, all Board Committees have met and considered the risks assigned to the remit of each Committee. Each Committee is asked to:

- **RECEIVE** and **DISCUSS** the corporate risks within the Committee's remit and any relevant issues
- **TAKE ASSURANCE** that risks are being managed in line with the Risk Management Framework.

There are no issues to report to the Board at this time.

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:

Committee	Risk Number and Summary
Delivery and Performance	• CRR001 (Financial forecast) • CRR002 (Financial resources) • CRR003 (Resource allocation) • CRR008 (Cyber-attack) • CRR009 (Estates)
Executive	• CRR011 (Power outage) • CRR012 (National Digital Programmes)
Patient Experience, Quality and Safety	• CRR004 (Demand - provider) • CRR005 (Demand – commissioner)
Planning, Partnerships and Population Health	• CRR007 (Primary Care) • CRR010 (Public Health Emergency)
Workforce and Culture	• CRR006 (Workforce)

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. Following the October meeting of the Delivery and Performance Committee, no changes are recommended at this time.

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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.

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Appendix 1

CORPORATE RISK DASHBOARD (27 NOVEMBER 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
ED PCC&MH / 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

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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

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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...

In-Committee Risks (Private)			*CRR 008 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20)* *CRR 011 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)* *CRR 012 - National Digital Programmes do not always meet Powys requirements (Risk Score L4 X I4 = 16)*					
Impact	**Catastrophic**	**5**				• CRR011 (Power outage)		
	Major	**4**				• CRR001 (Financial forecast) • CRR003 (Resource allocation) • CRR004 (Demand - provider) • CRR006 (Workforce) • CRR007 (Primary Care) • CRR009 (Estates) • CRR010 (Public Health Emergency) • CRR012 (National Digital Programmes)	• CRR002 (Financial resources) • CRR005 (Demand – commissioner) • CRR008 (Cyber-attack)
	Moderate	**3**						
	Minor	**2**						
	Negligible	**1**						
			1	**2**	**3**	**4**	**5**	
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**	
			Likelihood					

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

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25

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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

CRR 001 **Risk that:** The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)		**Executive Lead:** Executive Director of Finance, Capital and Support Services **Assuring Committee:** Delivery and Performance Committee
Risk Impacts on: Organisational Priorities underpinning all objectives		**Date last reviewed:** November 2024
Risk Category: Financial and Sustainability		**Boards Risk Appetite:** Open
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8	Data will be presented at next report	**Rationale for current score:** • Financial planning for 2024/25 has identified that the THB will have a significant deficit. • 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. This includes an ambitious recurrent £9.9m savings target. • 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. • At Month 7, savings target forecast to be achieved, but significant risks to achieving the financial plan. • The THB forecasts that it can manage its capital expenditure within the capital allocation.
Date added to the risk register. Risk Updated June 2024		
Source of risk: Financial Plan		

Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
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 individually only focussed on Financial performance.	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

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7.4	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive and D&P Committee	Reasonable	Board
7.5	Regular communication and reporting to Welsh Government and NHS Executive (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

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
		Post of assistant FBP recruited to.	31/10/24	
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,	Ongoing	Ongoing

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		Opportunities Group and Sustainability Group.		
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
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		Score of 16, under review to update for any changes in forecast.		

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CRR 002 **Risk that:** The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.		**Executive Lead:** Executive Director of Finance, Capital and Support Services **Assuring Committee:** Delivery and Performance Committee
Risk Impacts on: Organisational Priorities underpinning all objectives		**Date last reviewed:** November 2024
Risk Category: Financial and Sustainability		**Boards Risk Appetite:** Open
Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8	Data wil be available at the next report	**Rationale for current score:** • 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. • 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. • 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. • 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.
Date added to the risk register. Risk Updated June 2024		
Source of risk: Financial Plan		

Controls (What are we currently doing about the risk?)	**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**

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7.1	Clear Financial Plan included in revised IMTP Submission with recurrent mitigating actions of £9.9m.	Plan approved by Board	Reasonable	Board
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 NHS Executive (Financial Planning and Delivery Directorate) regarding the impact of pressures 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**

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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
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 5 = 20		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.		

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CRR 003 **Risk that:** 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.	**Executive Lead:** Executive Director of Finance, Capital and Support Services & Director of Strategic Improvement and Transformation **Assuring Committee:** Delivery & Performance Committee
Risk Impacts on: Organisational Priorities underpinning all WBOs	**Date last reviewed:** November 2024
Risk Category: Financial Stability	**Board's Risk Appetite:** Open

Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8	Data will be available at next report	**Rationale for current score:** • 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. • Lack of data re Patient Outcomes and Patient Experience to support understanding of Powys patients' care and treatment. • Value Based Healthcare approach introduced, but not yet embedded into financial plan and budget allocation fully. • Differences between the Welsh and English systems for commissioning inhibit reallocation of resource to the most appropriate parts of the pathway.
Date added to the risk register. September 2022		
Source of risk: Financial & data analysis		

Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
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	• Value Based Health Care programme plan and minutes (including those from relevant subgroups)	Reasonable	Executive Director of Finance, Capital, and

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	organisational understanding of value from induction through to leadership development	• NHS Performance Framework returns (twice per annum) in relation to embedding Value Based Health and Care within organisational strategic plans and decision-making processes		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	• CIVICA in place for the collection of PROMs for patients treated in Powys. • Links made with commissioned providers to collect PROMs and PREMs for Powys patients treated out of county. • 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. – *paused given other priorities at present time*	Reasonable	
3.3	Transformation programmes in place, in line with PTHB IMTP Strategic Priorities, to provide the capacity to deliver the transformational deliverables required	• Transformation updates provided to Executive Committee	Reasonable	Executive Committee

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		• Programme plans, minutes etc from the North Powys Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Digital Transformation Programme.		
3.4	Strategic Change programme implementing temporary service changes to support financial sustainability	• Strategic Change Case for Change documents • Reporting into SC Board, Executive Committee and Board • An evaluation framework for each of the temporary changes has been approved	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	Output from workshop sessions.	Reasonable	Updates provided to the Board

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**

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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	At risk, date to be reviewed
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		**4 x 4 = 16**		

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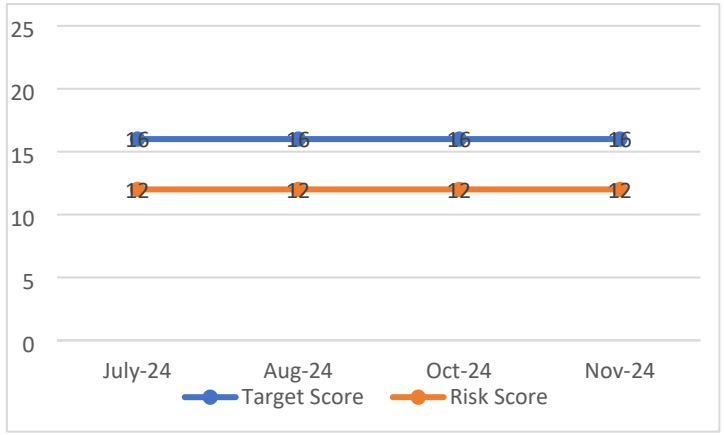
CRR 004 **Risk that: Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys.**	**Executive Lead:** Executive Director of Primary Care, Community and Mental Health. **Assuring Committee:** Patient Experience, Quality & Safety Committee
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** November 2024
Risk Category: Quality	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

Inherent: 4 x 4 = 16

Current: 4 x 4 = 16

Target: 3 x 4 = 12



Date added to the risk register
July 24

Source of risk:
Executive Team

Rationale for current score:

Planned Care

- NHS Wales Ministerial standards
- Whilst services generally perform well against access targets, the fragility of some of the in-reach SLAs creates inherent operational risk to delivery.

Inpatient Beds

- At present capacity is part staffed by continued reliance upon agency staff. This is not a sustainable or affordable model.
- On any given day, up to 50% of our beds can be occupied by patients that are clinically optimised and ready 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 to the long term needs for patients, and an increase to overall rehabilitation needs

Primary Care

- There are some recruitment challenges for staffing in primary care.
- Dental access and capacity required does not currently meet demand.

Minor Injury Units

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		• 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. **Mental Health** Elements of the service were until recently in internal performance and scrutiny escalation.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
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	• Referral data into services from commissioning data sets and supplementary reports received from commissioned providers • Best practice guidance from GIRFT and Welsh Government / NHS Exec	Reasonable	Delivery & Performance
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	Delivery & Performance
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	Delivery & Performance
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	Delivery & Performance

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7.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in place to authorise the use of agency staff (particularly higher cost agency providers)	Various workforce and financial reports recording agency usage at ward and service level	Limited	Delivery & Performance
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	Delivery & Performance

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
<u>Planned Care</u> ▪ Continue series of regular meetings with service providers ▪ Monitor and manage delivery against performance improvement trajectories for our own services. ▪ 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. ▪ Ongoing scrutiny and oversight through CQPR meetings with	Executive Director of Operations/Director of Community & Mental Health	Performance Trajectories being routinely monitored and managed.	February 2025 and ongoing	On track

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escalation through Integrated Performance Report.				
<u>General Service Sustainability & Future Models of Care</u> 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' having been approved by the Health Board and stakeholders.	Executive Director of Operations/Director of Community & Mental Health	The first two cases for change were approved by the Board in October 2024.	March 2025 and ongoing	On track
<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.	Executive Director of Operations/Director of Community & Mental Health	A number of sub-indicator performance targets have been identified. These will be built into the IQPR	December 2024 and ongoing	On track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		• Will be provided at next report.		

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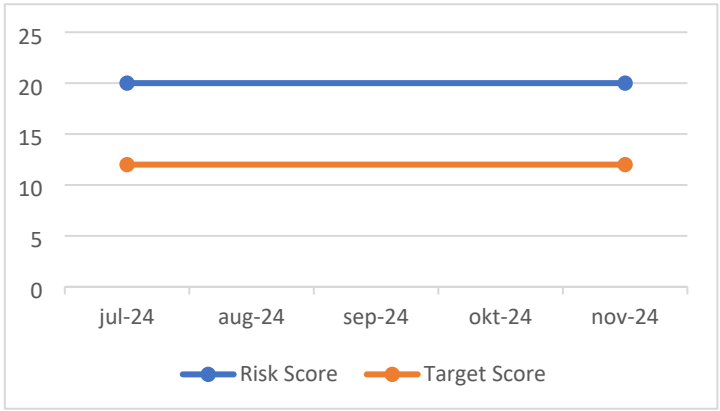
CRR 005 **Risk that:** Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys. The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality.	**Executive Lead:** Executive Director of Planning, Performance & Commissioning **Assuring Committee:** Patient Experience, Quality & Safety Committee
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** November 2024
Risk Category: Quality	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

Inherent: 5 x 4 = 20
Current: 5 x 4 = 20
Target: 3 x 4 = 12

Date added to the risk register.
July 24

Source of risk:
Executive Team



Rationale for current score:

Planned Care

NHS Wales

- Latest report to DPC is month 5: There is ongoing improvement from Welsh providers albeit slowly against the over 104 week to treatment and 52-week new outpatient targets, however the total waiting list continues to grow.
- Additional planned care monies issued to NHS Wales providers by WG in October; improvement expected, under assessment for Powys residents.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

NHS England

- The challenge of equity is still visible in Month 5 and on average waits for NHS England's pathways result in a quicker treatment tha n those within NHS Wales

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		• Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology, with particular concern around two NHSE providers. . Cancer 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. **<u>Urgent and Emergency Care</u>** • In month 5 Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 100% compliance on the 4hr target. In August Powys MIU's also easily exceed patient to triage and patient to assessment by senior clinician targets with 5- and 6-minute median waits reported respectively. • Welsh Ambulance performance times remain poor however performance slightly improved in August. Performance in commissioned providers UEC departments does not meet required targets (both in Wales and England) but NHS Wales performance in emergency departments remains better than NHSE for Powys residents, but all major units are extremely challenged to provide timely care

Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
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	Reasonable	tbc

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		received from commissioned providers		
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	tbc
7.3	Using demand data to plan to commission sufficient service provision for all services provided out of county, noting the need to agree a balanced finance and performance position as part of the IMTP process	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	tbc
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	tbc
7.5	Improving the outcomes and experience data capture to inform future reporting on commissioned services to the DPC and Board as well as future planning	Various data sources including operational & performance data. Qualitative information from QMS, PROMS & PREMS reporting, concerns, NRIs, clinical audit, regulatory inspections	Limited	tbc

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Planned Care ▪ Continue regular meetings with commissioned service providers.	Executive Director of Planning, Performance and Commissioning	Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service	July 2024 and ongoing	On track

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▪ Secure performance improvement trajectories from providers. ▪ 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 re-tender for insourced provision in 2024/25. ▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.		providers in NHS England and NHS Wales to understand expected performance 2024/25 and to be reviewed and discussed through CQPRMs.		
Cancer	TBA	Added to this version of the risk register. Actions to be agreed.	TBA	TBC
<u>Urgent and Emergency Care</u> ▪ Continue series of regular meetings with WAST and commissioned service providers. ▪ Continue commissioning of ambulance services in partnership through the Joint Commissiong Committee ▪ Secure performance improvement trajectories and improvement plans from providers.	TBCTBC	▪ Regular meetings (ICAP and Q&S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators. ▪ Regular attendance at JCC and Management Group. ▪ Standing agenda item in CQPRMs to review	July 2024 and ongoing	On track

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		improvement plans, patient experience, and patient harm.		
<u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 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.	TBC	A number of sub-indicator performance targets have been identified. These will be built into the IQPR	August 2024 and ongoing	On track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
5 x 4 = 20		Improved performance experienced within NHS England commissioned service providers; improvement in NHS Wales expected following issue of additional planned care monies in October 2024, assessment of impact for Powys residents underway although inequity likely to remain in comparison with NHSE. All commissioned providers failing to deliver the majority of pre-pandemic extant operational standards for access. More work to do to understand the quality and patient experience impacts of this inequity.		

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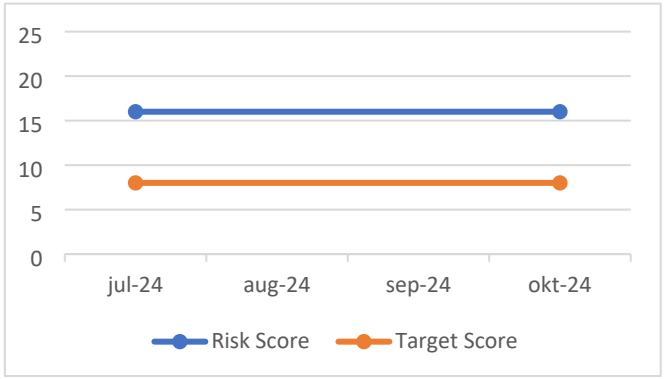
CRR 006 **Risk that:** Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	**Executive Lead:** Executive Director People & Culture **Assuring Committee:** Workforce & Culture Committee
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** November 2024
Risk Category: Quality	**Boards Risk Appetite:** Minimal

Risk Rating (likelihood x impact):

Inherent: 4 x 4 = 16

Current: 4 x 4 = 16

Target: 2 x 4 = 8



Date added to the risk register.
July 2024

Source of risk:
KPIs

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 30th September 2024, the Health Board contracted vs budgeted establishment showed a vacancy rate of 14.60%. After the use of overtime, additional hours, agency, and Bank this fell to 8.28%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 23.55% for Medical and Dental, 19.83% for registered Nursing and Midwifery, 18.51% for Add Prof Scientific & Technic and 17.09% for Additional Clinical Services.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in September 2024 from information held on the Health Roster/TSU systems:
  - Additional Clinical Services: 29.39 WTE

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		○ Nursing & Midwifery Registered: 32.72 WTE ○ Medical & Dental: 11.94 WTE		
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	Assistant Directors
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. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider 'deep dive' investigation currently underway	Reasonable	Deputy CEO

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		regarding vacancies across the whole organisation.		
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, projecting future staffing levels against known recruitment pipelines, such as Grow our own and international recruitment.	• Workforce performance reports produced routinely and shared appropriately. • Deep Dive Reports developed annually, or as required.	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 receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: Workforce Planning (sharepoint.com)	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report.	Substantial	Executive Committee

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Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.	tbc	Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support service areas in the development of workforce plans.	November 2025	On track
Candidate Journey application to induction 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. To be extended to include local KPIs for recruitment to the Bank.	tbc	Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. Review of Bank recruitment onboarding KPIs with positive changes immediately implemented to reduce time to hire and optimise candidate experience.	20/12/2024	On Track

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Increase bank supply: • Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year. • Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.	tbc	5 Open Days held over June and July across Powys with multiple members recruited to the bank at each event. A further 5 held in August and September. Work now continues to onboard the applicants successfully before planning future Open Days. Rolling adverts out each week and shortlisting against applicants each Friday.	Ongoing	On Track
International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 4-6 Mental Health Nurses	tbc	18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August, have now all passed their OSCE exam and awaiting NMC PINs. A further 6 identified for Machynlleth will arrive on 20 November, and final cohort of 6 awaiting allocation due early 2025. In addition, 4-6 RMNs expected by end of Q4.	Ongoing	On Track
Current Risk Rating		**Update including impact of actions to date on current risk score**		

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4 x 4 = 16	16

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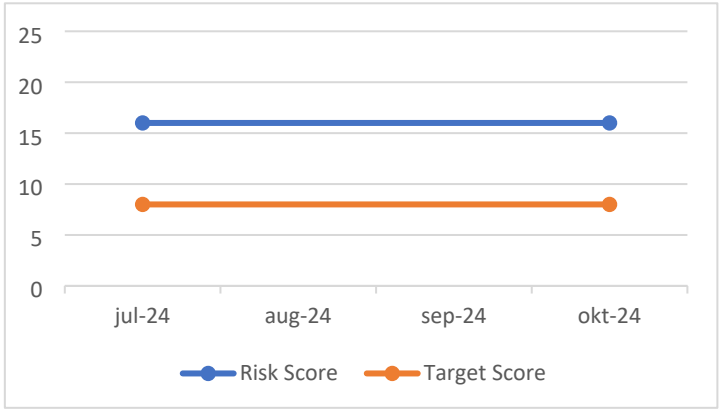
CRR 007 **Risk that:** Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	**Executive Lead:** Executive Director of Primary Care, Community and Mental Health
	Assuring Committee: Planning, Partnerships and Population Health
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** November 2024
Risk Category: Safety	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

Inherent: 5 x 4 = 20

Current: 4 x 4 = 16

Target: 2 x 4 = 8



Date added to the risk register.
July 2024

Source of risk:
Primary Care Department

Rationale for current score:

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently. Appointment/contact activity data confirms continued high patient demand.
- Financial sustainability of practices may influence the termination of Local Supplementary Services (local enhanced services)
- Dental access continues to be challenging in areas with recruitment challenges. The PTHB Dental Dental Access Portal continues to demonstrate an increasing pressure on timely access to routine dental services. Currently there are approximately 4,153patients on the waiting list. Access in North Powys is compromised due to ongoing workforce challenges.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation may be compromised.

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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. Supplementary Services uplift currently being considered.	• Escalation Tool • Sustainability matrix score	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 visits with practices. Outcome from desktop review to be discussed at GMS Contract Management Group meeting in Q3	• Contract Assurance Framework • Annual Return • Enhanced Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self Assessment Tool • Information Governance Toolkit	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.	• Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / D&P

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7.4	Regular contact and Quarterly Performance Review 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	• Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards • Quarterly Performance Review • Clinical Governance Assurance Framework	Reasonable	Executive Committee / D&P
7.5	Allocation of new patients from Dental Access Portal to dental practices. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis.	• Dental Access Portal • Contract Reform new patient and historic patient metrics. • GDS monitoring Group	Limited	Executive Committee / D&P
7.6	Utilising CDS service for increased input to support urgent GDS access provision when required.	• Daily urgent slot capacity review versus. demand	Reasonable	Executive Committee / D&P

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To undertake GP Practice visits following out come of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Arranged for October 24	December 24	On Track

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To undertake GDS End of year review visits	ADPC	Arranged for July/August 24	Completed	Completed
Undertake GDS Mid Year Review visits	ADPC	Arranged for October/November 2024	November 2024	On Track
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	October 24	On track – Senior Dental Officer appointed. Currently going through recruitment process
Implementation of mobile dental clinic in Hay on Wye	Associate Dental Director/ADPC	Report to Executive Committee	Completed	Service started
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		16		

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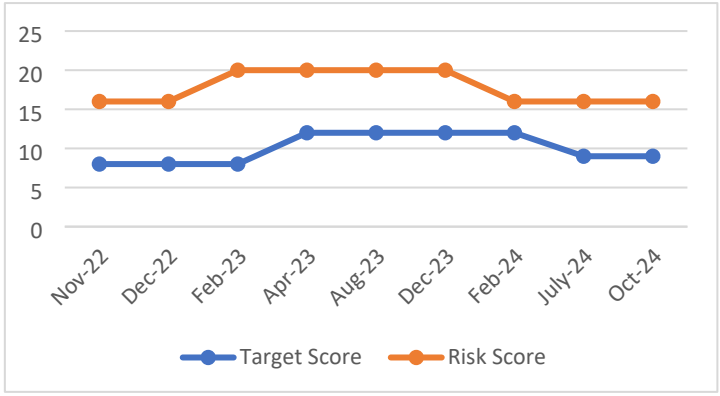
CRR 009 **Risk that:** the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**Executive Lead:** Executive Director of Finance, Capital, and Support Services
	Assuring Committee: Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning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

Risk Rating (likelihood x impact):

Inherent: 4 x 5 = 20

Current: 4 x 4 = 16

Target: 3 x 3 = 9



Date added to the risk register
January 2017

Source of risk:
Multiple risks arising from aging estate and levels of available funding to remedy.

Rationale for current score:

- **Estates Compliance**: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. Backlog Maintenance at circa £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.
- **Capital:** 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

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		contractors working in rural Powys with high overheads impacting scheme viability. ▪ **Environment & Sustainability**: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
	ESTATES			
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.	• Minutes and papers from meetings • Audits undertaken by NWSSP	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

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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
	CAPITAL			
9.11	Capital Procedures for project activity	• CP/D/1.00 document expiry Jan 2025 • Capital Systems Audit report from NWSSP: Reasonable assurance	Reasonable	Innovative Environments Group
9.12	Routine oversight / meetings with NWSSP Procurement	• Notes from meetings • Annual Procurement report	Substantial	Innovative Environments Group / Delivery & Performance
9.13	Specialist advice and support from NWSSP Specialist Estates Services	• Notes from meetings • Designated Director role	Substantial	Innovative Environments Group
9.14	Audit reviews by NWSSP Audit and Assurance	Audit reports and Action Plans	Reasonable	Audit and Assurance Group

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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
9.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any further funding	Capital proposals sheets Project sheets SBARs	Substantial	Capital Control Group Innovative Environments Group
	ENVIRONMENT			
9.21	Retained ISO 14001 accreditation	SGS external body award	Substantial	Delivery & Performance
9.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
9.23	NWSSP Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
9.24	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

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9.25	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

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
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 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.	In line with Annual Plan for 2024-25	On Track
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	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	In line with Annual Plan for 2024-25	On Track

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approved by WG. Further business case to be developed pending outcome of Capital Prioritisation Process. Machynlleth £15.2 reconfiguration of front of hospital completed March 2023 with Lessons Learned exercise completed with WG on 11 October 2024.		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.		
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 and significant pressure on delivery.	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	Associate Director for Estates, Capital, and Property	Due to financial challenges within the health board, this item is on hold.	TBC	On track

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numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.				
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		**Estates:** Estates compliance – team continues to support core statutory compliance and limited Reactive job requests using risk-based approach due to age of estate. Workforce challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. **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 Maintenance Contract roll out.		

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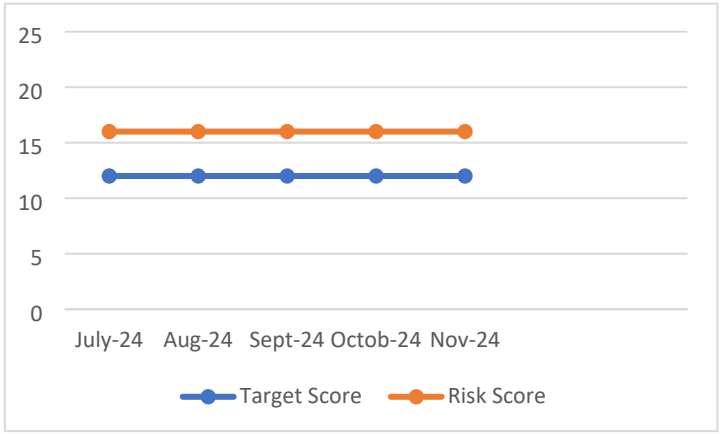
CRR010 **Risk that:** A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	**Executive Lead:** Executive Director of Public Health **Assuring Committee:** Planning, Partnerships and Population Health
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** November 2024
Risk Category: Performance and Service Sustainability	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

Inherent: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 4 x 3 = 12

Date added to the risk register
July 2024

Source of risk:
Executive Committee



Rationale for current score:

- 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.
- 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.
- 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.
- 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

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		covid transitioned to covid stable scenario in line with WG 'Together for a Safer Wales'.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
7.1	Major Incident Plan developed, regularly updated and exercised in line with Civil Contingency requirements.	• Plan approved by Executive Committee • Civil Continency Annual Report	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'. The Health Protection team are working in partnership with the Local Authority to build resilience and capability.	Annual Plan	Reasonable	Executive Committee
7.6	The Health Protection team have commenced the Winter Preparedness plans in line with Welsh Government's circular (WHC (2024) 037) (September 2024), in supporting infection prevention control measures in nursing and residential care homes.	Joint Plan (PTHB & PCC)	Substantial	Executive Committee

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7.7	Vaccination surge Plan developed and exercised (March 2023)	Surge Plan	Substantial	Executive Committee
7.8	Health Protection Oversight Group established with membership comprising of Health Board, Local Authority and Public Health Wales	Minutes of Meetings	Substantial	Executive Committee
7.9	Health Board is fully engaged in the Dyfed Powys Local Resilience Forum	Minutes of meetings	Substantial	Executive Director
7.10	Mpox Preparedness Task and Finish Group established to develop plans to respond.	Regular SitRep	Substantial	Executive Committee
7.11	Annual Winter Respiratory vaccination programme in place	Uptake rates	Substantial	Executive Committee
7.12	The Health Board participated in a pan Wales tabletop exercise 'Exercise Fad Felin (5th September 2024), to 'explore the system response to MPOX in Wales'.	Exercise Report	Substantial	Executive Director
7.13	The Health Board has undertaken unannounced tests of 'the management of Mpox pathway at PTHB MIU sites' on 17/10/24	Exercise Report	Substantial	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Consider recommendations and learning from Covid Inquiry Module reports and updated national pandemic preparedness strategy/guidance when it is published.	Corporate & Civil Contingency Manager	Reflection and consideration of learning following module 1 publication on 18/07/24, and incorporate learning into HB plans.	Ongoing	On track

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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	At Risk
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	At Risk
Implement Winter respiratory vaccination programme to eligible groups (Flu/Covid/RSV vaccines)	Director of Public Health	Plans being implemented in line with planning assumptions and learning from last Winter	March 2025	On track
Following an exercise to maximise uptake of vaccine preventable infections (e.g. MMR, childhood vaccines, respiratory vaccines). The PTHB Vaccination service will evaluate the above to identify any lessons and agree plan going forward	Director of Public Health	MMR Catch-up 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	March 2025	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

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The MMR Working Task and Finish Group established to coordinate system action to increase MMR vaccination rates (includes action on healthcare staff and catch-up of school aged children) has now been stood-down. The next step is to incorporate the lessons identified from the above into the Health Board's Occupational Health routine programme of work.	Director of Public Health	MMR Catch-up implemented to increase MMR rates in secondary and primary school. Drop-in clinical MMR vaccination available at vaccination centres (Bronllys & Newtown). Targeted letters sent to healthcare staff to offer vaccination & clinics available through vaccination centres and Occupational Health.	July 2024	Completed
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
Undertake a further exercise of the PTHB Vaccination Surge Plan to ensure that it remains fit for purpose.	Head of Service Vaccination	Exercise Report	April 2025	On track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16				

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.6

PTHB Board	**27 November 2024**
Subject:	**RPB System Resilience Plan ('Winter Plan') 2024/25**
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning, Planning Manager
Other Committees and meetings considered at:	RPB Executive (October & November) PTHB Executive Committee (October & November) PTHB Planning, Partnerships and Population Health 14 November 2024 – who supported the report to the Board

PURPOSE:

This report provides the Board with the Final RPB System Resilience Plan ('Winter plan') for 2024/25.

RECOMMENDATION(S):

The Board are asked to:

- Take **ASSURANCE** that arrangements are in place for system resilience planning across the Powys Regional Partnership Board (RPB)
- Take **ASSURANCE** that PTHB has actively contributed to those arrangements ('Winter Plan')
- **RECEIVE** the RPB System Resilience Plan ('Winter Plan') attached to this report, which is the end product of those arrangements across partners
- **APPROVE** that PTHB Board support is given to the final approval of the plan, which will take place at RPB Board in December 2024

Approve/Take Assurance	Discuss	Note
Y	Y	N

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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:

The RPB System Resilience Plan ('Winter Plan') has been developed through the Regional Partnership Board arrangements, involving partners across health and care. PTHB has actively contributed to these arrangements.

The Plan responds to organisational, system and national requirements and brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period in line with the requirements.

The Final Approval of the Plan will take place at RPB Board in December 2024.

BACKGROUND

The RPB System Resilience Plan ('Winter Plan') has been developed through the Regional Partnership Board arrangements, involving partners across health and care. PTHB has actively contributed to these arrangements.

This builds on arrangements put in place in previous years, to manage system pressures, set in the context of the shared Health and Care Strategy for Powys. Reflections on successes and challenges from the winter period last year have been gathered as part of the development of the plan and are summarised in the attached on page 5. All partners have noted in particular that system pressures are not just a winter issue and partnership arrangements remain key to supporting system flow and capacity.

The Plan therefore responds to organisational, system and national requirements including:

- Those generated internally within the organisation and across partners in the Regional Partnership Board, in relation to system working and good practice, building on previous years
- Requirements set out by the Cabinet Secretary for Health, Social Care and Welsh Language and the Minister for Social Care in relation to the Care Action Committee as detailed in the attached plan
- Requirements set out by Welsh Government in relation to Winter Preparedness as detailed in the attached plan (a checklist is provided on pages 25 – 27)

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The components of the plan, which are set out in detail in the attached, are:

1. Care Action Committee requirements
2. Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)
3. Urgent & Emergency Care 6 Goals Plan
4. Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning
5. Primary Care & Accelerated Cluster Development
6. Communication & Engagement Plan
7. System Surveillance & Co-Ordination
8. Key Dates for Plan production and monitoring
9. System Checklist vs Welsh Government Winter Preparedness Letter

The plan therefore sets out a complex set of activities to provide appropriate and targeted prevention, care and support for the population of Powys across the winter period (and with application at other times of year in relation to system flow).

Importantly, these include the implementation of the temporary service changes which were agreed by PTHB Board, to support and improve system resilience. The changes relating to inpatient community hospital provision have been supported both by PTHB Board and the RPB and are based on reorganising the inpatient care in a number of community hospitals, to enable more effective responses to the specific needs of patients.

Respiratory health is also a key theme in the plan and the National Influenza Immunisation Programme and Covid-19 booster programme have been brought together in 2024 to form a Winter Respiratory Vaccination Programme, with greater targeting of those who are the most vulnerable in the community. The detail of the Winter Respiratory (Covid/flu) and Respiratory Syncytial Virus (RSV) vaccinations plans were approved by the Board in September – this plan provides a summary.

The plan provides an outline of the continuing work of the Six Goals programme for Powys – this is a summary of a complex programme of work which is managed and reported separately but has important interdependencies with the System Resilience Plan.

The capacity plans across sectors are similarly outlined, including those for primary, community, social care and the third sector. This sets out the arrangements in place for operational review and delivery together with the oversight and governance, at organisational and partnership levels.

The Delivery Co-ordination Group (DCG) remains important in this respect and has escalation reporting in place to each partners 'Gold Command' arrangements (which have been operationalised and therefore 'proof-tested' in previous years and which can therefore be stood up at pace as required).

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Communications and Engagement remain critical to delivery, however, must be managed efficiently within the available resources. The approach focuses on amplification of national campaigns and localisation of national messaging.

The plan as a whole is in line with the community based model of health and care and good practice principles to provide safe, effective care as close to home as possible.

There are constraints noted in the plan in relation to financial, workforce and estates considerations, and any actions in extremis (such as surge scenarios beyond those anticipated in national or local modelling) would required discussion and agreement in relation to resources and/or reprioritisation of delivery with Welsh Government.

The benefits expected from the plan include:

- ❑ a clear focus on patient safety, quality, outcomes and experience
- ❑ Progress in reducing length of stay in community hospitals
- ❑ System delays to be minimised with timely assessments, discharges and transfers and timely repatriations
- ❑ Sustained availability of reablement and home support delivered by partners across all sectors
- ❑ Sustained availability of residential and placement based care delivered by partners across all sectors
- ❑ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ❑ Maintaining good overall system flow with optimum community bed utilisation and availability
- ❑ Surge bed capacity plans in place but optimally, will not be required, subject to the above

Specific impacts on key performance indicators are also provided in the attached plan, notably those relating to the Care Action Committee including pathways of care delays, weekend nursing capacity and step up/ step down care (page 7).

Whilst there remain risks across the whole system given the scale of known challenges, with particular issues arising across the winter period, this plan aims to provide a coherent and agreed system approach to manage these pressures.

NEXT STEPS:

- Implementation of the Plan has commenced in line with timescale in the attached
- The Final approval of the plan will take place at RPB Board 14 December 2024

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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

Bwrdd Partneriaeth Ranbarthol Powys
Iechyd a Gofal Cymdeithasol

One Powys Yn Un

Powys Regional Partnership Board
Health and Social Care

System Resilience 'Winter Plan' 2024/25

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One Powys Yn Un

Powys Regional Partnership Board
Health and Social Care

Introduction

This plan builds on System Resilience Arrangements put in place in previous years, set in the context of the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

Components of 2024/25 System Resilience Plan

1. Care Action Committee requirements
2. Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)
3. Urgent & Emergency Care 6 Goals Plan
4. Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning
5. Primary Care & Accelerated Cluster Development
6. Communication & Engagement Plan
7. System Surveillance & Co-Ordination
8. Key Dates for Plan production and monitoring
9. System Checklist vs Welsh Government Winter Preparedness Letter

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The Need For A Plan - Responding to Organisational, System and National Requirements

Requirement	Requested From Where?	Date Received	Included Within This Plan
System Resilience / Winter Plan	Internally generated as part of system working, resilience and good practice	N/A – produced annually	Yes – building on plans created in previous years
Care Action Committee	Welsh Government– Cabinet Secretary for Health, Social Care and Welsh Language & Minster for Social Care	26th July 2024	Yes – incorporated in to this plan
Winter Preparedness (Overall readiness & oversight)	Welsh Government correspondence "Winter Preparedness"	2nd October 2024	Yes – checklist at the back of this plan

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Purpose and Principles of this Plan

This is a plan for Powys and its population, to ensure appropriate and targeted support, prevention and care over the winter period.

- In Powys, the winter response is based on **good practice principles** which apply all year, delivering a community based model with safe, effective, care, as close to home as possible.
- There are **concurrent risks** arising from increasing health and care system pressures, industrial action, cold weather and wider socio-economic challenges faced by the population, together with increases in illnesses. This plan therefore has an immediate focus and a longer term view of transformation and sustainability across the whole health and care system.
- **Respiratory health and vaccination** is of particular importance, and this plan responds to the All Wales Winter Respiratory Framework with key actions on surveillance, vaccination, testing, anti-viral treatment, Respiratory viruses, Public Health messages and communication.
- **Infection Prevention and Control** measures remain a key component to reduce transmission in health and care settings and mitigate known and emerging risks including new variants of Covid-19.
- The plan also covers **Unscheduled Care**, focusing on the delivery of evidence based interventions and 'good flow'; a 'home first' approach with timely assessment, discharge and transfers of care.
- There are **constraints** in relation to financial, workforce and estates considerations, any actions needed in extremis / surge scenarios would require agreement with Welsh Government in relation to the resource requirement and/ or reprioritisation of delivery (including the use of the Local Options Framework as appropriate).

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Expected Benefits

- ❑ To maintain a clear focus on patient safety, quality, outcomes and experience for patients
- ❑ Progress in reducing length of stay in community hospitals to be maintained
- ❑ System delays to be minimised with timely assessments, discharges and transfers
- ❑ Timely repatriations is a key focus locally
- ❑ Sustained availability of reablement and home support delivered by partners across all sectors
- ❑ Sustained availability of residential and placement based care delivered by partners across all sectors
- ❑ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ❑ Maintaining good overall system flow with optimum community bed utilisation and availability
- ❑ Surge bed capacity plans in place but optimally, will not be required, subject to the above

Reflections from Winter 2023 / 2024

The RPB Executive Group met on 10th October and reflected on successes and challenges from the winter period 2023/ 24 and the RPB System Resilience Plan for that year, to inform this years' plan, key points included :-

- Not just a winter issue, there are whole year pressures and impacts
- Partnership arrangements, particularly regular and focused system meetings to escalate and unblock issues worked well
- Consistent appraisal of situation between partners key to supporting system flow
- Significant work was undertaken to increase capacity in domiciliary care - with significant new hours of capacity added
- Work across partners and sectors helped to increase efficiency in utilisation of care sector provision
- Big pieces of transformation work in domiciliary care beginning to realise benefits
- Vaccination programme successfully delivered, including adapting the offer to outreach to areas where uptake not as good
- However, system flow still a major challenge (and not just over winter as noted above)
- Demand increasing particularly in hospital discharge, meaning the pressures remain on capacity in health and care
- Primary care also seeing significant increases of contacts over winter
- There are areas of inconsistency between known demand and capacity across sectors
- Still a general sense of ‘firefighting’ post pandemic
- The complexity of work is increasing, limiting the ability to get on the front foot
- There is still a need to plan for system resilience in partnership, to buffer these challenges and make improvements

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Care Action Committee – Priorities and Requirements

Required priorities and targets set for action in 2024/25:

1) **Reduced pathways of care delays due to assessment**
   - **Ambition** to reduce Pathways of Care Delays by 15% by end of November 2024 and maintain to March 25
   - **Ambition** to reduce Pathways of Care Delays assessment reason code by 20% by end of Dec 2024 and maintain to March 25
   - **Ambition** to reduce total Days Delayed in hospital by 20% by end of Dec 2024 and maintain to March 25
2) **Increased weekend district nursing and palliative care nursing hours**
   - **Ambition** for Weekend day capacity of 80% of average weekday day capacity by March 2025 (60% by September 2024)
3) **Increased count of people** (at home and in care homes) benefiting from 'step up' and 'step down' care
   - **Ambition** to increase number of people accessing Enhanced Community Care (Level 4) by 20% by March 2025
   - **Ambition** to increase the number of people accessing Reablement by 20% by March 2025

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Outcome Data and Monitoring:

- Monthly count of people who have benefited from Enhanced Community Care (home based and bed based) - reported via SPPC
- Monthly count of people who have benefited from Reablement (home based and bed based) - reported via social care Check Point
- Pathways of Care Delays including assessment delays – reported via 6 Goals programme
- Count of people in hospital with LoS > 21 days
- Admission rates > 75 years
- Count of people waiting care or reablement in hospital (via POCD data)
- Count of people waiting care or reablement in community (via checkpoint data)

Care Action Committee – Powys RPB System Reponse

1. Reduced pathways of care delays due to assessment		• Success in reducing delays due to assessment to date, with particular focus on PCC delays. • Discharge to Recover and Assess and Homefirst models in use • Greater challenges seen with market responsiveness, including assessment, but work ongoing. • PTHB approved temporary service changes in October 2024 which will commence December 2024 (see following slide)

2. Increased weekend district nursing and palliative care nursing hours	• Funding received from Regional Investment Fund, Six Goals and Further Faster initiative – to support ongoing capacity and services including winter preparedness. Additional investment has been utilised in:
	  • Support to District Nursing teams to increase care provided, including palliative care, together with the standardisation work in relation to the temporary service changes noted overleaf, will result in circa 50% capacity improvement. There is regional variation based on demand and ongoing commissioning discussions are in place with Shropdoc.
	  • This is being matched to demand and capacity trends in Powys and therefore combination of weekday and extended times, (low unmet demand which is associated specifically to weekend demand)
	  • An increase in therapy staff to provide urgent care and enable people to stay home or transfer home sooner
	  • Increase of reablement and rehabilitation service capacity
	  • Strengthen virtual ward provision particularly for most frail population
	  • Further strengthen Discharge Liaison Team to better facilitate more timely transfers out of hospital	

3. Increased count of people (at home and in care homes) benefiting from 'step up' and 'step down' care	• See above for detail of additional investment into key service areas • Frailty is a priority for delivery for the system, implementation of frailty nurses is underway in Clusters, linked to AHP Frailty posts Stratification relies on Clinical Frailty Scale – caseload generally CFS 6/7 • AHPs contribute to Comprehensive Geriatric Assessment • EMIS to provide access to shared information which will enable greater intelligence in this regard • At a system level, planning underway to deliver the Early Help and Prevention Collaborative	

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Care Action Committee – 50 Day Challenge to 10 best practice initiatives (system response)

1. Refresh focus on embedding the Optimal Hospital Flow Framework to include a proactive emphasis on rehabilitation and reablement across the H&SC system	2. Apply 7-day H&SC working to enable discharge of patients during the weekend	3. Undertake Decision Support Tool (DST)/CHC process in the community	4. Regional collaboration to ensure that 'integrated navigation hubs' exist to facilitate discharge for acute hospital sites and admission avoidance in the community	5. Regional H&SC weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge
• DigiFLO introduced to all wards – implementing and embedding live system • Hospital discharge teams in place - Discharge Liaison Officers (DLO), Care Transfer Co-ordinators (CTC) in place across all hospital sites & SW Hospital discharge team • Reablement & Home First service Admission avoidance through Virtual Ward • Effective use of Glan Irfon capacity for therapy & reablement	• 7 day therapy and nursing model in place • Geographical and demand challenges leading to a 50% weekend capacity of DN and palliative care • 7 day reablement service in place • Work underway with care home providers to understand barriers to admission	• More rapid assessment in place in community hospital settings • Understanding & recognition of DST at home / in community • D2RA pathways in place with focus on residential & nursing home interim placements	• Successful DLOs in place reducing assessment delays • Hub has been established 7 days a week with Care Transfer Co-Ordinator & AHP. • Integrated Brokerage system business case being considered. • Developing Integrated H&SC performance dashboard • Unscheduled care group and patient flow unit that monitors and tracks patients across border	• Daily flow calls & targeted system reviews in place 3x per week • Weekly review with senior operational colleagues PTHB & PCC & PAVO • Focussed actions tracked and followed up
6. Proactive management of identified 0.5% high risk population group by clusters and multiprofessional community teams	**7. GP Enhanced Service rollout for care homes and Proactive Care / Urgent Care provision for 'High Risk Cohorts'**	**8. Trusted Assessor model for all care settings**	**9. Home First default for all patients clinically optimised – Health and Social Care discharge planning begins on admission**	**10. Integrated community services to focus on 7 day community-based falls response pathways**
• **Community Connectedness** - further develop our Prevention and Early Help offer across the county • Virtual wards operated through clusters and with AHPs in place • Frailty register enacted • Review & evaluate impact and improvement opportunities	• **Rapid step up & down response** - ensuring we can step up rapidly to keep someone who may be deteriorating at home • 100% coverage via Care Homes Directed Supplementary Service • Local quality improvement initiative with GP peer review in place to assess impact • AHP frailty model in place and supports wider virtual ward delivery	• Wide range of operational pathways in place incorporating the Trusted Assessor model • New trial in Cottage View in implementation phase with RIF supported lead for trusted assessors	• **Front door turnaround** - ensuring a systematic process to step in to DGHs at the point of admission • DigiFLO, DLOs and CTCs in place • Focus on shifting target of review to first 5 days in all hospital settings • Community Hospital MDT ensures best practice compliance with discharge planning • Review of reablement and Home First models underway	Multi-professional workstream across all organisations in place New pathway in development with National Team Falls risk assessments undertaken via ASSIST - to extend to include additional prescription of low-level adaptations and increase TECH offer. Lifting equipment within care homes and Home support with I stumble guidance to support.

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Microsoft Word Document

See Powys RPB **System assurance readiness template for full details**

Temporary Service Changes to support and improve system resilience

Temporary service changes relating to inpatient community hospital provision have been approved by PTHB Board and supported by the Powys Regional Partnership Board, to support and improve system resilience, following a period of public, staff and stakeholder engagement. These will be in place for six months, commencing from December 2024.

The aim is to respond to challenges facing the health and care system and local patients, to improve quality, value and pathways of care and reduce deconditioning in patients in community hospitals.

The changes are based on reorganising the inpatient care provided in a number of community hospitals, to enable more effective clinical cohorting responding to the specific needs of patients. This will stabilise delivery of key services, with more efficient workforce utilisation, and more effective multi-disciplinary team working.

This will enable a different approach to community based inpatient care, with a proactive offer of assessment and brokerage for those who are clinically optimised and ready to go home and a more specialist rehabilitation offer to those with greater needs:

- Two wards in North and South Powys (Llanidloes and Bronllys) will become Ready To Go Home Units
- Two wards in North and South Powys (Newtown and Brecon) will be focused on patients who require more specialised rehabilitation

Temporary service changes are also being applied at the Minor Injuries Units in Brecon and Llandrindod Wells, commencing from mid November 2024. These will open from 8am to 8pm (instead of 24 hours). This is a streamlining of opening hours to match known demand; enabling more efficient capacity planning and stabilising the same day urgent care offer.

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An evaluation framework is in place to monitor the outcomes and impacts of these changes. It is intended that the changes will support improvements at both the system level in relation to resilience and flow; and the patient level in relation to quality and outcomes.

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Powys Regional Partnership Board
Health and Social Care

Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)

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Respiratory Health and Vaccination

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, together with the introduction of a new RSV vaccination programme for targeted groups.

This programme is underpinned by the key principles of:

1. Protecting those at greatest risk
2. Protecting children and young people
3. Protecting frontline health and social care workers
4. Protecting the NHS

The programme is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI) regarding persons who will be eligible for a Respiratory Vaccinations in Autumn 2024.

The advice for this autumn is to offer the vaccine to those at high risk of serious disease and who are therefore most likely to benefit from vaccination.

The delivery programme for COVID will commence from 01 October 2024, with blended delivery model. The flu vaccination programme will commence in September for children and young people, pregnant women within midwifery appointments followed by the adult programme from 01 October 2024.

The new RSV vaccination programme will commence in September for pregnant women and adults turning 75 years of age.

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It will be delivered through a blended delivery model as outlined in the plan on a page for flu, covid and RSV Vaccination programmes.

The Winter Respiratory programme is also supported by wider Public Health and Population Health support and interventions:

- The work of the Respiratory Health team who provide support and treatment to adults and children in Powys with respiratory conditions
- School Nurse Service – School Flu Vaccination programme commenced in September and will be completed by mid-December.
- The health board Midwives offer Flu Vaccination and RSV vaccination to pregnant Women and offer peer flu vaccination to staff.
- Preventative health measures including the promotion of self care messages over the winter.
- Promotion of national campaigns in relation to winter illnesses, risks and mitigations
- Support for smoking cessation provided by the Public Health Team locally and nationally

Influenza Vaccine Programme (September – December)

Plan on a Page - Influenza Vaccine Programme 2024-25

PTHB Delivery of Influenza Programme 202425

Key Information

Eligible Cohorts

- 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

Flu Targets and Ambition:

- Adults over 65 years to reach at least 75% uptake
- 2- & 3-year-olds and school Campaign- to demonstrate incremental increase in uptake

Primary Care

Adult Flu

Delivered through GP practices & Pharmacies

2- and 3-Years Flu

Delivered through GP practices in September 2024.

Campaign Window:

- Early September - 2 & 3-year-olds, School campaign & Pregnancy
- Early October 2024 to Mid December - Main Adult Flu Programme, staffflu

Powys Teaching Health Board

Staff Flu

Frontline health and care workers are an eligible cohort within the Adult Flu campaign 2024-25.

The delivery model will be a combination of Peer Vaccination, drop-in clinics (Occupational Health and Vaccination Team) and vaccination staff walkabouts.

Pregnant Women

Delivered through PTHB Maternity service from September 2024.

School Age Flu

Delivered from w/c 16 September to all Primary and Secondary Schools

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Covid-19 Vaccination Delivery Model (October – December)

PTHB COVID-19 Vaccination Delivery Model

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

Eligible Groups

Over 57,000 people in Powys will be eligible for Covid-19 vaccination thisAutumn/Winter. The eligible groups are as follows:

- Residents in a care home for older adult
- Individuals in aclinical risk group (6 months+)
- Adults aged 65 years and over

PTHB Main Vaccination Centres

Bronllys Community Hospital, Bronllys

Park Day Centre, Newtown

Our main vaccination centres in Bronllys and Newtown offer a late-night appointment per week and weekend appointments once a month.

Attending one of our main vaccination centres remains the quickest way to receive your vaccination.

Community Hospital and Outreach Clinics

Glan Irfon Health and Care Centre, Builth Wells

Llandrindod Wells

Knighton Hospital, Knighton

The Corn Exchange, Welshpool

Bro Ddyfi Hospital, Machynlleth

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.

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.

Primary Care

6 GP Practices acrossPowys have confirmed their participation taking part in the Autumn/Winter Vaccination programme;

Pengorof (Ystradgynlais)
Rhayader
Wylcwm Street (Knighton)
Welshpool
Llanfair Caereinion
Llanfyllin

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.

Approximately 15,000 citizens will be invited to aCOVID-19 Vaccination appointment at their GP Practice

Mobile provision

Care homes for older adults

The vaccination team will visit all care homes in Powys during the first 2 weeks in October to deliver COVID-19 Vaccination.

Mop up visits to care homes for older adults will continue throughout the duration of the campaign

People who are housebound

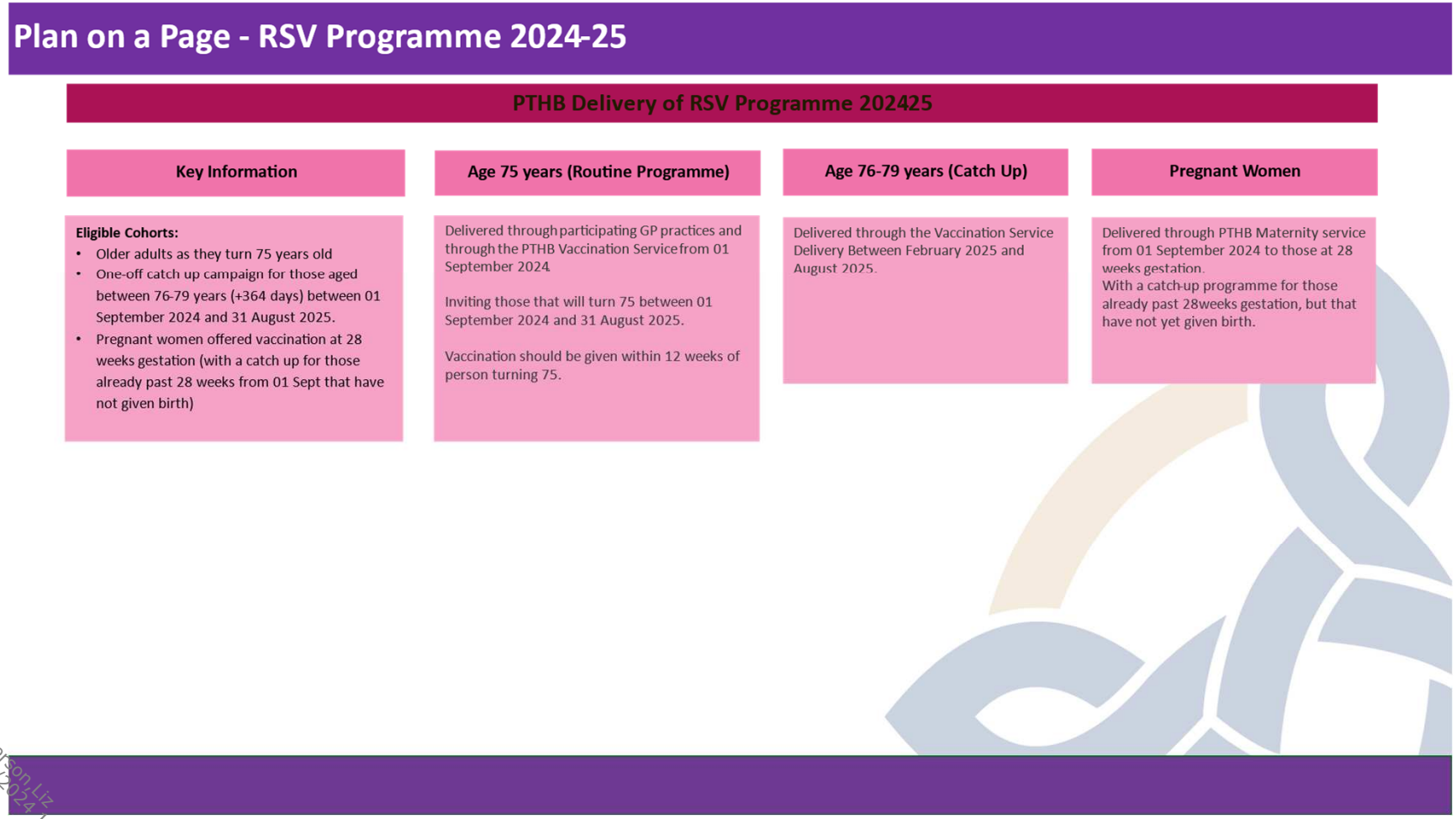
PTHB District Nurse teams are providing vaccination at home for those who are designated as housebound and eligible for COVID-19 vaccination

Inpatients

The community service group will be delivering COVID-19 Vaccination to all eligible inpatients.

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RSV Programme (Year round)



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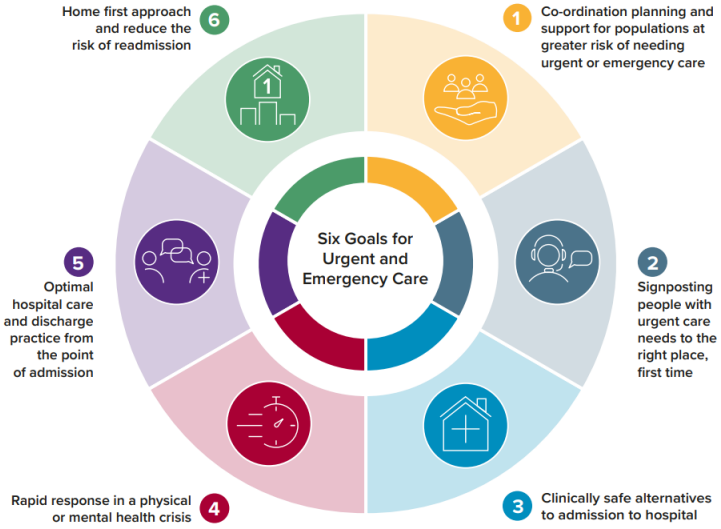
Powys Regional Partnership Board
Health and Social Care

Urgent & Emergency Care 6 Goals Plan

Patterson,Liz
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Urgent and Emergency Care 'Six Goals' Plan

The Urgent and Emergency Care 'Six Goals' plan is being delivered via the Frailty and Community, incorporating the Six Goals for Urgent and Emergency Care Programme Board.



Implementation is tracked in detail through the Programme Board – a high level summary is provided on the right.

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Goal (Wgov)	Objective (PTHBs approach)	Impact (expected by PTHB)
Goal 1: Co-ordination, planning and support for populations at greater risk of needing Urgent or Emergency Care	• Implement Frailty Model • Improve coordination in the Last Year of Life • Revised Cellulitis and UTI Pathway(s)	• 123 Comprehensive Geriatric Assessments completed through the AHP Frailty Practitioners • Dedicated End of Life Care Planning Facilitator role recruitment underway • Development of new WCCIS form to record CFS.
Goal 2: Signposting to the right place, first time for people with Urgent Care needs	• Urgent Care pathway development including Crisis Response Triage and Duty & Assessment Model for Mental Health	• New Triage and Assessment model live (16/09/2024) • Improved ease of access to Mental Health Services • Aim to reduce referrals into MH services • Escalation prevention
Goal 3: Clinically safe alternatives to hospital	• Enhance the provision of Point of Care Testing • Implement Enhanced Community Care phase 1 • Ensure access to provision for sanctuary for children • Develop access to provision for sanctuary for adults	• Broadening of the knowledge and skills of MIU staff through increasing non-medical prescribers • CAHMS Crisis Hub to provide Sanctuary space for Children and young people
Goal 4: Rapid response in a physical or mental health crisis	• Reduction in Ambulance Handover delays and safely reduce ambulance conveyances to ED's	• 15% Q1 reduction in WAST calls to care homes for falls related incidents.
Goal 5: Optimal Hospital Care and Discharge practice from the point of admission	• Implement a Digital Patient Flow System • Improved approach to Pathways of Care Delays (POCD) • Expanded Red2Green monitoring • Improved approach to supporting people to leave hospital, fitter and faster	• Aim to reduce the number of service users experiencing Pathways of Care Delays • Aim to reduce the number of super-stranded patients • Aim to reduce average length of stay
Goal 6: Home first approach and reduce risk of readmission.	• Expand Therapy Led Rehabilitation offer • Enhance and expand D2RA Pathway utilisation • Strengthening our approach to Trusted Assessment	• Bed utilisation of Glan Irfon increased from 55% (2023/24 baseline) to 96% (July 24)

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Powys Regional Partnership Board
Health and Social Care

Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning

Patterson,Liz
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Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning

Whole System

- Operational system governance is in place to include:
  - Daily system review of all delays (English / Welsh / PTHB beds)
  - Out of County engagement
  - Daily participation in National Risk Huddle
  - Bi-weekly system review of performance and actions (DCG)
  - Monthly oversight by system Executive group

Health / PTHB

- Operational system governance is in place as above
- Strategic transformation and development plans are in place
- National oversight of development actions (Care Action Committee)
  - POCD actions
  - 6 Goals actions
  - top 0.5% 'high risk' population

- Surge planning is incorporated into Business Continuity planning
  - Winter planning in place
  - Well advanced Bank Holiday planning in support of operational delivery
  - There is a need for discrete additional/ intensive actions post-Christmas moving into the New Year
  - Daily DCG calls
  - Daily attendance at OOC Silver Calls

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Adult Social Care / Care Provision / PCC

- Sustainable Accommodation Care and Support for Older people
- Modernising Care At Home – (Domiciliary Care and Direct Payments)
- Creating Day Time Opportunities
- Early Help and Prevention Transformation
- Review of Reablement Model
- Integrated Brokerage Development
- Increase Capacity in Hospital Discharge Team
- Joint Rapid Action Plan
- Integrated Performance Dashboard
- Trusted Assessor Development
- Social Work and Brokerage Presence at Community Hospitals
- Proportionate Assessments
- Dynamic Management of Community Care Home Capacity
- Review of Fare Cost of Care

Community and 3rd Sector/PAVO

- The Welsh Government **Warm Homes programme**, funds energy efficiency improvements to eligible households. **Nest** provides free advice and support and the **Arbed** scheme offers energy efficiency improvements in targeted areas
- **Powys Association of Voluntary Organisations** (PAVO) promote key messages and support co-ordination across the third sector
- The **PAVO Befriending Service** matches individuals age 50+ to volunteers to help combat loneliness and isolation
- The **PAVO Mental Health Information service** provides advice on accessing third sector mental health support
- **PAVO Community Connectors** attend Virtual Ward, MDT and Patient flow meetings and work with vulnerable individuals to identify and tailor support to needs, connecting them to third sector support
- **Targeted support** to help people remain independent at home is provided by British Red Cross, Age Cymru Powys, Credu support for carers

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Powys Regional Partnership Board
Health and Social Care

Primary Care & Accelerated Cluster Development

Patterson,Liz
25/11/2024 14:18:20

Primary Care and Accelerated Cluster Development

Primary Care Winter Planning and Escalation Arrangements:

- Tracking of Primary Care GMS escalation status; reporting and escalation arrangements in place
- Targeted sustainability support including additional capacity funding available for 2024/25 as part of contract (Mobilisation is dependent on workforce capacity; uptake in all practices)
- Lessons from the Frailty audit in 2023/24 have been incorporated in the approved North and south cluster projects, currently being mobilised to support the Accelerated Sustainable Model of Care
- Reinforcing PPE arrangements for specific conditions to protect workforce. Senior Practitioner providing individual support to Practices
- GMS Collaborative buddy up arrangements reinforced messaging in preparation for winter
- Extensive flu vaccination campaign in place with general practice and community pharmacy. Internal Practice PLT focus on flu planning and delivery, supported by the Primary & Community Care Academy
- GP Practice participation in COVID and RSV vaccination programme
- Primary & Community Care Academy offers support to General Practice, Pharmacy, optometry and dental providers on education opportunities
- General Medical Services and Dental Out of Hours urgent provision are being progressed and assurance arrangements regarding cover will be confirmed in December. Christmas eve and New Years' Eve are operationalised as normal working days; therefore, normal services will be in place as per contractual requirements for GMS, GDS and WGOS.

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Resilience actions being taken forward by Clusters:

- MSK First Contact Practitioners being implemented across all 3 clusters
- Audiology First Contact Practitioners being implemented
- Continued Pharmacy support in 6 of 7 North Cluster practices
- Health Promotion Facilitator implemented in the North Clusters, delivering key national campaign messages and signposting
- All Wales Diabetes Prevention Programme, implemented across all Clusters, nationally funded to April 2025
- Antimicrobial resistance LRTI CRP testing in respiratory tract infections, supporting clinical decision making, improving antimicrobial prescribing, and improving patient education on use of antibiotics in the South Cluster
- North Cluster 6 month proposal being considered to support winter resilience
- Mid Cluster approval of ACCURX to support patient access and care navigation
- Cluster & Collaborative Winter Service Review from 23/24 has informed winter resilience 'plan on a page' including buddy up arrangements for GMS. Full collaborative engagement across contractor groups.
- Continued multi professional awareness of same day services available within in Community Pharmacy, Optometry and 3rd Sector, such as Common Ailment scheme, Emergency eye care access, Sore throat, test and treat, Community Connectors, falls services
- Pain management Practitioner service pilot, South Cluster, for an intervention, support, and medication reduction review service through a Primary Care based Pain Management Practitioner
- Welsh Government Allied Health Professionals funding plan being delivered for AHP Frailty leads.
- Strengthening collaboration across all contractors and third sector via the Accelerated Cluster Development Programme

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Powys Regional Partnership Board
Health and Social Care

Communication & Engagement Plan

Patterson,Liz
25/11/2024 14:18:20

Communication and Engagement

Communication and Engagement remain critical elements in the delivery of the Winter Plan. However, our approach to communication and engagement planning for winter 2024/25 continues to assume no funding for people, promotion and products and therefore continues to anticipate a low level programme that is realistic to the resources available with a focus on:

- Utilisation and amplification of national campaigns and resources e.g. Help Us Help You, NHS 111, winter respiratory vaccination
- Localisation of national messaging to support local access to services e.g. how to access COVID, flu and RSV vaccination in Powys
- Sharing urgent service messages e.g. MIU opening, changes to services in adverse weather

There will also be a specific focus on the implementation of the decisions made by the health board on proposals for temporary changes to MIU opening hours, as well as to the impact of the planned x-ray replacement programme across the county.

Our approach is based on four pillars:

PREVENT
Focusing on preventing avoidable health complications by keeping well this winter.

SUPPORT AND SIGNPOST
Reducing pressures on services by signposting alternative services and sources of information, and helping patients to access the right care in the right place at the right time.

FLOW
Promoting calls to action that support flow (e.g. timely discharge from hospital).

PARTNERSHIP AND SYNDICATION
Sharing messages from key partner organisations including Powys County Council and PAVO that will provide support and advice to Powys residents during the winter (e.g. cost of living, befriending, emergency travel advice).

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System Surveillance and Co-ordination

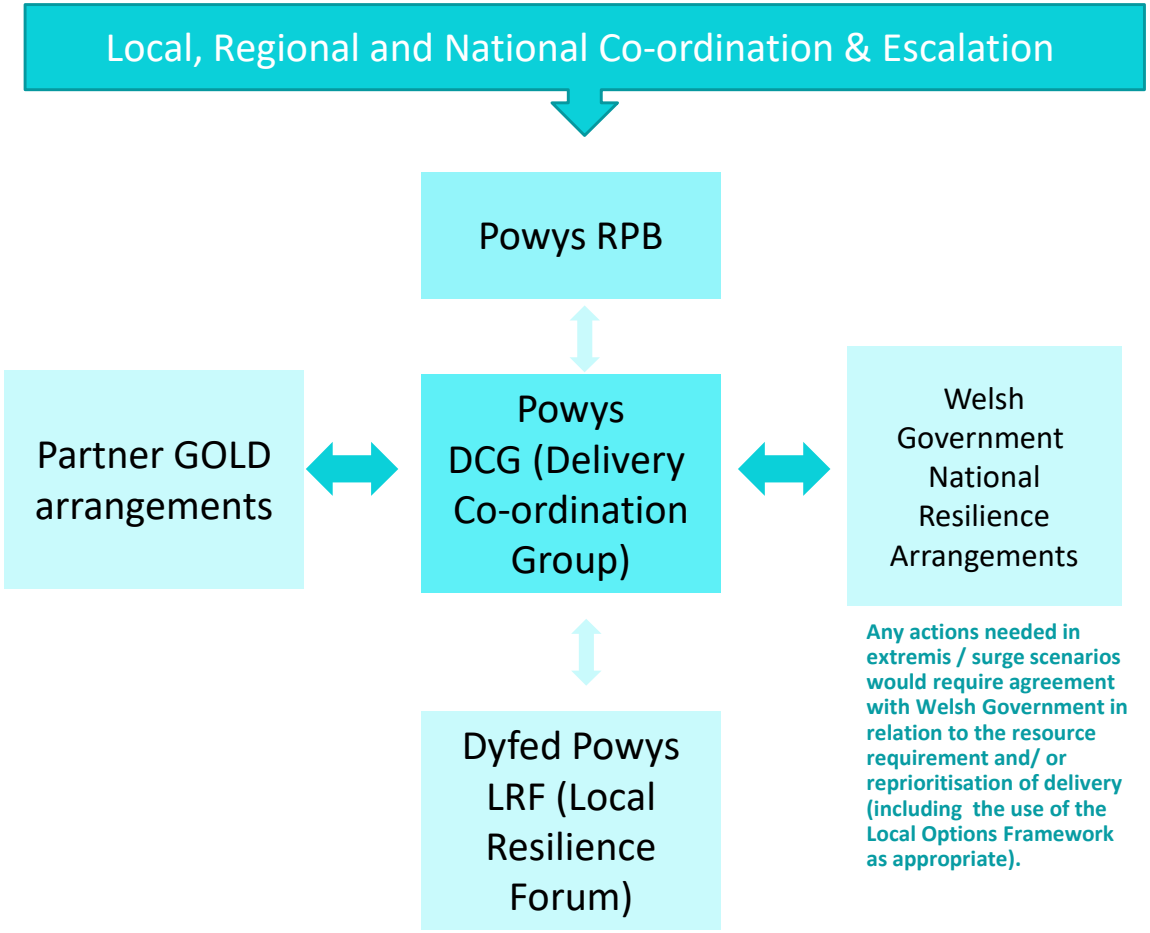
Powys Regional Partnership Board: Delivery Co-ordination Group

The Powys Delivery Coordination Group (DCG) meets to support winter planning arrangements and address current pressures in the system. Core members are: PTHB, Powys County Council and Powys Association of Voluntary Organisations (PAVO).

Wider System Partners

- Welsh Government and NHS Wales Executive
- Welsh Ambulance Service NHS Trust; Welsh Health Boards and other NHS Wales organisations
- Dyfed Powys System Resilience Forum
- NHS England organisations and providers particularly Shropshire, Telford & Wrekin ICS; Wye Valley / Herefordshire & Worcestershire ICS
- Llais are also key stakeholders in relation to public and patient engagement on system responses

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Key Dates
for Plan Production and Monitoring

Item	Date
Welsh Government due to publish Winter Framework in September 2024	September 2024
System Resilience Winter Plan updated in Draft to share with RPB Partners *in readiness for Care Action Committee visit*	By End September 2024
Final Draft considered at RPB Executive / PTHB Executive Team and PCC / other Partner organisations as required	October/November PTHB Board 27th November 2024
Final Version to RPB Board	16th December
Implementation, Review and Monitoring	Part of regular cycle of Delivery Co-ordination Group Escalation and review to RPB and System Partners as required
Reporting to Welsh Government via IQPD and JET	As per IQPD / JET Schedule

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Overall Checklist To Winter Preparedness Letter Received From Wgov 2nd Oct 2024 (NW & AH)

Priority Area	Actions To Deliver (WG expected action)	System Response	Contained Within Our System Plan
Vaccination	Barriers to vaccination removed where possible.	Vaccination Programme in place	Summary Slides 9 - 13
	Maximise flu vaccine uptake of patient facing staff		
	Continued promotion of the new RSV vaccine		
	Maximise vaccine uptake of pregnant women		
Building primary and community care capacity	Support integration and continuity of key services that relieve pressure on other NHS access points. For example, Clinical Community Pharmacy Service (CCPS), Pharmacist Independent Prescribing Service (PIPS), Sore Throat Test and Treat (STTT)	Delivery via Primary Care and Accelerated Cluster Development	Summary Slide 19
	Have plans in place for public information on how to access services		
	Build the capacity of multi professional community services to deliver on the ambitions for the Care Action Committee's 3 priorities		
	Have systems in place through Clusters to identify those people at greatest risk of urgent care and agree and deliver on future care plans to support each person to stay well and ensure a coordinated response at or close to home if urgent needs do arise		

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Overall Checklist

Priority Area	Actions	System Response	Contained Within Our System Plan
Urgent and emergency care	Delivery of a 24 /7 integrated urgent care service to support safe management in the community of people who do not require hospital care, with particular emphasis on supporting people in care homes	Powys Six Goals Plan	Summary Slide 15
	Sustained focus on reducing long ambulance patient handover delays in line with agreed trajectories, in addition to continued focus on both access to timely senior clinical decision makers and reducing long stays in emergency departments (in line with the Quality Statement for Care in Emergency Departments)		
	Continued focus on same day emergency care services, including direct access pathways to enable patients to bypass the 7 emergency department and safely avoid admission with a specific focus on frailty and respiratory		
	Develop and deliver plans in response to the six goals 'community-based falls response framework' as a priority for the remainder of 2024/2025 and into 2025/2026		
	Consider how you will flex available capacity to better support, assess and manage people at risk of exacerbation of respiratory complaints from the end of December and the entirety of quarter 4		

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Overall Checklist

Priority Area	Actions	System Response	Contained Within Our System Plan
Infection, Prevention and Control	Implement actions set out in Welsh Health Circular 'AMR & HCAI Improvement Goals 2024/25	IPC implemented via PTHB; reported via IQPD	*Key Dates for Plan Production and Reporting Slide 25*
	Provide progress presentations on winter resilience plans in the IQPD meetings over the winter period	Powys IPQD reporting	
Capacity planning	Assessment of capacity required for periods of surge	Incorporated into this system plan	Slides 17 & 19 (System Capacity & Primary Care)
	Initiate actions to reduce the number of surge beds currently in operation		
	Submission of urgent primary care capacity plans (which should form part of your wider system resilience plans) by 29 November 2024		

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.7

PTHB Board	**27 November 2024**
Subject:	**Integrated Plan (IMTP) 2025/2028 Development and Draft Planning Maturity Matrix**
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	Executive Committee 30th October 2024 Board Development 12 November 2024 Planning, Partnerships and Population Health Committee 14 November – who supported the paper to the Board.

PURPOSE:

This report provides the Board with the proposed approach for the development of the PTHB Integrated Plan (IMTP) 2025 – 2028, which starts in Year Two of the PTHB Five Year Plan 2024 – 2029.

The report reflects amendments made following consideration at Board Development on 12 November 2024 and Planning, Partnerships and Population Health Committee on 14 November.

This includes:

1. A recap of the current position and the proposed theme for 2025 – 2028 of 'risk, recovery and sustainability'
2. A recap of national requirements (as known at this point in time)
3. A recap of the strategic framework, with a refresh of the PESTLE factors (Political, Economic, Social, Technological, Legislative, Environmental) at Appendix 1 – this includes feedback from Board Development and Planning, Partnerships and Population Health Committee in November
4. Timetable relation to Financial Planning
5. An initial proposed set of Draft Strategic Priorities (set out in context in an Initial Draft Plan on a Page in Appendix 2)
6. Feedback and learning from last year's process
7. The process and timeline for plan development
8. A Draft 'Planning Maturity Matrix' for review at Appendix 3 - this includes feedback from Board Development and Planning, Partnerships and Population Health Committee in November

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The Planning Maturity Matrix, once finalised through this process, will subsequently be submitted to Welsh Government as required as one of the de-escalation criteria for the enhanced monitoring status currently applied to PTHB for strategy, planning and finance; and in line with the letter sent jointly by Olivia Shorrocks and Samia Edmonds MBE on 28 August 2024.

RECOMMENDATION(S):

The Board are asked to:

- Take **ASSURANCE** on the plan approach, noting the current position, the theme of 'Risk, Recovery and Sustainability', the summary of feedback and learning, and the recap of the national requirements and context
- **APPROVE** the Strategic Framework, based on the refreshed PESTLE analysis in Appendix 1, which has been developed through consideration at Board Development and Planning, Partnerships and Population Health Committee in November 2024
- **APPROVE** the Initial Draft Strategic Priorities as the basis for the detailed technical / organisational planning and partnership alignment processes
- **APPROVE** the Planning Maturity Matrix in Appendix 3, for submission to Welsh Government as part of the Escalation and Intervention arrangements – noting that this has been developed through consideration at Board Development and Planning, Partnerships and Population Health Committee in November 2024

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Integrated Plan responds to the required activities across all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides the Board with the proposed approach for the development of the PTHB Integrated Plan (IMTP) 2025 – 2028, which is Year Two to Four of the PTHB Five Year Plan 2024 – 2029.

Patterson,Liz
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BACKGROUND

1.0 Current Position

PTHB has an **Escalation and Intervention Status** of 'targeted intervention' for strategy, planning and finance. Welsh Government has communicated that the **Plan Approval Status** for the current PTHB Integrated Plan is not approved in the context of non-delivery against the statutory duty to breakeven.

PTHB Board have reconsidered the current Integrated Plan twice in year, in response to **correspondences from Welsh Government** in May 2024 and August 2024. An adjustment was made to the financial plan in May 2024 as part of this process. This did not fulfil all the requirements set out by Welsh Government in relation to the financial position and the organisation is therefore currently operating with a plan that is not supported by Welsh Government, but which is approved internally.

The De-Escalation Criteria for Targeted Intervention for Strategy and Planning have not yet been received, therefore the current criteria relating to Enhanced Monitoring are being used for planning purposes until an update is received:

- Submission of a balanced and **credible three-year** medium-term plan or **acceptable annual plan** in line with the current planning framework.

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- Evidence of a clear roadmap and implementation of what is termed by Welsh Government a '**Clinical Services Plan**' – which in the context of Powys, will be discharged through the progression of the Health and Care Strategy and Sustainable Model of Care.
- **Welsh Government's confidence** in delivery based on an assessment against the planning maturity matrix.
- **Delivery of commitments** set out within the annual plan, particularly in relation to the ministerial priorities.

The planning process outlined in this paper seeks to build Board and Welsh Government confidence in all of these areas.

The theme of the 2025/2028 plan is **Risk, Recovery and Sustainability.**

Risk: In order to ensure that the Golden Thread of Quality runs through the Plan an assessment of the highest strategic and service risks using the latest Board Assurance Framework report so that the Health Board is overtly planning to mitigate risk and improve quality.

Recovery: The Board receives quarterly reports on the delivery of the Health Board's Integrated Plan and good progress was reported in Quarter 2. At each meeting the Board also receives reports on the financial position and performance against the Ministerial Priorities.

The Health Board is demonstrating progress in its 'grip and control' and savings delivery as well as many of the areas of the national **Value and Sustainability Board**. We are also delivering and developing a Value in Healthcare programme and a Commissioning for Value programme. There is however more work to do to achieve a balanced finance and performance position, along with the development of a methodology for the assessment of demand and capacity in provider and commissioner services. This will be an early focus of the planning process this year.

Sustainability: Significant work has been taken forward in year, as planned, to build on the Accelerated Sustainable Model of Care (Discovery Phase); North Powys Wellbeing Programme; and the design of 'Better Together' transformation work, based on extensive engagement with stakeholders.

In tandem, there have been important pieces of work taken forward in year to develop and engage on temporary service changes which respond to immediate areas of service risk and fragility, whilst also testing out new ways of working for a more sustainable model of care in Powys.

Based on all of this work there has been good progress on developing a pipeline of schemes to develop a **Routemap to Sustainability** and, where these are firm enough to enable 'early recovery gains' they will be included in the Integrated Plan 2025-28, along with the pipeline of work across the three years.

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The above work will also discharge the requirement for what is termed by Welsh Government a '**Clinical Services Plan (CSP)**' – which in the context of the community model of care in Powys will be delivered by the progression of the

Health and Care Strategy and the Sustainable Model of Care. This will guide an associated **Estates Strategy** and our **Workforce and Digital** enabling plans as well as high-level costed Routemap. The further work required will be described in the Integrated Plan.

Best practice will be used to ensure that the CSP is relevant to Powys, engaging with local clinical leaders in community and primary care. This will ensure best fit to the County, which does not have a traditional District General Hospital infrastructure and commissions care from a complex range of providers out of County in both England and Wales. In Powys it will need to be developed in such a way that it drives forward the **sustainable model of care** taking into account rural considerations.

2.0 National Planning Requirements

The **NHS Wales Planning Framework** and **Ministerial Priorities** for 2025 onwards has not yet been released and it is unclear at the time of writing when they will be published. However, informal indications from Welsh Government suggest that it is sensible to use the current Ministerial Priorities and National Strategic Programme areas as a framework as it is likely that there will be a continued emphasis on:

- Quality as a golden thread throughout the plan
- Prevention – with a particular theme emerging relating to Diabetes
- Themes of the Value and Sustainability Board
- Recovery of Planned Care Access
- Urgent Care and the 'Six Goals' Programme
- Primary Care and Accelerated Cluster Development
- Mental Health
- Areas of focus for the NHS Executive and Joint Commissioning Committee (including Specialised Services, Emergency Ambulance Services, Collaborative Programmes/ Strategic Clinical Networks)
- Other significant drivers including the GIRFT (Getting It Right First Time) reviews; Quality Standards and Regional Clinical Programmes
- Collaboration is likely to remain an area of focus including work being led by Regional Partnership Boards (RPBs) on integrated models of care such as Further Faster and System resilience / winter preparedness.

Alongside this there are particular areas which have been communicated nationally across NHS Wales as also being of importance - these include a stronger focus on Women and Children's Health via the Women's Health Plan which is due to be published in December 2024.

The outcome of the **NHS Wales Planning Review** carried out across the summer 2024 has not yet been published but may also have some influence on the NHS Wales Planning Framework when that is released.

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It is expected that in line with the usual national timetable **Financial Allocation Letters** will be issued in late December. It is not yet clear when the **performance targets** for 2025/26 will be published but as highlighted above the expectation is that further improvement in RTT (Referral to Treatment) measures will be expected in NHS Wales, and importantly for PTHB, continued improvement in NHS England.

Due to the importance of aligning our Plan as a commissioner with those of other Health Boards and Trusts, our Commissioning Intentions 2025/26 have been issued to providers and will inform the planning and contracting round for next year. We will also influence and align our Plan with that of the Joint Commissioning Committee through the Committee structures and both parties' planning cycles.

Health boards have been asked to submit requirements for **Education and Training** to HEIW by March 2025 and these numbers are aligned to the workforce plan submission in the Integrated Plan.

The **submission date** required by Welsh Government has not been formally confirmed but the working assumption is that this will be in line with precedent in previous years, being the *end of March 2025*.

3.0 Strategic Framework

An analysis of **legislative and policy drivers** (the 'PESTLE' factors – political, economic, social, technological, legalislative and environmental) has been developed, with detailed consideration at both PTHB Board Development on 12 November and Planning, Partnerships and Population Health Committee on 14 November. This is included at Appendix 1.

There have been a number of significant developments in the external environment including the change in UK Government and launch of the 'Change NHS' initiative (applicable to England). It is possible that these changes may have some resulting influence on the NHS Wales Planning framework, particularly in **cross border** considerations. This will be reviewed once it is issued and incorporated into the local approach.

The **Future Generations Act** and '**A Healthier Wales'** remain keystones for NHS Wales. This means there is high certainty that the NHS Wales Planning Framework will have a continued focus on long term strategy focused on population wellbeing, and the wider socio-economic and environmental considerations including climate change and the foundational economy (as reflected in the current PTHB Integrated Plan).

The **Duty of Quality** and **Duty of Candour** and **Socio-Economic Duty,** similarly remain extant and require an ongoing focus on consideration of the impact on service delivery and on populations of strategic decision making in the plan.

Informal **feedback from Welsh Government** on the PTHB Plan has been received verbally, noting that key strengths are the strategic framework and

Pattinson, Liz 25/11/2024 14:18:20

narrative; and emphasising the continued importance of Value and Sustainability themes.

There is a strong Strategic Framework already agreed across the Powys Regional Partnership Board (RPB). All partners have recommitted to the long term health and care strategy, with a vision of **A Healthy Caring Powys**, which forms the basis for the Powys Area Plan, the PTHB Integrated Plan and the Cluster Plans for North, Mid and South Powys. This spans the period 2017-2027 and the Integrated Plan will signal the intention to refresh it in 2026.

The Strategy pre-dated the development of the RPB and the Area Plan but was based on comprehensive **population needs and wellbeing assessments** which have been refreshed in recent years. Further national work also adds to the insights including the Science Evidence Advice published on the '**NHS in 10 Years**' which set out projected impacts of long-term conditions and risk factors in Wales. This was captured in the context and horizon scanning in the PTHB five year plan and remain important.

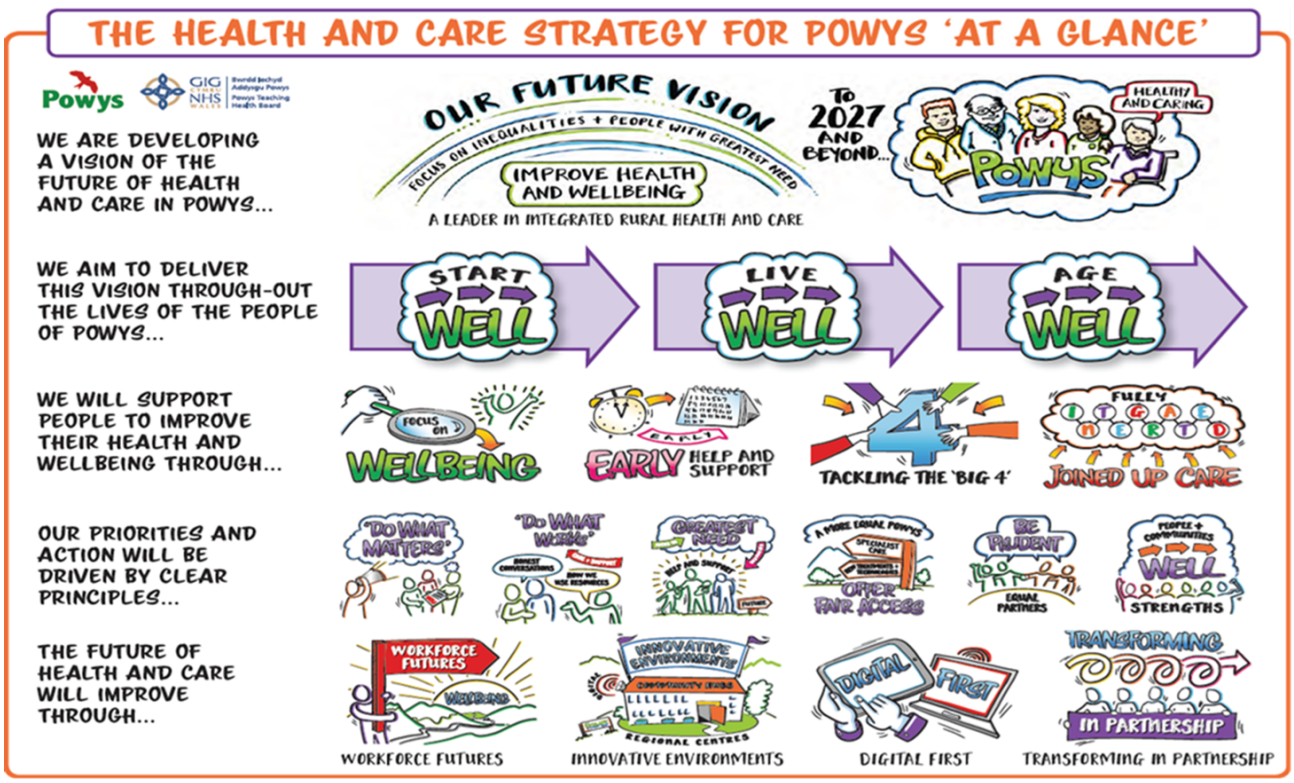
A similar redevelopment of the **Powys Wellbeing Plan** has also been led by the Public Services Board which has enabled all parties including the health board to agree the longer term 'inter-generational' strategy for wellbeing in the County.

Further work has also been undertaken through additional involvement and engagement with our **localities** to develop intelligence. This has deepened the understanding of the Powys population and its opportunities and challenges through the 'Better Together' programme. The insights have been enhanced through the Council's work on 'A Sustainable Powys' and further developed through the work on the Routemap to Sustainability and Transformation Programme.

The Integrated Plan will lay out the timeline and process to develop and approve what is termed by Welsh Government a '**Clinical Services Plan'** in line with the De-Escalation Criteria. In Powys this will be discharged as an output of the work to progress the Health and Care Strategy and sustainable model of care, building on the planning and engagement undertaken to date. This will set out Recovery work and the delivery of the Routemap schemes which are identified as being deliverable and achieving the greatest early impacts and value in 2025/26.

Last year, the Board agreed a **five year PTHB Integrated Plan** – therefore the plan development for 2025 – 2028 starts in Year Two of the Board-approved plan. The core Values and Principles, together with the Wellbeing Objectives and Enabling Objectives, remain fundamental and will be carried forward into Year Two. These are included below:

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4.0 Timetable in relation to Financial Planning

The Finance De-Escalation Criteria as known at this point, pending any further updates from Welsh Government, are as follows:

- Sustained improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings
- The development and approval of a deliverable and balanced three-year medium-term plan.
- Delivery of financial balance

It will be necessary to test and confirm the strategic decisions and timescales relating to risk, recovery and sustainability and the related statutory duty of financial break-even (with an interim milestone of the achievement of the £12m deficit 'target control total' set by Welsh Government in 2023/24).

The Board has previously considered these positions and determined that it is important that they are considered in the context of the full suite of legislative and policy requirements placed on the health board, notably quality, meeting population health needs and performance in relation to access and patient care.

Work on forecast expenditure in 2025/26 and options for the Plan has begun. The financial settlement from Welsh Government for the health board in 2025/26 is likely to be known at the end of December following Welsh Government budget setting in November 2024. Opportunities for savings in 2025/26 and the potential financial consequences of the Routemap to Sustainability work will also need to be factored in.

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The position will continue to be developed and tested iteratively, with robust oversight and scrutiny via the Executive Committee and PTHB Board.

The plan development will commence based on a proposed **working assumption** that a **draft** position on the expected timescale is agreed by the Executive Committee and Board by the end of January 2025, given that this is usually required by Welsh Government in the form of an Accountable Officer letter, usually later in the month of February. A **final** position forms a key part of the Final Plan submitted to PTHB Board in March 2025.

5.0 Initial DRAFT Strategic Priorities

An initial draft of Strategic Priorities has been produced as below, based on the Health Board's strategic framework, the refreshed PESTLE analysis, progress on delivery to date including the Routemap to Sustainability, and the intention for this to discharge the requirements for what Welsh Government term a Clinical Services Plan.

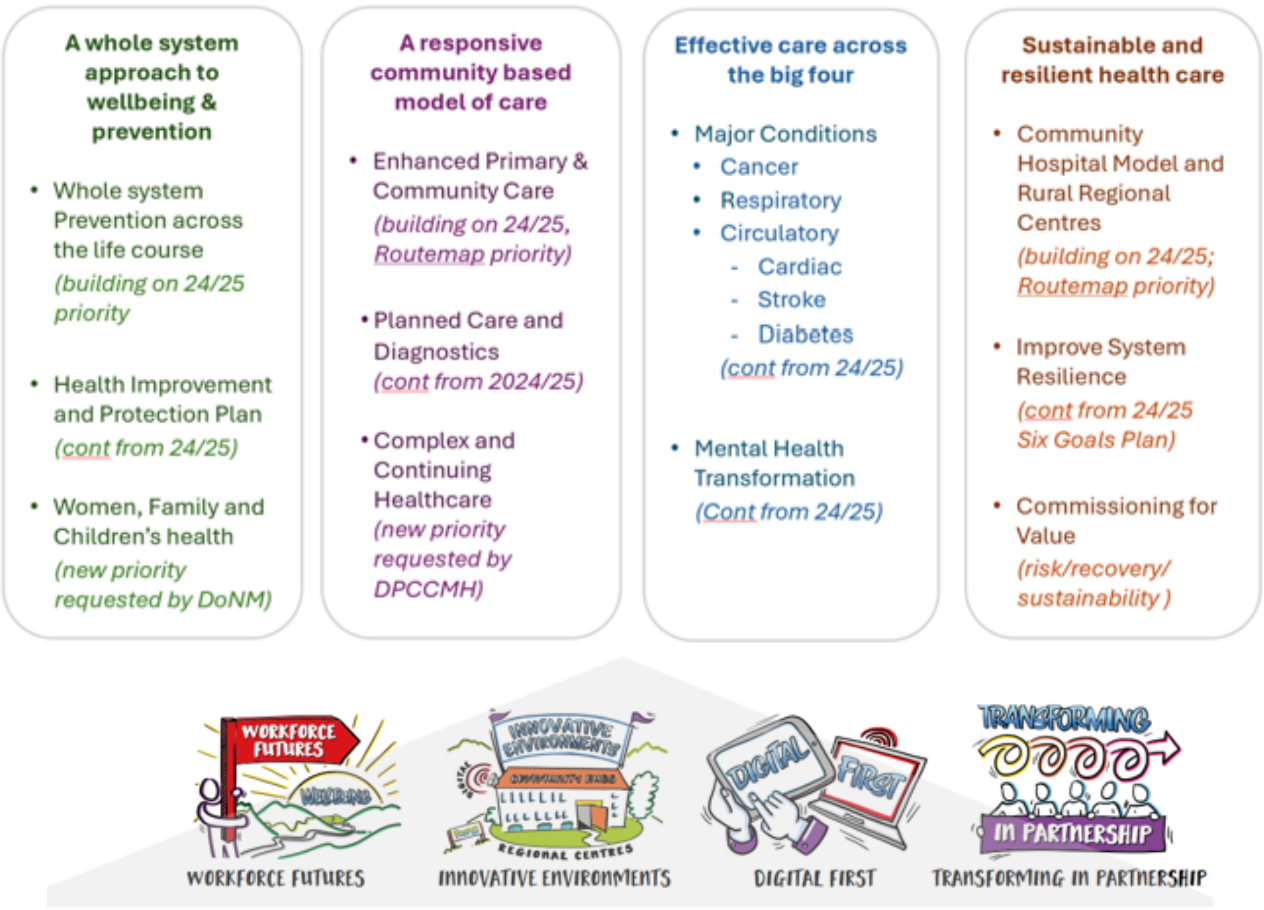
This has been considered at Board Development on 12 November and Planning, Partnerships and Population Health Committee on 14 November 2024.

These are noted below (and a draft of the Plan on a Page is included showing these in context, in Appendix 2).



Quality is the golden thread across the whole plan, underpinned by the Quality Standards
Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEEP)

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Further work is required on the **Enabling Objectives** shown at the bottom of the visual above (Workforce Futures, Digital First, Innovative Environments, Transforming in Partnership) to respond to the Wellbeing Objectives once agreed.

The detail in the **Delivery Plan** will be the focus of attention earlier in the planning process, being Year Two of the Board-approved five-year plan.

This will ensure a focus on those areas that are mission critical for the organisation in delivering its intended strategic position, as well facilitating prioritisation of efforts and associated benefits in relation to all three areas of risk, recovery and sustainability.

6.0 Feedback and Learning

Informal **feedback** from Welsh Government planning colleagues is that the Health Board has a strong strategic framework and needs to ensure the themes of the national Value and Sustainability Board are strong in the forward plan

An **Internal Audit** was undertaken in 2024/25 with the objective of reviewing the processes and assumptions used for developing the 2024/2027 Integrated Plan and Annual Delivery Plan with a focus on the assessment of financial plans. The overall rating was reasonable, with two matters relating to the financial position requiring attention. The other components relating to the planning

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process and meeting requirements of the Planning Framework were deemed to be of substantial assurance.

A **survey** was carried out by the Planning Team in August 2024 to gather views from colleagues within PTHB on the planning process. Key themes were:

- When asked what worked, people noted the strong narrative, setting out the challenges and key elements of the solution and there was appreciation for the Planning Team in engaging with teams
- When asked about challenges, people noted the complexity and conflicting requirements and timescales; short notice timescales to return key information or appraise / review drafts were noted as problematic
- There were some criticisms around staff engagement and a desire for more involvement, in priority setting and technical work
- Some commented about achieving a balance between short term work, immediate pressures and the longer term
- Some people would welcome less narrative and a simpler message; 'less is more' on priorities, to have more of a focus on action and impact
- There was a desire to seek out opportunities to improve with some wariness on focusing too much on financial deficit
- There was a desire for collaboration, to see the full organisational planning process, not just team plans in isolation, so that plans can align
- There was support to help the organisation 'shift left' to prevention
- The complexity was recognised, in relation to the balance of financial and workforce sustainability whilst ensuring quality of care

7.0 Process

The planning process will build on the assurance from the audit and the internal and external feedback.

The **Core Planning Group** has been re-established to meet fortnightly for the duration of plan development. This Group will undertake the baseline assessment and ensure the Plan is integrated. This will be achieved through a collaborative and iterative approach to key technical assumptions, analysis and trajectories. This will test, challenge and tri-angulate assumptions and understand any impacts across the interdependencies of service delivery (provider and commissioning), estates, workforce and finance, performance and quality.

This will be in parallel to work already in train to strengthen **staff engagement** across Directorates and **partner / stakeholder engagement** to support plan development this year, aligned to the **Routemap to Sustainability**, building on the work of the 'Better Together' programme. This includes partnership working with Powys County Council as they develop and engage on their choices in relation to Sustainable Powys over the Autumn and Winter 2024 and building on collaboration across health and care and the third sector in the Powys region, via the Regional Partnership Board.

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The Plan will be building on extensive **public and community engagement** to date on the core components of the plan (including that carried out for the Health and Care Strategy and Area Plan, Population Assessments, North Powys Welbeing Programme, Accelerated Sustainable Model and Better Together). Intelligence will be drawn from other sources including Llais reviews and patient experience, to test the plan against 'lived experience'.

To support successful planning and delivery there will be more emphasis on ensuring the Plan is developed with **Directorate teams** this year than there has been to-date in the post-Covid period – focused engagement has already begun, and been very positively received. Broader **Communications** to staff via the PTHB channels will be issued to encourage and support staff engagement and ensure that staff are aware of the opportunities to participate through their Directorate planning process or other collective staff side mechanisms such as the Local Partnership Forum.

A key focus for the development of the plan for Year Two is on a robust **Delivery Plan**, with SMART (specific, measurable, achievable, realistic and timely) Deliverables and Milestones. Further improvements are sought this year in aligning priorities to specific and measurable impacts.

Therefore the technical work on the nationally-mandated **Minimum Data Set** and any **Ministerial Templates** will be brought forward to enable collaborative testing and refinement of trajectories. This will also be crucial in understanding any impacts on the key strategic positions and decisions set out above.

From an external lens the established peer networks for finance, planning and delivery in NHS Wales, will ensure **alignment of plans**. This will avoid duplication of effort whilst also identifying the need for targeted additional inputs as required.

Given the Escalation and Intervention Status of Targeted Intervention, it is expected that there will be formal and informal **checkpoints with Welsh Government**, both through the existing mechanisms of IQPD and JET and bespoke sessions to be determined. Liaison at all appropriate levels will also be maintained between PTHB Planning and Finance Teams and Welsh Government teams through the peer network arrangements.

The depth and breadth of **Board Development sessions** were also noted as points of best practice by the Internal auditors and the first in a series of these has already been held, to consider the key components of the planning approach, as reflected in this paper. These are essential in building a shared understanding of the risks and deliverability of plan positions as they develop, in tandem with the formal decision making through the Committee and Board process (timeline below).

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Indicative Timeline – Key Dates		
Month	**Meeting**	**Key focus / decisions / products**
November	Core Group – fortnightly	• Core Group to be established to carry out the baseline assessment, co-ordinate the technical planning and production of key trajectories and alignment of operational / workforce / financial / performance and quality
	12th – Board Development	Consideration of the approach for the Integrated Plan / IMTP 2025 – 2028 – in particular: • The PESTLE and Strategic Framework • Draft Strategic Priorities and Plan on a Page • Planning Maturity Matrix
	14th – PPPH Committee	Committee oversight and assurance on the above
	27th – Board	Board final oversight and scrutiny in relation to the above
December	5th – D&P Committee	Updates provided separately on finance and performance positions
	17th – Board Development	Update on plan development in line with progress and emerging positions
January	16th – Board Development	Update to include consideration of financial allocation and position ahead of requirement to submit Accountable Officer letter setting out likely position with regards to the statutory duty for financial break-even / IMTP status
	29th - Board	First Draft Plan
February	4th – PPPH Committee	Update on plan development in line with progress and emerging positions
	6th- D&P Committee	Updates provided separately on finance and performance positions
	13th – Board Development	Update to include consideration of position in relation to Accountable Officer letter, particularly in regards to the statutory duty for financial break-even / IMTP status
	Mid February	Accountable Officer Letter to be submitted to Welsh Government (not yet requested but custom and practice)
March	6th- Board Development	Update on plan development in line with progress and emerging positions
	26th - Board	Final Plan
	End of March – Submission to Welsh Government	• FINAL Strategic Plan and Accountable Officer Letter • FINAL DRAFT Delivery Plan • FINAL Ministerial Templates (if applicable this year) • FINAL Ministerial Templates (if applicable this year) • Technical Return 'MDS' • Appended Cluster Plans (if required via this route and timescale this year, it may vary)

The following activities will be carried out post Board Approval:

- Finalise all details of Annual Delivery Plan as basis for progress reporting
- Directorate Plans to be finalised in tandem with the above by each lead Executive for their respective areas
- Creation of Everyday / Welsh / Accessible Versions based on Final Plan
- July 2025 – March 2026 Quarterly monitoring against Plan and feedback/review of planning process
- September 2025 – March 2026 Plan Development for Year Three

8.0 Planning Maturity Matrix

As noted earlier in this report, **c**ompletion of a 'Planning Maturity Matrix' provided by Welsh Government is a requirement for health boards in enhanced levels of Escalation, including those in Targeted Intervention.

A self-assessment has been carried out with consideration at Board Development on 12 November and Planning, Partnerships and Population Health Committee on 14 November 2024. This is included at Appendix 3. The guidance on criteria provided by Welsh Government, to assist in the self-assessment, is also provided in the appendix.

It is recommended by the Committee that this is approved as the baseline position against the criteria.

The Planning Maturity Matrix, once finalised through this process, will subsequently be submitted to Welsh Government as required as one of the de-escalation criteria for the enhanced monitoring status currently applied to PTHB

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for strategy, planning and finance; and in line with the letter sent jointly by Olivia Shorrocks and Samia Edmonds MBE on 28 August 2024.

NEXT STEPS:

Preparatory stages of the planning process have commenced as set out in the timeline provided in the report.

Approval of the Approach, Strategic Framework and Strategic Priorities is sought at this meeting, as the basis for detailed technical / organisational and partnership planning processes, as set out in this report.

The Maturity Matrix once finalised will also be shared with Welsh Government as part of delivery against the requirements of the PTHB Escalation and Intervention 'Enhanced Monitoring' status for strategy, finance and planning.

IMPACT ASSESSMENT – NOT REQUIRED

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

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Appendix 1: PESTLE

The following provides an updated analysis of the Political, Economic, Social, Technological, Legislative and Environment factors which inform the Plan (these include those identified in the PTHB planning process last year; with updates including those from a review of the Joint Commissioning Committee PESTLE analysis carried out earlier this year for their IMTP development). The areas in blue are newer considerations emerging since the analysis carried out last year

Political

- Significant global conflicts continue to have impacts in relation to humanitarian need and refugee support
- The above has also impacted on the supply chain and supply costs, in parallel with changes experienced relating to EU exit
- UK politics has shifted from an election focus to a new government in its early stages; changes also made in the Welsh Government recently in key posts including the First Minister and Minister for Health and Social Care
- Emerging policy relating to NHS and social care – a 'call to action' issued as part of 'Change NHS' initiative which relates to England but likely to have impacts on cross border / whole UK alignment in these areas
- As noted in previous years, there are inequalities arising from variances in approaches between England and Wales in relation to the pace of health and care backlogs and recovery of access
- Locally, there have also been changes in Powys County Council leadership, portfolios and management arrangements

Economic

- The above factors have impacted on UK fiscal position and 'cost of living' in recent years, adding to economic impacts of the Covid-19 pandemic
- Emergence of multiple trade union / industrial actions noted last year, remains a factor this year although with progress made in some sectors to resolve disputes
- Some stabilisation of the UK economic position in inflation, interest rates and growth but situation remains complex and not easily predictable
- Economic policy / budget setting under Labour government underway; also complex and not easy to predict, will influence public allocations
- Challenging public sector financial position in both UK and Wales therefore continues to be a key factor – in healthcare (as in other sectors) this is set against rising costs / demand growth and organisational deficits
- Challenging position noted above impacting on immediate investment for capital development; uncertainty with regards to the future availability
- There are challenges in the employment landscape, in health and care sectors, leading to fragility in services and scarcity across workforce and professions
- Significant financial impact on healthcare of system pressures in relation to transfers of care delays and potential further impacts in relation to the necessity for the Local Authority to make budgetary choices

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Social

- Some signs of social unrest in the previous year across the UK (and globally) but also greater stability in key parts of societal infrastructure post-Election
- As noted last year, there are global long term trends being reported in relation to life expectancy plateauing / increased excess mortality
- Impacts of the pandemic are also continuing to be seen, adding to the pressures of greater demand in physical and mental health services
- Continued surveillance important in relation to Covid-19 and respiratory illness impacts
- The Covid inquiry is underway and together with media, will have an influence on the public perception of government / public life/ NHS
- The 'Orford report^ The NHS in 10+ Years' published in September 2023 remains key in terms of population projections, growth in long term conditions and risk factors and the impact on NHS and social care
- The above adds to the existing evidence of growing inequality and health inequalities in Wales (& the wider UK/ Europe and globally to varying degrees)
- Emerging trends for more flexible approaches to work and careers such as 'portfolio' create new challenges and offer new opportunities
- Urban/rural geography is a key consideration across all of the above factors

Technological

- As noted last year, there are both opportunities and challenges associated with new technologies – including Artificial Intelligence (AI), Digital and advancement in medicine (noted in the 'Orford' report referenced above)
- Rate of technological advancement accelerating exponentially – with potential to radically transform the way in which lives are lived and the role of public services, including the delivery of healthcare
- The barriers also remain relevant as noted last year - including legacy issues with infrastructure and connectivity, exacerbated by increased pace of advancement and scale of use
- Plurality of digital platforms in health and care which are not interoperable
- Need to ensure equitable and value based use of high cost resource intensive technologies medicines for greatest benefit and improved outcomes
- There are significant opportunities to improve the quality and pace of healthcare through use of digital solutions and communications
- Continuing medical advances in technology and communications (Artificial Intelligence, Genomics, digital medicine, robotics) will require changes to the roles and functions, education and training of the workforce
- Impact of different levels of digital literacy (how to use digital functions properly) is variable amongst different age groups

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- TOPOL Review (2019) carried out for NHS Health Education England outlined recommendations for the NHS to be a world leader in digital
- Locally, PTHB has added a new corporate risk relating to the lack of progress on national Digital programmes as a key barrier to local digital innovation

Legislative

- New Labour Government with emerging policy changes as noted in 'Political' section above; could influence future legislation in Wales
- Existing legislative and policy requirements remain and require action including – in chronological order - the Equality Act (2010), Welsh Language (Wales) Measure (2011), Social Services and Wellbeing (Wales) Act (2014), Well-being of Future Generations (Wales) Act (2015), Is Wales Fairer? (2018); A Healthier Wales: Long Term Plan for Health and Social Care (2021), National Clinical Framework (Wales) (2021), The Foundational Economy in Health and Social Care Strategy (Wales) (2021), The Duty of Candour (Wales) (2023), The Citizen Voice Body (Wales) (2023),
- Major legislative reform of the NHS in recent years (and continuing) in England with Integrated Care Systems following implementation of The Health and Social Care (Quality and Engagement) Act (2020) followed by the Health and Social Care (Quality and Engagement) (Wales) Act, NHS Quality & Safety Framework (Wales) (2021)
- Breadth of legislation and policy and associated mechanisms for delivery have created a complex system architecture, with Regional Fora, Regional Partnership Boards and Public Service Boards, National Strategic Programmes, National Clinical Networks, Accelerated Cluster Development and the more recent establishment of the NHS Wales Executive
- A review of planning has been underway in NHS Wales in the summer 2024, outputs have not yet been published but are likely to inform the NHS Wales Planning Framework / arrangements and requirements
- All health boards in Wales subject to Escalation and Intervention arrangements for strategy, planning and finance, reflecting system wide challenges in financial positions
- PTHB level of Escalation and Intervention has increased to Targeted Intervention, which will bring additional expectations in relation to finance, strategy and planning

Environmental

- Urgency on climate change remains a key focus. The Climate Change Act (2008) and The Environment (Wales) Act (2016) introduced a duty on Welsh Government to develop carbon budgets for Wales and reduce carbon emissions, a key contributor to the causes of climate change, by 50% by 2025 and 80% by 2050
- Welsh Government Net Zero Strategic Plan (2022) set out target for 2050
- Growing evidence base in relation to environmental sustainability and high impact changes

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- Opportunities and challenges in relation to the above, particularly in the rural setting of Powys, to increase the amount of renewable energy used, limit emissions from transport, agriculture, industry and business
- Infrastructural development and investment needed to support greater scale and pace of environmental changes such as electric vehicle charging

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Appendix 2 – Draft Strategic Priorities set out in the context of a Draft 'Plan on a Page' for 2025 – 2026 (Year Two of Five Year Plan)



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Appendix 3 – Draft Planning Maturity Matrix

Completion of the following 'Planning Maturity Matrix' provided by Welsh Government is a requirement for health boards in enhanced levels of Escalation. The following provides a self assessment, based on Guidance on criteria for assessment provided by Welsh Government *(included on the following pages for reference).*

Key Element	Rating	Justification Evidence	Next steps / actions/ support required
Strategy Development/Clarity of purpose, vision and strategy	Level 4	• Well established long term health and care strategy across RPB (Area Plan) and PSB • based on population and wellbeing needs assessments; • Strong alignment to A Healthier Wales • Strength of Board engagement noted as best practice in recent IMTP Internal Audit (2024)	Mapping capabilities across Transformation / I&I Function, Ops and Corporate Teams planned as part of Routemap work and development of Clinical Services Plan
Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP)	Level 3	• Five year plan (current plan) included prioritisation in line with long term strategy (as above) – and transformation ambitions & intentions	Further prioritisation to be carried out in this planning cycle to focus on mission critical elements and impacts
Dynamic and engaged planning	Level 3	• Internal Audit opinion overall reasonable assurance (with substantial assurance for planning process and delivery on ministerial priorities) • Extensive engagement carried out on health and care strategy framework and more recently, Better Together priorities	Further engagement planned as part of Routemap work and development of Clinical Services Plan Learning from temporary service change to inform future processes
Operational Planning	Level 2	• Operational planning is part of operational management (no separate operational planning function as such however outputs are integrated as part of annual Minimum Data Set work underpinning the Integrated Plan) • Demand and capacity analysis is service based and relatively basic; however some bespoke work has enhanced operational planning in some areas ie. North Powys Wellbeing Programme; ASM and Routemap work • Improvements to performance tracking being implemented, at early stages	Integrated Plan development process to test and refine technical assumptions and trajectories ASM/ Better Together and Routemap work providing foundations for development of Clinical Services Plan
Best Practice approach to improvement	Level 3	• Value based healthcare is fundamental to the transformation approach in PTHB • Demonstrable improvements have been achieved in pathways / services • Progression of Integrated Quality and Performance Framework and Quality Management System	Continue to build approach as part of Routemap work and CSP noted above
Realistic and deliverable	Level 2	• Plan set out position agreed by Board as realistic and deliverable – however it is not currently supported by Welsh Government	Plan development for 2025 – 2028 has clear intention of 'Routemap to Sustainability'; with

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		• However, it is a robust organisational plan enabling delivery and tracking of progress	realistic and deliverable positions and timescales

Welsh Government Guidance on completion of Maturity Matrix (page 1 of 3)

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Progress Levels ➡	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements						
a. Strategy development /clarity of purpose, vision and strategy: Evidence of a clear purpose, vision and strategy for the organisation. Responds to national, regional, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No	Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales national, regional, local and partnership priorities. Establishment of a governance structure to provide oversight and direction.	National targets, regional and local priorities agreed with stakeholders. Purpose and vision affirmed in public and internal documents. Development of co-designed long term integrated organisational strategy with evidence of strong stakeholder and public engagement / involvement throughout. Identified leads that own and drive strategic developments. Statutory duties of WBFGA, with health board well-being objectives and principles of A Healthier Wales apparent and embedded. Strategy is embedded into organisational plans and informed by population health / locality needs assessments & patient / carer experience. Duties of quality & engagement act integral to implementation of the strategy.	The strategy reflects national, regional and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved organisational strategy with aligned governance process.	Local and regional plans and national policy are aligned showing contribution to the wider local economy, impact on health and well-being and effectiveness. Key enablers such as quality, safety, workforce, finance, digital technology and research are fully aligned. Have regular board debate, at least annually, on organisational purpose, vision and strategy and how in-year achievements or issues impact on this. Translation and implementation of the strategy via the development of an agreed clinical services plan	The strategy is responsive to national /regional/local and partnership priorities with clear links to the Regional Partnership Board and Public Service Boards. At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the local population, those with protected characteristic and socio-economically disadvantaged groups. Success has allowed both the board and the organisation to redefine/extend strategy.

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Welsh Government Guidance on completion of Maturity Matrix (page 2 of 3)

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	0 - No Progress	1 - Basic Level	2 - Early Progress	3 - Results	4 - Maturity	5 - Exemplar
a. Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP): Evidence of alignment of strategy with components of the plan.	No	Alignment is visible between the annual plan or IMTP and strategy. The organisation plans on a continuous annual cycle. Linked to the business case planning process and informed by local, regional and national evidence base. The Board sets out commissioning intentions.	Evidence of triangulation between services, activity workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity. Directly linked to performance and accountability and informed by detailed and future facing modelling.	Business case planning informs IMTP development Prioritisation framework agreed and implemented. Governance & accountability framework to underpin IMTP Robust gateway review & prioritisation framework. IMTP tailored to deliver clear service transformation. Impact & prioritisation of commissioned or supporting organisations considered..	Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation to reduce inequity.	Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.
b. Dynamic and engaged planning: Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes. Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models eg via regional solutions, consolidation of services etc.	No	Staff and partners are aware of strategy/plans & engaged in development. Organisational staff respond to corporate requirements but may not 'own' the process. Sufficient capability and capacity within the planning team to embed planning throughout the organisation.	Stakeholders engaged in & co-design priority setting using 'engagement cycle' model & person-centred approach. Engagement at individual/ team /organisational level improving. Strengthened partnership working. Statutory NHS Wales Planning Framework requirements embedded in process. Development of co-designed clinical services plan, evidence of strong clinical, stakeholder and public engagement & involvement throughout. Patient led approach evident.	Joint development & communication of strategy / plans with key partners inc. NHS, local authorities, third sector, patients, carers and public. Organisational engagement is evident in practice and reflected in the strategy/plans. Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments. Board approved person-centred clinical services plan that delivers sustainable health and well-being outcomes for the local population.	Strategy/plans benefits patients, carers, the public, partners and health communities. Planning embedded & co-ordinated throughout the organisation. Feedback from engagement influences and challenges plan. Track record of continuous engagement w. stakeholders. Robust plans to address / mitigate risks & proposals for more robust service models eg regional solutions, consolidation	Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the strategy/plans.

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Welsh Government Guidance on completion of Maturity Matrix (page 3 of 3)

	0 - No Progress	1 - Basic Level	2 - Early Progress	3 - Results	4 - Maturity	5 - Exemplar
a. Operational planning: Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance. Embedding a culture of reducing unwarranted variation, improved performance and outcomes end evaluation of improvements.	No	Operational plans, basic demand and capacity work is undertaken and contain an appropriate level of detail to support service delivery. Sufficient capability and capacity within the planning team to embed operational planning throughout the organisation.	Operational plans regularly reviewed and remedial action undertaken. Demand and capacity planning at speciality level. Identified clinical leads to drive service & performance improvements. Evidence of triangulation: operational / activity/ workforce and finance. IMTP tested for cost impact & able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity used to inform IMTP development.	Demonstrable improvement in triangulation of plans based on a clear and consistent approach to demand and capacity modelling. Ensuring there is a clear monitoring and tracking process for all. Robust clinical leadership and engagement in operational planning with teams contributing to future direction services in line with clinical services plan. Proactive approach to reducing unwarranted variation and improved outcomes.	Coherent aligned plans, including, with staff owning, adapting, acting on and learning from variation and inequity.	Demand and capacity modelling is at the core of planning processes across the health board. Data driven decision making processes underpinning all operational pathways. A demonstrable correlation associated with the shifting of resources, predicated on the increased equitable deliverability or the non-fulfilment of the original resource allocation.
b. Best Practice approach to Improvement: Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.	No	Published commitment to best practice with training, improvement and innovation strategy. Commitment / engagement with national programmes.	Utilises a value-based healthcare approach to planning. Undertakes benchmarking with other NHS to help deliver improvements.	Demonstrable improvements that can be evidenced and delivered.	Value-based healthcare. Future proofed, based on changes in technology and innovation, clinical excellence and patient experience.	Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.
c. Realistic and deliverable: Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.	No	Development of robust plans that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.	Approvable outcomes focused IMTP that reflects strategy & clinical plan priorities & robust 3-year financial plan. To reflect ROI; evidence of impact & key success factors; key risks (quality, service, access, workforce, finance) with controls.	Evidence of plans for delivery and implementation. Clear processes to track progress and delivery of plan and any associated accountability conditions.	Forward look risk assessments anticipate problems to assure resilience.	Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.

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rhanbarth powys region

Report:	**Regional Directors Report**
Period Covered:	**18 September to 20 November 2024**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**20 November 2024**

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 Machynlleth locality was held on 29 October. 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 held our first public forum in Llanwrtyd Wells on 27 September. About 20 local residents attended and shared their experiences of health and social care services. Participants raised concerns about access to primary care, co-ordination between health and social care services, and geographical challenges in a rural area. They provided ideas about what the future of health and social care should look like, centred around

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better access, integrated services, stronger local care options and better communication.

We visited Maes-y-Wennol Residential Care Home in Llanidloes in October. We were warmly welcomed by staff and residents. Overall, residents we spoke to were very happy with the care they received and the opportunities to take part in activities and socialise if they wished to. Some residents expressed a desire for entertainment which was more tailored to them as individuals, such as an easy-to-operate radio and the availability of audio books.

Between 30 September and 28 October 2024, Llais had a national project gathering patient feedback about their experience of Emergency Departments and Minor Injury Units across Wales. In Powys, we visited each of the hospital MIUs twice. The feedback we received will be collated with the feedback received across Wales and the reports shared with individual health boards.

We have just completed our locality focused engagement in Hay & Talgarth locality and we are in the process of analysing the information and preparing the report. As part of this engagement, we held our own pop-up coffee morning / engagement sessions in Talgarth Town Hall and Hay-on-Wye Parish Hall. We also visited both the surgery sites for Haygarth Practice and we visited Felindre Ward and Llewellyn Ward at Bronllys Hospital.

What we've heard……key themes:

The report from our Llais Local engagement in Llandrindod Wells and Rhayader is available on our website:

Llais Powys Region / Executive Summary Llandrindod Wells & Rhayader / (llaiswales.org)

The key themes we heard from our engagement activities are as follows:

1. **Praise for local services with caring staff**
   Many people praised the care provided locally from the District Nursing Team, Occupational Therapists and Health Visitors. Bro

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Ddyfi Community Hospital was highly regarded.

2. **Impact of care and support from voluntary and charity organisations**
   The care and support provided by third sector and charity organisations made a real difference in Machynlleth area. People were very appreciative of all of the activities and services available to them. There was particular praise for the information and signposting provided by the local Community Connector.

3. **Waiting time for planned care**
   A common theme was the waiting time for cataract surgery. People were worried about becoming isolated if their eyesight deteriorated enough that they would not be able to drive. A number of people had paid for their surgery or were considering it.

4. **Challenges with accessing routine and urgent NHS dental care**

5. **Difficulties with transport and the high cost of community transport**
   People reported that they were travelling long distances to access hospital services and this was very costly if they had to use community transport.

6. **Assessments and work for home adaptations**
   We heard mixed experiences about occupational therapy assessments and work for home repairs and adaptations. Some people reported an excellent service from Care & Repair but other people felt they were not getting the help they needed.

7. **Support for unpaid and family carers**
   Carers spoke about feeling unsupported and overwhelmed, and experiencing significant emotional and psychological strain. This was, in part, due to lack of availability of paid carers and not enough respite care.

8. **Challenges with accessing Social Care**
   People faced challenges in navigating the social care system.

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Some people were not sure what help was available or how to access it. There was a general sense that the social care system is under-resourced and unable to provide sufficient support for those in need.

The list of activities undertaken since my last report are shown in the table below:

Date	**Activity**
27 September	Public Forum in Llanwrtyd Wells
30 September	Monthly catch-up meeting with PTHB Engagement Manager
1 October	Visit to Welshpool Minor Injuries Unit as part of National Same Day & Urgent Care Project
1 October	Visit to Llandrindod Wells Minor Injuries Unit as part of National Same Day & Urgent Care Project
2 October	Powys RPB Mental Health Planning & Development Partnership – Engage to Change Sub-Committee
4 October	PTHB Patient Experience Steering Group
4 October	Visit to Ystradgynlais Minor Injuries Unit as part of National Same Day & Urgent Care Project
4 October	Visit to Brecon Minor Injuries Unit as part of National Same Day & Urgent Care Project
10 October	Meeting of Powys Teaching Health Board re. Decision on Temporary Service Changes to Minor Injuries Units and Ward Configuration

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14 October	Mid Wales Joint Committee
14 October	Shrewsbury & Telford Hospital NHS Trust Public Assurance Forum
17 October	Visit to Llandrindod Wells Minor Injuries Unit as part of National Same Day & Urgent Care Project
18 October	Montgomery Wellness Event
22 October	Public Online Forum re. National Same Day & Urgent Care Project
23 October	Visit to Ystradgynlais Minor Injuries Unit as part of National Same Day & Urgent Care Project
23 October	Visit to Brecon Minor Injuries Unit as part of National Same Day & Urgent Care Project
24 October	Powys RPB Live Well Mental Health Planning & Development Partnership Board
24 October	Visit to Maes-y-Wennol Residential Care Home, Llanidloes
24 October	Visit to Welshpool Minor Injuries Unit as part of National Same Day & Urgent Care Project
29 October	Joint Workshop with PTHB, PCC & PAVO to discuss Machynlleth Llais Local
30 October	Powys Dementia Network in Llandrindod Wells
5 November	Rural Health & Care Wales Conference held at Royal Welsh Showground
5 November	Visit to Talgarth Surgery
5 November	Llais Local – Engagement at Talgarth Luncheon Club

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6 November	Llais Local – Pop-up Coffee Shop in Talgarth Town Hall
6 November	Llais Local – Engagement with Credu Carers' Group in Hay-on-Wye
7 November	Llais Local – Engagement at Parent & Toddler Group, Hay-on-Wye
7 November	Visit to Hay Surgery
7 November	Llais Local – Engagement at Bethesda Church Tea and Chat
12 November	Shrewsbury & Telford Hospital NHS Trust Patient & Carer Experience Panel
12 November	Llais Local – Engagement at Hay Youth Club
13 November	Llais Local – Engagement at Royston Hall Coffee Morning in Bronllys
13 November	Visit to Felindre Ward, Bronllys Hospital
13 November	Visit to Llewellyn Ward, Bronllys Hospital
14 November	Llais Local – Pop-up Coffee Shop in Hay Parish Hall
20 November	PAVO Community Workers Network – Ystradgynlais Locality, via Teams

Katie Blackburn

Regional Director – Llais Powys

20 November 2024

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

Agenda item: 5.1

BOARD	**DATE** **27 NOVEMBER 2024**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).

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

RECOMMENDATION(S):

It is recommended that the Board:

- **NOTES** the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
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		

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EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

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

DETAILED BACKGROUND AND ASSESSMENT

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held virtual meetings on 17 September 2024 and 12 November 2024. The papers for this meeting are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee

The briefing reports from the meetings held on 17 September and 12 November 2024 are attached at **APPENDIX 1**.

Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee for Health and Social Care held a virtual meeting on 14 October 2024. The papers for this meeting are available at Mid Wales Joint Committee Meeting 14th October 2024 - Mid Wales Joint Committee. The October briefing is attached at **APPENDIX 2**.

The Joint Committee hosted the Rural Health Care Wales Conference on 05-07 November 2024. The focus of the Conference was Reflection and Future Direction – *achievements in rural health, care and wellbeing over the last 10 years and what lies ahead.* The Conference was attended by the Chair, Vice-Chair and Chief Executive from the Health Board.

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.

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee meeting held on 17 September 2024

Dyddiad y Cyfarfod / Date of Meeting	Click or tap to enter a date.
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
Awdur yr Adroddiad / Report Author	Abi Harris - JCC Interim Chief Commissioner
Cyflwynydd yr Adroddiad / Report Presenter	Abi Harris - JCC Interim Chief Commissioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Abigail Harris, Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	October 2024	Noted

1. SITUATION/BACKGROUND

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Wednesday, 11 December 2024 14:18:20

This report had been prepared to provide Health Board Chief Executive Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 17 September 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted September 2024 - NHS Wales Joint Commissioning Committee)

Alert / Escalate	• **All Wales IPFR Panel quoracy:** Concern was highlighted in relation to low attendance from HBs resulting in recent IPFR meetings not being quorate and subsequently cancelled – it was agreed that each HB would escalate this internally with Medical Directors to ensure attendance from each HB to avoid a further backlog of cases requiring consideration.

Advise	• The Chair congratulated Abigail Harris, Interim Chief Commissioner, on her forthcoming appointment to the post of CEO at Swansea Bay UHB, and advised on the recruitment process for securing a substantive Chief Commissioner over the coming weeks.
	• An update was received from the Interim Chief Commissioner including details on:
	  ○ Confirming the status of the JCC Integrated Medium-Term Plan 2024-27 which Welsh Government has deemed satisfactory, with accountability conditions confirmed in correspondence received;
	  ○ Appointment to the Director of Commissioning Ambulance/111 post and Director of Commissioning Specialised Services post;
	  ○ Deep Brain Stimulation Service Update;
	  ○ Single Commissioner for Mental Health;
	  ○ North Wales Mother and Baby Unit;
	  ○ Cardiac Review Phase 2.
	• Members agreed the JCC's new Vision, Mission, Values and Strategic Objectives which had been developed with both the JCC team and Joint Committee members input.
	• An update on the progress with developing the Integrated Medium Term Plan (IMTP) 2025/2028 was received.
	• An Emergency Medical Retrieval and Transfer Service (EMRTS) Reviewing recommendation 4 update was received and a 6 week engagement timescale was

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	approved subject to a mid-point review on progress in liaison with Llais. The update included information on the Judicial Review.
Assure	• Members endorsed the Joint Commissioning Committee Governance Framework comprising; ○ the Memorandum Agreement (MoA), ○ the Hosting Agreement (HA), ○ terms of reference for the Planning, Performance and Finance sub-committee, ○ terms of reference for the Quality, Safety and Outcomes sub-committee. The documents will now be presented to HB Board meetings for final approval in September noting membership of the sub-committees would be kept under review with a formal review to be conducted in April 2025 or before as required. • The transitional JCC risk register was received noting the further work planned to fully develop the risk approach for the JCC and the JCC development session planned for the 15 October to consider risk appetite. Discussions over the very high risks relating to Ambulance/111 led to a referral to the QPS Sub-Committee to undertake a deep dive at their next meeting to ensure all was being done by the JCC to support the mitigation of the risks. • The Month 5 Financial Performance Report and Financial Plan Update was received noting: ○ Summary of the Approved Plans (for former WHSSC and EASC/NCCU) together with a Q1 context review. ○ Month 5 £3.746m overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £4.516 • Members considered and discussed in detail the actions required in order to achieve a break-even position at year end. It was noted that a number of actions are already being progressed and further proposals for the JCC to consider will be explored at the next meeting. • The JCC Performance Report for June 2024 was received noting the development of an integrated performance report for the JCC to be supported by detail from each of the three portfolio areas of the Directors of Commissioning in the JCC. It was noted that a number of tertiary services are on a downward escalation trajectory which was welcomed and the work involved by service providers and the JCC commissioning teams was acknowledged.

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	• The Committee received the Corporate Governance update report which included matters considered in-committee at the July meeting.
Inform	• The Chair's report noted progress with the appointment process for the final two Joint Committee Independent Lay Members, with interviews having taken place and recommendations put forward to the Cabinet Secretary to consider. • A powerful patient story was shared by a patient who has supported service improvement based on personal experience whilst an inpatient at the Tŷ Llidiard, CAMHS unit (Child and Adolescent Mental Health Services) at the Princess of Wales in Bridgend, which is one of only two highly specialist CAMHS units in Wales. Former mental health patient in Bridgend helps her old unit on its own path to recovery | ITV News Wales • An update was received on specific areas related to the developments of the Welsh Ambulance Service University NHS Trust (WAST) in relation to the delivery of Emergency Medical Services including the Evolution of the Clinical Response Model and the Emergency Medical Technician Job Profile. • The Committee received assurance reports from the following: ▪ Audit and Risk Committee (ARC) Assurance Report ▪ Management Group Briefings for July 2024, August 2024 Extraordinary Meeting and August 2024 ▪ Individual Patient Funding Request (IPFR) Panel ▪ Welsh Kidney Network (WKN) ▪ Quality Patient Safety Committee (QPSC) • The Committee received a briefing on the Nursing and Midwifery Council Independent Culture Review.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact*	Yes: ☐	No: ☐
	Outcome:	If no, please include rationale below:

Published on 25/11/2024 18:20

Assessment Screening?		
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

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Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	12/11/2024
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Stacey Taylor - JCC Interim Chief Commissioner
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	November 2024	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 12 November 2024.

Key highlights from the meeting are reported in Section 3.

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2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted November 2024 - NHS Wales Joint Commissioning Committee)

Alert / Escalate	• The Chair and Lay Members noted that the Ambulance & 111 Commissioning team had undertaken an in-depth piece of work to review and reset the risks for their commissioning portfolio and the legacy ambulance risks of EASC had been amalgamated into two new risks relating to the Commissioning of sufficient Emergency Ambulance Services capacity and the utilisation of Emergency Ambulance Capacity. Lay members expressed concern at the red 25 high scoring risks. Despite the new risks being articulated to provide more of a commissioner focus, the Chair requested that further work be undertaken in relation to mitigating the risks. These risks will be discussed at the next JCC Strategy session on 10 December 2024.

Advise	• The Chair congratulated Stacey Taylor, on her appointment as the new Interim Chief Commissioner and explained that a Chairs Action would be circulated following the meeting in order to seek approval for and increase to the financial delegation limits for the interim Chief Commissioner.
	• The Chair gave an update on the recruitment process for securing a substantive Chief Commissioner.
	• The Chair also welcomed the two new Lay Members to their first JCC meeting, Mandy Rayani and Shameem Nawaz who commenced on 1 November 2024.
	• An update was received from the Interim Chief Commissioner including details on:
	  ○ The development of the Integrated Medium-Term Plan (IMTP) 2025-28;
	  ○ Public Health Input into the JCCs commissioning activities;
	  ○ Update on the JCC transition – progress to date and plan for actions over the remainder of 2024-2025 including priority areas of focus for the Senior Leadership Team.
	• Members received Reports from each of the Commissioning Directors;
	  • The Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups highlighted:

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- The single Commissioner Project for Secure Care has been extended until April 2026 in order to develop service specifications for low and medium secure hospitals;
- Perinatal Mental Health and work on the new Mother and Baby Unit in Chester has commenced with a completion date of October 2025. A review of demand for perinatal care will be completed by March 2025;
- Updates on Adult and Children Gender Identity Disorder Services were provided;
- A request was made for a deep dive into the mental health portfolio to inform future strategy and this will be undertaken and brought back to a JCC meeting in early 2025.

- The Director of Commissioning for Ambulance and 111 provided updates on:
  - Emergency Medical Retrieval and Transfer Service (EMRTS) Review – Judicial Review;
  - Manchester Arena Assessment;
  - Welsh Health Circular on Ambulance Patient Handover guidance WHC/2024/041;
  - Evolution of the Clinical Response Model;
  - Non-Emergency Patient Transport Services (NEPTS) – Future Vision Update; and
  - Key risks.
- The Director of Commissioning for Specialised Services provided updates on:
  - Cancer & Blood - Developments in specialised radiotherapy: Repatriation of Peptide Receptor Radionuclide Therapy (PRRT) for neuroendocrine tumours, continued Expansion in Stereotactic Ablative Body Radiotherapy (SABR) provision in Wales and advanced Therapy Medicinal Products (AMTP) implementation;
  - Cardiac - Transcatheter Aortic Valve Implantation (TAVI) performance, cardiac Review Phase 2, South Wales Trauma Network Annual Conference and repatriation of cardiothoracic surgery to the University Hospital of Wales;
  - Intestinal Failure Financial Position update;
  - Neuroendocrine and Long-Term Conditions - Deep Brain Stimulation service update, North Wales Paediatric Cochlear Implants and progress with repatriating patients from Manchester for their follow up care and South Wales Mechanical

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	Thrombectomy capacity and Phase 1 investment update; ○ Women and Children – Updates on paediatric Strategy Implementation Board, Neonatal Transport Delivery Assurance Group and the Paediatric and Neonatal Escalation Reset meeting; and ○ Commissioning risks across the portfolio were highlighted and a discussion in relation to agreed funding cases not being progressed will be taken up outside of the meeting. • An Emergency Medical Retrieval and Transfer Service (EMRTS) Recommendation 4 update was received on progress with the developments of a commissioning proposal for bespoke road-based enhanced and/or critical care service in rural, remote and coastal areas. Members noted that Recommendation 4 was made as part of the EMRTS Review. Recommendation 4 focuses on developing a commissioning proposal for a bespoke road-based enhanced and/or critical care service in rural, remote, and coastal areas. It addresses concerns raised during public engagement about ambulance responses for conditions that do not require EMRTS's specialised pre-hospital critical care. Importantly, it is an additional emergency service development that will work as part of the emergency ambulance service and alongside the air ambulance service for these remote rural and coastal communities.
Assure	• Members endorsed the introduction of rapid clinical screening by the ambulance service as a means of mitigating harm this winter. Item 2.3.2. • Members discussed the findings of the Recommendation 4 Task and Finish Group report and endorsed draft Commissioning Intentions and delivery criteria. These Commissioning Intentions will now be shared with the Welsh Ambulance Services University NHS Trust to develop a comprehensive delivery model for consideration at a future JCC meeting early in 2025 as outlined in item 4.1. • An update on the JCCs sub-committee structure was received. The JCC approved the proposed lay member nominations and acknowledged the advice received from the NHS Wales Directors of Corporate Governance (DoCG) peer group, the Chair proposed that the designation of the CEO members would be amended from attendees to members for the Joint Committee's Planning, Performance

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and Finance sub-committee and the Quality, Safety & Outcomes sub-committee. The Terms of Reference will be amended accordingly and brought back to the JCC in January 2025 for endorsement before seeking final approval from HBs at January 2025 Board meetings.

- The September 2024 JCC risk register was received noting the further work undertaken to consider and benchmark risk appetite. Discussions over the very high risks relating to Ambulance/111 led to a request for further consideration of the ambulance red 25 risks. Members also noted that work on developing a JCC risk appetite was progressing and this will be discussed further at the JCC Development session in December 2024 and also brought back to the JCC meeting on 21 January 2025.
- The Month 6 Financial Performance Report and Financial Plan Update was received noting:
  - £3.776 overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £5.640;
  - A presentation providing an update on the financial plan for 2024/2025 and options for financial recovery;
  - An update on the Month 7 position was provided, which has remained stable with £3.5m deficit for the year to date and the year end forecast remaining at £5.6;
  - They key risks of the cardiac (TAVI) over-performance circa £2 million;
  - Opportunity costs of £1.5m of funding slippage as well as potential additional funding following the UK budget;
  - The key areas below were discussed in detail as potential opportunities to improve value;
    1. Cardiac (TAVI)
    2. Artificial Limb and Appliance Service (ALAS)
    3. Referral Management
    4. Improving Patient Flow, Oversight and Repatriation in Mental Health Hospitals
- The JCC Performance Report for September 2024 was received noting the development of an integrated performance report for the JCC. It was noted that a number of specialised services were on a downward escalation trajectory which was welcomed and the work involved by service providers and the JCC commissioning teams was acknowledged.
- The Committee received the Corporate Governance update report which included matters considered in-committee at the September meeting.

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Inform	• The Chair welcomed Chair of BCUHB, Dyfed Edwards and the CEO of BCUHB, Carol Shillabeer to the meeting who provided an informative update on their experiences of working in partnership with the JCC. Members discussed the importance of creating proactive and accountable partnerships with HBs and BCUHB provided their helpful reflections. • The JCC agreed not to support providing additional funding for the Emergency Medical Technician re-banding case and requested that further information in relation to the costings be brought back to the January 2025 JCC meeting for further consideration. • The JCC noted updates on Implementation of Legacy Plans for Quarter 2. It was noted that this report would also be shared with Welsh Government (WG) for assurance on delivery.
Appendices	None

Note that an "in committee" meeting was also held to provide an update on a judicial review and a quality and safety update. A formal update will be given to the next public JCC meeting on 21 January 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research

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(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Domains of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC

Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol)* / **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

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MID WALES JOINT COMMITTEE FOR HEALTH AND CARE

UPDATE REPORT – OCTOBER 2024

1. Introduction

1.1 The Mid Wales Joint Committee, which was established in response to the recommendations of the Mid Wales Healthcare Study (2014), is a formal collaborative between the health and care organisations covering the Mid Wales region. Members of the Joint Committee includes the three Local Heath Boards (Betsi Cadwaladr University Health Board, Hywel Dda University Health Board, Powys Teaching Health Board), Welsh Ambulance Services University NHS Trust and the three Local Authorities (Ceredigion County Council, Gwynedd Council and Powys County Council).

1.2 The Mid Wales Joint Committee has a set of annually agreed priorities identified as those areas for which working on a joint Mid Wales footprint will provide added value. The Mid Wales priorities align with the individual plans of the Joint Committee's partner organisations and focus on a whole pathway approach with regional links between primary, secondary, community and social care. This approach supports the Welsh Government's expectation for Mid Wales organisations to work together to plan and deliver regional solutions across organisational boundaries.

1.3 The work of the Joint Committee is co-ordinated by the Mid Wales Planning and Delivery Executive Group. The focus of the group's work is to oversee the development and implementation of the Mid Wales Priorities and Delivery Plan which is considered alongside individual organisational plans together with the consideration of any other emerging matters which require a collaborative discussion and regional approach.

1.4 The Mid Wales Planning and Delivery Executive Group is supported by the following sub-groups:

- The Mid Wales Clinical Advisory Group which advises on specific clinical models of care, taking a leadership role in detailed design where appropriate.
- The Mid Wales Social Care group which focuses on Social Care and the alignment of plans for social care services across Mid Wales.

Supporting the delivery of the Mid Wales priorities are a set of three clinical and three social care priorities which have been identified by these sub-groups .

2. Priorities 2024/25

2.1 Mid Wales Priorities – For 2024/25 the Mid Wales priorities are a continuation of those priorities that were in place for 2023/24 as follows:

i) Urology
ii) Ophthalmology
iii) Cancer and Chemotherapy Outreach
iv) Dental
v) Clinical Strategy for Hospital Based Care and Treatment and regional solutions.
vi) Cross Border workforce arrangements

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2.2 Clinical priorities - For 2024/25 the clinical priorities are:

i) Urology: This is being taken forward through the Mid Wales 'Urology' priority for which there is a Mid Wales Urology group led by the Lead Clinical Executive Director for the Joint Committee.
ii) Palliative Care: This priority is being taken forward separately.
iii) Rheumatology: The Mid Wales 'Clinical Strategy for Hospital Based Care and Treatment and regional solutions' priority focuses on the Bronglais General Hospital Strategy for which the action plan includes Rheumatology services.

2.3 Social care priorities - The Mid Wales Social Care Group are leading on the work of the social care priorities which it has identified as follows:

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

3. Mid Wales Priorities and Delivery Plan 2024/25

3.1 Urology

Objective

Continue the development of a programme of renewal for Urology pathways across the region which will support and link to the national pathway work.

Update

Prostate cancer PSA pathway

The Mid Wales Urology group's first area of focus has been the prostate cancer PSA pathway. Following a review it has been confirmed that there is a nationally agreed pathway in place and that these pathways are well established. As such the group have concluded that no further work is required on pathway development.

However, the group has noted that there is need to ensure consistent implementation of the nationally agreed mechanism across the region, in particular, the process in place for the monitoring and surveillance of PSA levels for i) patients who have high PSA levels investigated with no prostate cancer detected and ii) patients with high PSA levels who have been treated for prostate cancer. Currently, these patients are transferred over to the management of primary care with practices having their own individual process in place which are not consistent with each other.

A meeting of Health Board Consultants and GP Cluster leads was held on 12th September 2024 to consider the current administration systems in place for the monitoring and surveillance of these two groups of patients. It was noted that surveillance did not fall under GMS work as this was classed as screening and work is currently being undertaken to ascertain whether this is a local issue or a national issue.

Trial Without Catheter

The Mid Wales Clinical Advisory Group agreed with the Urology group's recommendation that the next area of focus will be Trial Without Catheter (TWOC) for which a task and finish group has been established and met twice. The Mid Wales TWOC task and finish group's work has included a discovery process to identify issues and challenges and available opportunities to address any gaps in the service. Key points to note from the group include:

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- Powys Teaching Health Board and Betsi Cadwaladr University Health Boards have well established models in place for their community TWOC services. Hywel Dda University Health Board introduced community TWOC clinics in three locations, one per county, at the end of May 2024. The introduction of these clinics has initially resulted in a reduction in the TWOC waiting list.
- A TWOC clinic was introduced at the Medical Day Unit, Bronglais Hospital, for patients from Mid Wales who are on the Hywel Dda Urology waiting list. Clinics commenced in September 2024 and will be held three times a month.
- For patients presenting at the Bronglais Hospital Accident & Emergency department, staff have found it difficult to navigate the pathway as patients attending are from the three Mid Wales counties (Ceredigion, Powys, South Gwynedd). A central Hywel Dda process/point of contact, Urology triage team, for referring patients onwards to the correct Health Board service/contact is in place and details of the process to be followed has been developed for cascading to departments.
- The Powys continence team and Betsi Cadwaladr district nursing teams are not made aware of those catheterised patients who don't meet the criteria for a TWOC in the community but who will require management by community services until they receive a TWOC at an acute site if they are triaged as being suitable for a TWOC. As such it has been agreed that Hywel Dda University Health Board will inform cross border teams of this group of patients.
- There is currently no provision in the Hywel Dda University Health Board community service for providing a TWOC service for housebound patients due to lack of staffing and equipment resources. The GP cluster lead for North Ceredigion has agreed to have a discussion with GP cluster colleagues on whether they would be interested in exploring the development of a pilot for a TWOC service for housebound patients.
- The group discussed the Swansea Bay University Health Board patient leaflet for patients receiving prostatectomies which included guidance for patients to self-remove catheters post discharge. It was noted that patients from Hywel Dda and South Powys would fall under this service, the group felt that were potentially some risks to this approach but that there was a need to better understand the process that Swansea Bay University Health Board had in place.

3.2 Ophthalmology

Objectives

Recruitment to the Mid Wales Ophthalmology leadership role to lead on the Multidisciplinary (MDT) approach to Ophthalmology services across Mid Wales.

Increase capacity and access to Ophthalmology services through the development of a regional and whole system pathway approach supported by the establishment of links between Health Boards.

Update

At its meeting of the Mid Wales Planning and Delivery Executive Group on 11th September 2023 it was agreed that the proposal to cover the joint Ophthalmology post using paid sessions should be explored further. Powys Teaching Health Board have developed a bid for National Planned Care Fund to request resource for ophthalmology clinical leadership sessions. This bid was submitted in March 2024 and is currently pending funding outcome.

Papers for 29/11/2024 14:18:20

The Mid Wales Ophthalmology group has been re-established and has met twice. The group have identified the following opportunities to increase capacity within ophthalmology services across Mid Wales:

- Cataract pathway: To scope opportunities to repatriate preoperative pathways and biometry in Powys Teaching Health Board including capital equipment requirements and to refresh work undertaken to understand potential activity for procedures which could be repatriated into Mid Powys (Llandrindod).

  Data has been obtained and shared on the numbers for Powys and Betsi Cadwaladr patients who have received ophthalmology treatment at Hywel Dda University Health Board.

- Wet Age-related macular degeneration (AMD) pathway: To scope opportunities for Powys Teaching Health Board nurse led wet AMD service in North Powys (Newtown) with HDUHB medical oversight/ District General Hospital pathway.

  A proposal for a North Powys Nurse led wet AMD service delivery has been developed and is currently being discussed in more detail by the Powys Senior Nurse Manager for Outpatients and the Hywel Dda Senior Nurse Manager for Ophthalmology.

- Primary Care eye care services in South Gwynedd: Explore the available opportunities for recruiting primary care eye care practitioners to provide services in the South Gwynedd area.

  A task and finish group is to be established to explore what support could be made available to better attract primary care eye care practitioners to South Gwynedd.

- Networking opportunities joint pathway development with Hywel Dda University Health Board: Powys Teaching Health Board working into Hywel Dda University Health Board at the North Road clinic to inform Powys Teaching Health Board pathway development/repatriation opportunities with eyecare Multidisciplinary (MDT) in Powys.

Hywel Dda University Health Board have been successful in recruiting two Specialty Associate Specialist (SAS) doctors. One doctor has recently commenced in Bronglais General Hospital with the start date for the second doctor not yet confirmed. Both doctors will undergo a period of induction to familiarise themselves with the Health Board.

3.3 Cancer and Chemotherapy Outreach

a) Objective

Establish the new Chemotherapy Day Unit at Bronglais General Hospital.

Update

Building work on the new £3million Chemotherapy Day Unit at Bronglais General Hospital, Aberystwyth, commenced in May 2024. It is expected that the unit will be ready to welcome its first patients in March 2025.

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b) Objective

Review radiotherapy and chemotherapy pathways to identify opportunities for increasing provision and improving access across Mid Wales and identify what improvements can be made to cross organisational handover arrangements. Also ensure the needs of the population are considered as part of other regional developments.

Update

There is Mid Wales Joint Committee representation on the South West Wales Cancer Oncology Outpatients and Radiotherapy working groups. Links between these two groups and Powys Teaching Health Board and the Welsh Ambulance Services University NHS Trust have now been established with meeting papers and updates shared with nominated representatives of both organisations.

Oncology

The Joint Committee team were asked to support the Hywel Dda University Health Board cancer team in exploring the future proofing of Oncology services at Bronglais Hospital, Aberystwyth, through in-reach from organisations neighbouring the Mid Wales region. Contact was made with relevant officers from Shrewsbury and Telford NHS Trust and Betsi Cadwaladr University Health Board. Shrewsbury and Telford NHS Trust advised that they were not in a position to support Hywel Dda with any future proofing of services. However, Betsi Cadwaladr University Health Board advised that they were open to discussing a long term strategy. A meeting was held on 1st May 2024 between Hywel Dda and Betsi Cadwaladr University Health Board representatives to discuss the available options for the long term strategy for oncology service provision at Bronglais Hospital. The Hywel Dda University Health Board Cancer Services Management Team are considering the available options discussed at this meeting and the next steps.

The proposal to provide adjuvant biphosphate infusion therapy at Bro Ddyfi Hospital, Machynlleth, in addition to what is already being provided at Llanidloes Hospital, has been explored and will not be progressed further.

Radiotherapy

Work is progressing on a 5th LinAcc to be in place and operational by 2026/27 so as to meet the increased demand for Radiotherapy services. Two options are currently being considered for the regional model as follows:

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

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

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3.4 Community Dental Services

Objectives

Explore the feasibility of an integrated service for joint General Anaesthesia list at Bronglais General Hospital using existing facilities not fully utilised.

Identify what improvements could be made to general NHS Dental services provision across Mid Wales.

Update

A meeting of the clinical and managerial leads for Powys Teaching Health Board and Hywel Dda University Health Board was held on 18th June 2024 to discuss how best to take forward this priority and the following areas of work have been agreed for 2024/25:

- **Endodontic treatment**

Pathway for Hywel Dda University Health Board patients into the Powys Teaching Health Board Llandrindod Wells Hospital service for Endodontic treatment.

Access to and waiting times for NHS Endodontic treatment is challenging at present and so this has been agreed as an opportunity that needs to be explored. Initial work has commenced on gathering information on the costs and service level detail to explore the feasibility of this proposal. The proposed pathway to Llandrindod Wells will in the first instance be limited to patients from 'SY' postcodes in Hywel Dda University Health Board.

- **Paediatric General Anaesthesia:**

To develop a shared Hywel Dda University Health Board / Powys Teaching Health Board Paediatric General Anaesthesia list at Bronglais General Hospital under the leadership of the Powys Paediatric Dentistry Consultant.

Hywel Dda University Health Board were already in the process of setting up a task and finish group to review the Paediatric General Anaesthesia pathway and the group's remit will now also include the option of exploring the provision of a service at Bronglais General Hospital. The work of the task and finish group will not be operational before 2025/26. The Joint Committee team have provided the names of those relevant representatives from the North of Hywel Dda that should be included in the membership of the task and finish group.

The Betsi Cadwaladr University Health Board Planned Care team have recently advised that they wish to be involved in this priority and the Joint Committee are supporting the establishment of links with the relevant teams at Hywel Dda and Powys Health Boards.

3.5 Clinical Strategy for Hospital Based Care and Treatment and regional solutions

Objective

Implementation of the Bronglais General Hospital 10 year Clinical Strategy which will support the development of regional and cross border solutions.

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Update

Hywel Dda UHB Clinical Services Plan programme

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

- Critical Care
- Dermatology
- Emergency General Surgery
- Endoscopy
- Ophthalmology
- Orthopaedics
- Radiology
- Stroke
- Urology
- Primary Care and Community

Phase 1

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

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

Phase 2

Phase two was undertaken between April 2024 and August 2024. The final step is to score the options ahead of presenting them to the Hywel Dda University Health Board public board meeting on 28th November 2024.

The next step for Primary Care and Community care is the development of a strategy that will set out the principles and standards required to provide safe and sustainable Primary Care and Community services. A period of early engagement with staff, stakeholders and communities was held from 2nd September to 11th October 2024. The engagement exercise is focused on planning how best to deliver Primary Care and Community-based services, which cover most NHS-provided health and care services outside of hospitals.

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Engagement across Mid Wales

A presentation on the Hywel Dda Clinical Services Plan was provided to the Mid Wales Planning and Delivery Executive Group on 2nd July 2024 and the presentation has been shared with the Mid Wales Clinical Advisory Group.

The Hywel Dda University Health Board Director of Planning has met with the Powys Teaching Health Board Executive Director of Planning, Performance & Commissioning and the Betsi Cadwaladr University Health Board team to discuss the alignment of organisational strategic commitments, particularly around Hywel Dda's Clinical Services Plan. The Hywel Dda University Health Board Clinical Services Plan team are in the process of confirming a date to attend a meeting of the Powys Teaching Health Board Executive team meeting.

Bronglais General Hospital clinical strategy
In light of the work that Hywel Dda University Health Board is undertaking on its Clinical Services Plan there is a need to undertake a review of the Bronglais General Hospital strategy. The timescale for the review of the strategy will be determined by the timescale for the Hywel Dda Clinical Services Plan for which Phase 2 is due to be completed by November 2024.

3.6 Cross Border workforce arrangements

Objective
Develop solutions to establish cross border health and social care workforce arrangements across Mid Wales.

Update
The Mid Wales Workforce group have agreed five priority areas to focus on for developing solutions to establish cross border health and social care workforce arrangements across Mid Wales as follows:

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

The Mid Wales Workforce Group are developing the scope for each of the priority areas. Key areas of work progressed on education and development include:

- Powys Teaching Health Board and Hywel Dda University Health are sharing best practice in relation to special interest groups and the development of communities of practice, equity of paid and unpaid study leave, future workforce activity and sharing of resources.
- The Support worker induction development teams are currently contributing to a Health Education and Improvement Wales initiative to streamline workbooks and develop more efficient assessment procedures.
- A full day team engagement event between Powys Teaching Health Board and Hywel Dda University Health Board has taken place, with a focus around developing a joint approach to delivering a South West development programme. This includes mapping subject areas and managing a quality assurance process for subject delivery.

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- There is evidence that Education and Development teams are building closer working relationships. Recently Hywel Dda University Health Board supported Objective Standard Clinical Examination (OSCE) training delivery for Powys Teaching Health Board during a period of temporary staffing issues.
- Virtual training has been identified as an area where resources could be shared and would help address the issue with sourcing training.

3.7 Palliative Care

In 2023, the National Clinical Lead for the National Palliative and End of Life care programme asked the Joint Committee team to support the National team in facilitating group discussions on a Mid Wales level to inform the work of the national programme. Feedback from a Joint Committee facilitated workshop with Mid Wales Health Board palliative care leads was provided to the national team. This feedback outlined the current issues and challenges faced in the delivery of palliative care services across Mid Wales, in particular, out of hours and weekend working.

The Joint Committee team met with the national team in July 2024 to discuss what further support they required on ensuring the Mid Wales position was considered in the national programme. Following this, the Joint Committee team facilitated meetings between the national team and Mid Wales Health Board palliative care leads to allow them to share the latest position on current palliative care pathways and service provision across Mid Wales so that an updated position was provided for informing the on-going work being undertaken by the national programme. The Joint Committee team has been asked to arrange a further meeting between the national team and Mid Wales Palliative Care leads for November 2024 following the publication of the national service specification.

4. Mid Wales Social Care priorities

Members have agreed that due to challenges in attendance formal meetings will be replaced with the following:

- An agreed set of priorities with future meetings/workshops to focus on one priority at a time and relevant officers from each Local Authority invited to attend.
- Monthly email communication between members to highlight any immediate areas of concern which the group need to be aware of.

As reported in section 2, the Mid Wales Social Care Group has identified and agreed a set of priorities to focus on current issues and challenges, and opportunities for shared learning and joint working.

4.1 Residential Children's accommodation

Following a workshop in February 2024, which was attended by representatives of Ceredigion and Powys Councils, links have been established between the Registered Managers for Powys and Ceredigion.

Those who attended the workshop were asked for the top 3 outcomes/benefits from the session so the workshop could be evaluated. Feedback from those who attended the session on the benefits of the session included:

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- Great to have time to discuss with colleagues some of the challenges and solutions for delivery.
- Sharing good practice.
- Sharing documents e.g. policies, framework documentation, job descriptions.

A second workshop will be arranged when the first Ceredigion accommodation unit is near to being operational which will allow the sharing of updates on the progress of work being undertaken within the Local Authorities.

4.2 Trusted Assessor including Delayed Pathways of Care

The definition of the role, purpose and outcomes for Trusted Assessor role are being interpreted differently by health and care organisations across Wales. A meeting was held on 25th June 2024 to consider the role of Trusted Assessor, share the challenges currently being encountered, what is working well, what is not working well and opportunities for shared learning and joint working. Relevant service leads from the three Mid Wales Local Authorities were invited. Key projects discussed at the session were as follows:

- Lampeter Integrated Care Network project
- Equipment project
- Bronglais General Hospital Emergency Department project

Those who attended the workshop were asked for the top 3 outcomes/benefits from the session and feedback received on the benefits of the session were as follows:

- The South Gwynedd Community Resource Teams have started to hold a brief 15 minute daily huddle with Bronglais General Hospital. Initial feedback from the Bronglais General Hospital team has been very positive.
- Consideration is being given to sharing the approach with the work being undertaken on the development of the Lampeter Integrated Care Network.
- The workshop supported making connections with colleagues from other Local Authorities, the sharing of ideas and on-going discussions which are now being arranged.

4.3 Welsh Community Care Information System (WCCIS)

The contracts for the WCCIS system for individual Local Authorities across Wales are expiring at different times with the three Mid Wales Local Authorities currently at different stages of the procurement and replacement process. Members of the group have shared the current organisational position and the risks, with an agreement to continuously share updates and share lessons learnt.

4.4 Issued raised by members of the group

Due to a number of areas of concern being raised by members of the group a meeting of the Mid Wales Social Care group was held on 27th September 2024 to discuss and share the latest organisational position on the following:

- WCCIS
- Eliminate Profit
- Demography in rural Mid Wales
- Fee setting
- Continuing Care, Continuing Health Care and Section 117
- Target Length of stay for social care set by the Local Care Action Committee

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5. Mid Wales Strategic Commissioning Group

The Mid Wales Strategic Commissioning Group has been established for the three Mid Wales Health Boards to fulfil their commissioning role collaboratively, in the development and implementation of equitable, accessible, evidence-based, safe, effective and sustainable services for the residents of Mid Wales. The group is directly accountable to the

three respective Health Boards, however, regular reports on its work are provided to the Mid Wales Planning and Delivery Executive Group with secretariat support for this group is provided by the Joint Committee team.

The Mid Wales Strategic Commissioning Group have met three times in the last reporting period with the following key areas of work considered:

5.1 Dermatology Pilot in South Powys

The Powys Teaching Health Board Referral Management pilot to improve the quality of referrals into secondary care with high quality dermatoscope images to offer an advice and guidance service commenced on 1st September 2024 for 6 months to include all North GP Practices and St Michaels Clinic. If successful Powys Teaching Health Board will look to roll this out pan-Powys with Primary Care. This pilot will be reviewed at 3 months with a full evaluation at 6 months.

5.2 Community Cardiology service at Newtown Hospital

The Powys Teaching Health Board Community Cardiology Service in North Powys is now business as usual and progressing well with all referrals now repatriated from Shrewsbury and Telford NHS Trust to the Health Board's in house clinics. In relation to further implementation in Mid and South Powys this is currently under review with further discussions required.

5.3 Colorectal clinics at Newtown Hospital

The Mid Wales Colorectal services task and finish group agreed to approach its work in a phased way with phase 1 to focus on establishing a Newtown clinic for Powys Teaching Health Board patients (first appointment) as a 3 month pilot which involved moving Powys Teaching Health Board work from Bronglais General Hospital back to Newtown Hospital. Following a review of the pilot at the 3 month stage the Mid Wales Strategic Commissioning group agreed to extend the pilot for a further 3 months and this has now been extended to 9 months to allow for more detailed demand and capacity information to be gathered from both a provider and commissioning perspective. This information will be considered at meetings of the Mid Wales Colorectal Task and Finish Group and Mid Wales Strategic Commissioning Group in November 2024 to consider and agree the future arrangements for the Newtown clinic beyond December 2024. It is worth noting that positive feedback has been received on the Newtown clinics with staff reporting that they are happy with the clinic arrangements and patients are happy to be seen at Newtown.

The Joint Committee team have also co-ordinated the development of a draft service specification for the Newtown colorectal clinic service to move from a Long Term Agreement to a Service Level Agreement arrangement.

6. Rural Health and Care Wales

Rural Health and Care Wales was established in response to the Mid Wales Healthcare study which recommended that the three Health Boards, working with local Universities and others, should develop and support a centre of excellence in rural healthcare, with a particular focus on research, development and dissemination of evidence in health service research which addresses the particular challenges of Mid Wales. The work of the Rural Health and Stakeholder Group focuses on the detailed development and oversight of the

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Rural Health and Care Wales plan. The group reports to the Joint Committee and provides updates on its work to the Mid Wales Planning and Delivery Executive Group.

6.1 Rural Health and Care Conference 5th to 7th November 2024

The three day Rural Health and Care Wales Conference was held from the 5th to 7th November 2024 at the Royal Welsh showground (hybrid arrangement) and the themes/strands this year were as follows:

- The delivery of Integrated Health and Care services in Rural areas, including cross-sector, multi-agency and / or multi-disciplinary working.
- The role of Rural Communities and unpaid Carers in Health and Care.
- Advances in Artificial Intelligence (AI), Telehealth / Telemedicine and the remote delivery of Health and Care services in Rural areas.
- Social / Green Prescribing and the impact of Art, Crafts and other non-clinical interventions on Health and Wellbeing.
- Recruitment and Retention of Health and Care professionals in Rural areas
- Education, Training and Continuous Professional Development for Health and Care professionals working in Rural areas.
- The “Mid Wales Healthcare Study” (Longley et al, 2014) – a reflection of achievements, current and future relevance, and issues still to address.

6.2 Mid Wales Demographic and Health / Wellbeing report

The Demographic and Wellbeing Analysis of Mid Wales, consisting of the 3 Mid Wales Population Needs Assessments, the 3 Wellbeing Plans and Office for National Statistics (ONS) data from the last Census covering the region, has been completed.

6.3 Multi-agency responses during the Covid-19 Pandemic

The final report on the multi-agency responses during the Covid-19 Pandemic (vulnerable groups) in the Hywel Dda University Health Board and Powys Teaching Health Board regions was presented to the Mid and West Wales Safeguarding Board on the 16th July 2024, with the report now accepted and the work completed, albeit that the contents of the report are to remain confidential to the commissioners.

6.4 Impact of rurality on the cancer patient experience

The 2-year research project which is funded by Macmillan Cancer Research is exploring the impact of rurality on the cancer patient experience. Subsequent to the literature review and international scoping, 38 in-depth semi-structured interviews took place (People with cancer n=19, Family/carers n=9, professional n=10). Early identified themes from the interviews include travel and transport, financial implications, time, information and support, palliative care, Acute Oncology Services, Rural Jobs and Lifestyles, Communities, G.P and rural environments.

The project has worked to make beneficial connections, with connections made between the Lead Acute Oncology Services Nurse in Hywel Dda University Health Board and the rural and remote services in Scotland. One of the project case studies is also working separately to provide feedback to Hywel Dda University Health Board regarding Acute Oncology Services provision. Networking at the Royal Welsh Agricultural Show also meant that connections were made with the Farming Community Network coordinator and the potential rural cancer project links/collaborations for the future discussed. The first year project dissemination has been documented alongside the write up to date.

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6.5 Virtual Rural "Hospital" for Mid, North and West Wales

A further draft proposal for the Virtual Rural "Hospital" for Mid, North and West Wales was circulated to Rural Health and Care Wales Stakeholder Group members at the meeting held on 17th September 2024, with some changes requested. Partners continue to engage at executive level within their organisations to ensure full support is confirmed for the proposed initiative, which will seek external funding to explore the options for virtual delivery of health and care services across the Mid Wales region.

6.6 Cymru Wledig Local Policy and Innovation Partnership (LPIP) Rural Wales

The leads of Cymru Wledig LPIP Rural Wales met at Gregynog on 20th June 2024 to confirm, amongst other matters, the Thematic Groups' terms of reference, frequency of meetings, membership, equalities mainstreaming and the process for proposing Responsive Research projects. The project itself was officially launched at the Senedd on 10th July 2024, at an event hosted by the Rt. Hon. Elin Jones MS (Llywydd), with Rural Health and Care Wales involvement. Community activities are now commencing, with one held at Newtown on 24th September, which was supported by Powys Association of Voluntary Organisations.

6.7 GP / Primary Care provision across Mid Wales

The review of GP / Primary Care provision across Mid Wales ("A review and Action Plan for GP / Primary Care provision across Mid Wales: *exploring best practice examples of alternative models of delivering primary care interventions in rural areas*") is ongoing, with an initial report received from SAIL, which is awaiting further data and analysis. SAIL data, and Swansea University, are keen to build on their analysis of GP patients and their illness records across Mid Wales on a bigger, longer term project in the future. Early findings were presented to the Rural Health and Care Wales Conference.

Patterson,Liz
25/11/2024 14:18:20

Agenda item: 5.2

BOARD	DATE OF MEETING: 27 NOVEMBER 2024
Subject:	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

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

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

RECOMMENDATION(S):

It is recommended that the Board:

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

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	

Date: 29/11/2024 14:18:20

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 19 September 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 26 September 2024 where the following items were discussed:

- Climate Emergency Step–Funding Decision
- Workstreams:
  - Responding to the climate emergency
  - Evidence and insight
  - Undertaking a whole system approach to health weight
- Director of Public Health Annual Report

The next meeting is scheduled for 11 December 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 19 September 2024 where the following items were discussed:

- Social Value Forum Impact Report
- Llais Powys update
- RPB Executive Group update

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- Strategic Capital Plan and Capital Programme update

The RPB are next scheduled to meet on 10 December 2024.

Board to Cabinet Forum (BCF)

A revised BCF meeting was held on 12 November 2024. This comprised of Senior Members and Executives from the Board and Cabinet focusing on the areas of health, social care, finance and transformation. Further meetings of this smaller group are planned and meetings of the whole Board and Cabinet will be arranged as necessary.

This meeting focussed on future sustainability of both organisations and shared work on patient flow.

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
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ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	19 September 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 activities since the last meeting and forthcoming events. This included:

- Gareth Hardacre, Director of People, Organisational Development & Employment Services, would be in contact with the members to discuss the Chair's appraisal for this year and the Chair encouraged all partners to participate and provide feedback;
- the Chair participated in the Chair's Peers Group in August and September 2024 meetings;
- the Chair was part of the Managing Director's appraisal meeting with Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive. The review was a very positive one, emphasising the progress and improvement in NWSSP during this year and its significant contribution to the NHS in Wales; and
- the Chair attended a meeting with the new Cabinet Secretary for Health & Social Care, Jeremy Miles. The key messages were to ensure collective effort to deliver the Ministerial priorities to explore in depth how the NHS can be more resilient and sustainable, to invite organisations to collaborate to deliver the Ministerial priorities, to be open to learning about what is going well and to identify obstacles found in the system. The Cabinet Secretary's invitation was to champion the good work undertaken to date and challenge organisations to go further. He stressed the importance of Once for Wales approaches as being fundamental and not contentious.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

A brief report from the Welsh Risk Pool (WRP) was provided in the report and would be a standing feature going forward. An update was provided by Jonathan Webb, Head of Safety and Learning, NWSSP Legal and Risk Services, to the Chief Executives meeting, which was timely in terms of the Annual Reviews, which would be sent out individually to NHS Wales organisations. Discussions included the financial position and the need to continue to learn lessons within and across NHS

Patterson, Vicki (NWSSP) 25/11/2024 14:18:50

organisations. An invitation was kindly extended to all individual committees within NHS Wales organisations to further explore WRP matters, should they wish to;
- The solar farm in IP5, Newport, received planning permission from Newport City Council. The next stage is to start installing the solar panels to contribute to the Radio Pharmacy project as well as to support the Decarbonisation Plan;
- Work is continuing on the larger South East Wales Hub element of the TrAMs programme;
- Sessions have been running in partnership with colleagues from Aneurin Bevan UHB on employee investigations where members of staff from different organisations are attending to start the journey to deal with investigations the best possible way, to try to reduce any avoidable employee harm in the process;
- We have signed up to the Armed Forces Covenant and have been working with them in areas such as recruitment;
- There was a further meeting recently with Welsh Government regarding PPE stock holding with an aim to reach resolution on the stock that NWSSP would be instructed to hold but further discussions would be required; and
- From 9 September 2024, the Medical Examiner Service became statutory and it has already caused an approximate 20% increase in work carried out during the first week. There were no significant issues in terms of records and the workload is well managed. A letter was sent on 22 August 2024 to Chief Executive Officers regarding the signing of Death Certificates by F1s (Junior Doctors), which legally they are not allowed to do as they are provisionally registered only.

Deep Dive

Developments in Audit & Assurance Services

A comprehensive deep dive was presented to the Committee by the Director of Audit and Assurance Services, Simon Cookson. The Committee received information as regards quality assurance, benchmarking and a new Global Internal Audit Standard to be introduced from 9 January 2025.

Items Requiring SSPC Approval/Endorsement

Audit Committee Terms of Reference

The Audit Committee Terms of Reference were endorsed by the Audit Committee on 25 July 2024 and presented to the Committee for approval, as required by the Standing Orders. The main aspect of the update of the Terms of Reference was to reflect the updated role for Assistant Director of Corporate Services. The Committee **APPROVED** the Terms of Reference.

Armed Forces Covenant

As NWSSP has already been awarded the Armed Forces Bronze Medal the Committee endorsed organisational efforts towards achieving the Silver Medal. The award demonstrates support to the defence and armed forces community and organisations pledge to align their values with the Armed Forces Covenant. The Committee **ENDORSED** the Covenant.

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Items for Noting

Customer Service Excellence Organisational Action Plans (Verbal)

The outcome of the year two assessment of the Customer Service Excellence accreditation was very positive and provides assurance around excellence in the customer services delivered by NWSSP. Assessor feedback detailed exceptional performance, with 12 compliances pluses and 35 compliances overall. There were no areas of partial compliance. Areas of strength included organisational leadership and staff empowerment and areas for improvement included customer service training and the customer charter which would be covered in the Autumn SSPC Development Day. The Committee **NOTED** the Report.

2023/24 Wales Infected Blood Support Scheme (WIBSS) Annual Report

The Report provides an update on the finance and support provided during the financial year of 2023/24 and details the proactive work carried out by WIBSS during the period, looking ahead to priorities relating to 2024/25. The Committee received an update that the UK Infected Blood Compensation Authority (IBCA) would be in place by 1 April 2025 and the NWSSP team is working closely with the Cabinet Office in relation to the transitional arrangements. The Committee **NOTED** the Report.

2023/24 Audit Committee Annual Report

The Report had been discussed and approved by the Audit Committee in July 2024 and was brought to the Committee for discussion and noting, as detailed in the Standing Orders. It highlighted the activities and the performance of the Audit Committee during the previous twelve-month period. There was one limited internal audit review during the course of the year that related to Decarbonisation, which has been reported to Welsh Government. The Committee discussed the risks relating to limitations on capital funding around the affordability and deliverability of the Decarbonisation Action Plan, which was identified as one of the main contributing factors which underpinned the limited assurance rating. The Committee **NOTED** the Report.

Finance, Performance, People, Programme and Governance Updates

Finance – The financial position to the end of 31 August 2024 was a year-to-date surplus of £1.831m. This was reported as a surplus of £1.414m within core operational budgets and £0.417m against the recurrent covid allocation.

NWSSP has incurred £0.300m capital expenditure to date against its current £6.611m Capital Expenditure Limit (CEL). NWSSP is continuing to work on a capital prioritisation exercise to inform the allocation of the remaining £0.218m of discretionary capital funding and reviewing the prioritisation in readiness for any opportunities to bid for year-end capital slippage funding. Some of the capital challenges faced this year had been the medical records storage unit in Mamhilad and the Laundry Service.

Capital schemes are being reviewed and there had been meetings in terms of revenue position with all divisions in NWSSP. The main areas to be discussed were the control processes around the vacancy positions and the variable pay. The Welsh Risk Pool has no overall change to the forecast for the current year, but there will be some changes to the distribution of the risk which will be informed by Linsay Payne, Deputy Director of Finance to the NHS Wales Deputy Directors of Finance. There was good progress on the NWSSP

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'no PO, no Pay' position.

People & Organisational Development Update – Sickness absence had slightly increased to 3.18% from 2.89%, compared to the same period last year, but remains under the NHS target of 3.3%. In e-learning, overall compliance remains very high, with two areas below target being Laundry Services and Welsh Employers Unit. Agency spend has been positively reduced in accordance with Welsh Government's target reduction of 15% until January 2025, seeing NWSSP reduce its overall spend year to date by 87% (£32,622). PADR compliance was above target this month at 85.28%. There had been a questionnaire targeted specifically to Single Lead Employer (SLE) employees regarding the Speaking Up Safely implementation. A deep dive session around the SLE model would be scheduled for a future meeting, together with an update on race equality, once data becomes available.

Performance – The report presented the Key Performance Indicators (KPIs) for April to July 2024. To date, there were no significant areas of concern to be brought to the Committee's attention. The website is going under a major review by the Communications team, and NWSSP are in the process of recruiting for a Head of Communications. Professional influence benefits amount to £111m as at the end of July, and there was a significant reduction in the Time to Hire metrics, which are showing a reduction to 59 days, where the target is 71 days. In accordance with the IMTP cycle, there will be a review of all targets including Time to Hire.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and has a focus on outcomes from the IMTP. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being, noting room for improvement with staff turnover. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Project Management Office Update – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Headquarters relocation project has suffered some delays which are being worked through and SSPC will continue to be informed of developments. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.

Corporate Risk Register – There are six red risks reflected in the Corporate Risk Register. The Primary Care Workforce Intelligence System risk was escalated by the SLG at its last meeting. As it has been detailed and discussed by the SLG, the assurance has been given on the actions to take forward to mitigate the risk and to bring to the Committee any further assurance required. The remainder of the Corporate Risk Register position remains stable.

The Committee **DISCUSSED** and **NOTED** the update Reports

Papers for Information

Patterson Lee 29/11/2024 14:18:20

The following items were provided for information only and the Committee **NOTED** the reports:

- Personal Protective Equipment (PPE) Report;

• Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25); • NWSSP Audit Committee Assurance Report - July 2024; • Draft Agenda October Development Session; and • Forward Plan.	
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*	
The Minutes the 18th July 2024 Shared Services Partnership Committee meeting Part B were approved.	
Any Other Business (AOB)	
The Committee approved Linsay Payne, Deputy Director of Finance, NWSSP as the Welsh Energy Group Vice Chair.	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
No further matters were referred to other Committees.	
Date of next meeting	21 November 2024

Patterson,Liz
25/11/2024 14:18:20

Agenda item: 5.3

BOARD	DATE 27 November 2024
Subject:	**Summary of Activity of the Board's Local Partnership Forum**
Approved and presented by:	Executive Director of People and Culture
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	N/A

PURPOSE:

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

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	N	The LHB Local Partnership Forum (LPF) is the formal partnership mechanism where the Health Board's Managers and Trade Unions work together to improve health services for the citizens of Powys. It is the forum where key stakeholders will engage with each other to inform thinking around national and local priorities on health issues.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

Patterson,Liz
25/11/2024 14:18:20

EXECUTIVE SUMMARY:

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

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

A meeting of the Local Partnership Forum took place on 07 October 2024. A copy of the Chair's Report is attached at **Appendix A**.

NEXT STEPS:

The next update will be presented to the Board on 26 March 2025

IMPACT ASSESSMENT – NOT REQUIRED

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

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Reporting Committee:	**Local Partnership Forum**
Committee Chair	Pete Hopgood, Deputy CEO
Date of last meeting:	7 October 2024
Paper prepared by:	Senior Administrator

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to note that at the meeting of LPF on 7October 2023 the following matters were discussed:

- Financial Performance Month 05
- Executive Director of People and Culture Summary Report including Workforce Analysis Report
- Temporary Service Changes
- Chief Executive Officer's Report

A summary of key issues discussed on 7 October 2023 is provided below.

Financial Performance Month 05

The Forum heard a high-level summary of the financial position and confirmed for the current financial year the Powys Teaching Health Board (PTHB) has a deficit plan of just under £23m. As of month five, there was an overspend of just under £3.4m.

Benefits had been seen in some other areas, including prescribing which had been offset against some of the cost pressure areas.

The total capital plan for this year was £7.8m, with a relatively low spend to date of £305,000. There were no areas of concern for delivery.

Patterson,Liz 25/11/2024 14:18:32

Executive Director of People and Culture Summary Report including Workforce Analysis Report

The Forum received the report that followed the arrangements for the priority areas within the Annual Plan. The following points were highlighted:

- Internationally Educated Nurses – extensive programme in place to recruit under this scheme in the forthcoming period.
- Medic Recruitment – two medics had been through the on-boarding process
- Agency spend –an increase in registered nurses joining the Bank
- Employee Health and Wellbeing – a programme of activity had been developed through to January 2025
- NHS Wales Staff Survey has been launched
- Occupational Health IT system had been introduced with the functionality to produce key performance indicator (KPI) reports
- ongoing work with Hywel Dda Bank to offer joint training to Health and Social Care staff
- development of a workbook for volunteers
- oversight arrangements for business efficiency and value within the newly formed Directorate.
- a review undertaken on the Induction Training and updated communications to Managers
- the pay award had been made
- the National Workforce Partnership Forum was scheduled for 16 October 2024

Temporary Service Changes

The Forum heard the range of ideas considered for temporary service changes which included

- operating hours for the Minor Injury Units (MIUs)
- colocation for certain patients particularly those not medically optimised
- Older Adult Mental Health

All changes had an executive clinical sponsor and were workstream lead; the Older Adult Mental Health will be an element within the route map to sustainability work.

For financial sustainability, potentially there was a need to consider some radical options, ranging from workforce availability, what is appropriate for the services and the community to ensure certain groups would not be disadvantaged.

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Chief Executive Officer's Report
This report was report was received for information.

The Forum noted the public interest in the Wales Air Ambulance position. A meeting of Joint Commissioning Committee had been scheduled week commencing 14 October 2024, after which more information would be available.

The Forum was asked to raise the profile of support available to staff with in relation to the Mpox virus and other respiratory diseases.

NEXT MEETING

The next meeting of LPF will be held on 20 January 2024 – this will be an extended development session.

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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 Sept 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 arrangments	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 PP&C				☒	✓		
	Winter vaccination programme	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							✓

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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	Appove 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							✓
	Transition of Care Annual Report							✓	
	Standards of Behaviour Policy	DCG						✓	
IN-COMMITTEE	Financial Sustainability				✓	✓	✓	✓	✓
	CRR (cyber security)	DCG			✓	✓	✓	✓	✓
	Minutes of previous IC meeting	Chair				✓	✓	✓	✓
	Legal Dispute	CEO	✓						
	Radiology Infomatics System Programme FBC	ED AHPHS&D							
	NEPTS transfer to WAST	ED AHPHS&D							
	RaTS Committee Annual Report	DCG			✓				
	COVID-19 Public Inquiry preparation and readiness update	DCG			✓		☒	✓	
	South Powys Programme - Consultant Led Maternity and Neonatal Care	ED NQW&FH					✓		

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	ePMA				✔				
	JR EMRTS				✔				
	Emergency Response and Planning self assessment				✔				
Key									
Date to be confirmed									
Item to be confirmed									
Item deferred									
Item brought forward									
Due to Committee									
Find Exec Cttee date									
Added to draft agenda									

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