

# Board

Wed 31 January 2024, 09:30 - 15:00

## Agenda

09:30 - 09:30  
0 min

### 1. PRELIMINARY MATTERS

 Board\_Agenda\_31Jan2024.pdf (3 pages)

#### 1.1. Welcome and Apologies for Absence


Oral                      Chair

#### 1.2. Declarations of Interest

Oral                      All

#### 1.3. Board Action Log

Attached                      Chair

 Board\_1.3\_Action Log January 2024 FINAL.pdf (2 pages)

#### 1.4. Experience Stories

##### 1.4.1. Patient Experience

Director of Nursing and Midwifery

##### 1.4.2. Staff Experience

Director of Workforce and OD

#### 1.5. Update from the:

##### 1.5.1. Chair

Attached                      Chair

 Board\_1.5a\_Chair's Report to Board.pdf (4 pages)

##### 1.5.2. Vice Chair

Attached                      Vice Chair

 Board\_1.5b\_Vice Chair's Board Report.pdf (3 pages)

##### 1.5.3. Chief Executive

Attached                      Chief Executive


 Board\_1.5c\_CEO Board paper Jan2024.pdf (6 pages)

##### 1.5.4.

#### 1.6. Assurance Reports of the Board's Committees

Attached                      Committee Chairs

Mills Belinda  
30/01/2024 14:02:06

 Board\_1.6\_Committee Chair Reports\_January24.pdf (4 pages)

### 1.6.1. PEQS (Oral)

*Attached*

 Board\_1.6a\_App A\_PEQS Chairs Assurance Report 31 Jan 2024 oral.pdf (2 pages)


### 1.6.2. Executive Committee

*Attached*

 Board\_1.6b\_App B\_Executive Committee Chair's Assurance Report Jan24.pdf (12 pages)


### 1.6.3. Audit, Risk and Assurance Committee

*Attached*

 Board\_1.6c\_App C\_ARA\_Committee Chair's Assurance Report\_31 Jan 2024 oral.pdf (1 pages)


### 1.6.4. Delivery and Performance Committee

*Attached*

 Board\_1.6d\_App D\_D&P Chairs Assurance Report\_31 Jan 2024.pdf (6 pages)

### 1.6.5. Workforce and Culture

*Attached*

 Board\_1.6e\_App E\_W&C Cttee Chairs Assurance Report 31 Jan 2024.pdf (4 pages)

### 1.6.6. Charitable Funds

 Board\_1.6f\_App F\_Charitable Funds Report December 2023.pdf (5 pages)

### 1.6.7. Planning, Partnership and Population Health Committee

*Attached*


 Board\_1.6g App G\_PPPH\_Committee Chairs Assurance Report\_31 Jan 24.pdf (5 pages)


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## 09:30 - 09:30 2. ITEMS FOR APPROVAL/DECISION 0 min

### 2.1. Independent Patient Funding Requests (IPFR) Policy Approval

*Attached Medical Director*

 Board\_2.1\_All Wales IPFR Policy.pdf (3 pages)


 Board\_2.1a\_Appendix 1 Letter to WHSSC from WG IPFR ToR July 2022 FINAL (1).pdf (3 pages)


 Board\_2.1b\_App 2 NHS Wales IPFR Policy - Nov 2023.pdf (29 pages)

 Board\_2.1c\_Appendix 3 WHSSC Report to JC - Final HB Report.pdf (8 pages)

### 2.2. Putting Things Right Policy

*Attached Director of Nursing and Midwifery*


 Board\_2.2\_PEP001\_Putting Things Right' cover paper.pdf (3 pages)

 Board\_2.2a\_Putting Things Right Policy.pdf (26 pages)

### 2.3. Director of Corporate Governance Report

*Attached Director of Corporate Governance*

 Board\_2.3\_Director Corporate Governance report.pdf (3 pages)

 Board\_2.3a\_Appendix A\_Board Members Declaration Of Interests summary 2023-24 Dec 2023.pdf (3 pages)

Mills Belinda  
30/01/2024 14:02:06

## 2.4. Minutes of Previous Meeting: 29 November 2023 (for approval)

Attached Chair

Board\_2.4\_Minutes 29 November 2023 unconfirmed.pdf (31 pages)

09:30 - 09:30  
0 min

## 3. ITEMS FOR BOARD ASSURANCE

### 3.1. Financial Performance Month 09

Attached Deputy CEO, Director of Finance, Information and IT

Board\_3.1\_Financial Performance Report Mth 09.pdf (18 pages)

### 3.2. Integrated Performance Report Month 08

Attached Director of Planning, Performance and Commissioning

Board\_3.2\_IPR Cover Sheet\_PTHB\_Final.pdf (7 pages)

Board\_3.2a\_IPR\_23-24\_Month 8\_FINAL.pdf (55 pages)

### 3.3. Planning Approach 2024 Onwards

Attached Director of Planning, Performance and Commissioning

Board\_3.3\_Integrated Plan Development\_FINAL.pdf (19 pages)

### 3.4. Therapies and Health Sciences Annual Update

Attached Director of Therapies and Health Sciences

Board\_3.4\_AHP HCS presentation 2024.pdf (17 pages)

### 3.5. Belmont Branch Surgery

Attached Deputy CEO, Director of Finance, Information and IT

Board\_3.5\_Belmont Branch Surgery.pdf (4 pages)

### 3.6. Corporate Risk Register, December 2023

Attached Director of Corporate Governance and Board Secretary

Board\_3.6\_Corporate Risk Report\_Dec23.pdf (4 pages)

Board\_3.6a\_Corporate Risk Register Dec 2023 (public).pdf (35 pages)

### 3.7. Assurance Reports of Board Partnership Arrangements

Attached Chief Executive Officer

Board\_3.7\_Summary of Partnership Board Activity Jan 24.pdf (3 pages)

Board\_3.7a\_App 1 SSPC Assurance Report 23 November 2023.pdf (6 pages)

Board\_3.7b\_App 2\_RPB Minutes and Action Log September 23.pdf (6 pages)

### 3.8. Assurance Report of Joint Committees

Attached Chief Executive Officer

Board\_3.8\_Joint Committee Reports\_31 Jan 24.pdf (3 pages)

Board\_3.8a\_App1\_JC Briefing (Public) 21 November 2023.pdf (5 pages)



Board\_3.8b\_App 2\_Chair's EASC Summary from 21 December 2023.pdf (8 pages)

Board\_3.8c\_App 3\_MWJC Autum Meeting report English Saesneg Final 030124.pdf (9 pages)

### 3.9. Assurance Report of Local Partnership Forum

Attached Director of Workforce and Organisational Development

Mills Belinda  
30/01/2024 14:02:06

-  Board\_3.9\_Report of the Board's Local Partnership Forum\_Jan24.pdf (2 pages)
-  Board\_3.9a\_Chairs report\_LPF\_20230118.pdf (1 pages)

### 3.10. Llais Regional Director Report

*Attached*                      *Regional Director Llais*

-  Board\_3.10\_RDs Report PtHB January 2024.pdf (7 pages)

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## 09:30 - 09:30 4. OTHER MATTERS

0 min

### 4.1. Any Other Urgent Business

*Oral*                      *Chair*

### 4.2. Close

### 4.3. Date of the Next Meeting: 20 March 2024 Via Microsoft Teams

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## 09:30 - 09:30 5. CONFIDENTIAL MATTERS

0 min

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

### 5.1. Welcome and Apologies for absence

### 5.2. Declarations of interest

### 5.3. Corporate Risk Register – Cyber Security Risk & National Power Outage

### 5.4. Assurance Report from Board Committees

#### 5.4.1. Remuneration and Terms of Service Committee

### 5.5. Minutes from the In-Committee meetings held on 29 November 2023, 12 December 2023 and 11 January 2024 and Action Log (no outstanding In Committee actions)

### 5.6. Any Other Urgent Business

### 5.7. Close

Mills Belinda  
30/01/2024 14:02:06



**POWYS TEACHING HEALTH BOARD  
BOARD MEETING  
WEDNESDAY 31 JANUARY 2024  
09:30 – 14.30  
TO BE HELD VIA MICROSOFT  
TEAMS**



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Time	Item	Title	Attached / Oral	Presenter
<b>1: PRELIMINARY MATTERS</b>				
09.30	<b>1.1</b>	Welcome and Apologies for Absence	Oral	Chair
09.35	<b>1.2</b>	Declarations of Interest	Oral	All
	<b>1.3</b>	Board Action Log	Attached	Chair
	<b>1.4</b>	Experience Stories <ul style="list-style-type: none"> <li>• Patient Experience</li> <li>• Staff Experience</li> </ul>	Attached	Director of Nursing and Midwifery Director of Workforce and OD
09.50	<b>1.5</b>	Update from the: <ul style="list-style-type: none"> <li>a) Chair</li> <li>b) Vice Chair</li> <li>c) Chief Executive</li> </ul>	Attached Attached Attached	Chair Vice Chair Chief Executive
10.05	<b>1.6</b>	Assurance Reports of the Board's Committees	Attached	Committee Chairs
<b>2: ITEMS FOR APPROVAL/ DECISION</b>				
10.25	<b>2.1</b>	Independent Patient Funding Requests (IPFR) Policy Approval	Attached	Medical Director
10.30	<b>2.2</b>	Putting Things Right Policy	Attached	Director of Nursing and Midwifery
10.35	<b>2.3</b>	Director of Corporate Governance Report	Attached	Director of Corporate Governance
10.45	<b>2.4</b>	Minutes of Previous Meeting: 29 November 2023 (for approval)	Attached	Chair
<b>3: ITEMS FOR BOARD ASSURANCE</b>				
10.50	<b>3.1</b>	Financial Performance Month 09	Attached	Deputy CEO, Director of Finance, Information and IT
11.15	<b>COMFORT BREAK 20 mins</b>			
11.35	<b>3.2</b>	Integrated Performance Report Month 08	Attached	Director of Planning, Performance and Commissioning

12.20	3.3	Planning approach 2024 onwards	Attached	Director of Planning, Performance and Commissioning
12.40	3.4	Therapies and Health Sciences Annual Update	Attached	Director of Therapies and Health Sciences
13.00	3.5	Belmont Branch Surgery	Attached	Deputy CEO, Director of Finance, Information and IT
13.05	3.6	Corporate Risk Register, December 2023	Attached	Director of Corporate Governance and Board Secretary
13.15	3.7	Assurance Reports of Board Partnership Arrangements	Attached	Chief Executive Officer
13.20	3.8	Assurance Report of Joint Committees	Attached	Chief Executive Officer
13.25	3.9	Assurance Report of Local Partnership Forum	Attached	Director of Workforce and Organisational Development
13.30	3.10	Llais Regional Director Report	Attached	Regional Director Llais
4: OTHER MATTERS				
	4.1	Any Other Urgent Business	Oral	Chair
	4.2	Close		
13.40	4.3	Date of the Next Meeting: ▪ 20 March 2024 Via Microsoft Teams		
<b>5.0</b> The Chair, with advice from the Director of Corporate Governance / Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960 <b><i>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</i></b>				
Time	Item	Title	Attached / Oral	Presenter
1: FOR APPROVAL				
14.10	5.1	Welcome and Apologies for Absence	Oral	Chair
	5.2	Declarations of Interest	Oral	All
14.15	5.3	Corporate Risk Register – Cyber Security Risk & National Power Outage	Attached	Director of Corporate Governance
14.20	5.4	Assurance Report from Board Committees	Attached	Chair

		<ul style="list-style-type: none"><li>• Remuneration and Terms of Service</li></ul>		
14.25	<b>5.5</b>	Minutes from the In-Committee meetings held on 29 November 2023, 12 December 2023 and 11 January 2024 and Action Log (no outstanding In Committee actions)	Attached	Chair
	<b>5.6</b>	Any Other Urgent Business	Oral	Chair
14.30	<b>5.7</b>	CLOSE		

**Key:**

Well-being Objective 1: Focus on Well-being	
Well-being Objective 2: Early Help and Support	
Well-being Objective 3: Tackle the Big Four	
Well-being Objective 4: Joined Up Care	
Well-being Objective 5: Workforce Futures	
Well-being Objective 6: Innovative Environments	
Well-being Objective 7: Digital First	
Well-being Objective 8: Transforming in Partnership	
All Well-being Objectives	

**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.**

**Papers for the meeting are made available on the website in advance and a copy of the minutes are uploaded to the website once agreed at the following meeting.**

**Whilst Board meetings are not public meetings, questions are invited and welcome from members of the public – pleased submit these at least 48 hours in advance of the meeting so a response can either be incorporated into the Board meeting or be provided directly to the requester. Please submit any questions to [PowysDirectorate.CorporateGovernance@wales.nhs.uk](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk).**

Mills Belinda  
30/01/2024 14:02:06

Board Action Log																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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Mills Beinda  
30/01/2024 14:02:06

24-Oct-23	PEQS&WC/23/05	DCG	Speaking Up Safely Draft Self Assessment	Board to look at the role and expectations of Board Champions to enable Champions to understand their role. (Action transferred from the Joint PEQs and W&C Committee - Oct 2023)	<b>29.11.2023 update</b> - action on track <b>31.01.24 update:</b> PTHB Chairs Forum have discussed the topic, role focus agreed and will now be disemmenated to all Board members	Jan-24		Completed
29-Nov-23	PTHB/23/096a	DoTHS	Update from CEO	Food Hygiene Inspection - an assurance report to be taken to Committee	<b>31.01.24 update</b> - an assurance report was taken to Delivery and Performance Committee on 19 December 2023	Jan-23		Completed
29-Nov-23	PTHB/23/096b	CEO	CEO update	Outcome of meeting on 27 November 2023 regarding Nevil Hall Minor Injury Unit to be provided to Board Members	<b>31.01.24 update:</b> an oral update will be given to the meeting	Jan-24		Completed
29-Nov-23	PTHB/23/098	DoTHS	Assurance report from Executive Committee	Assurance to statutory duties relating to ALN be brought to PPPH or Board by 31 March 2024	<b>31.01.24 update:</b> An updated is scheduled to the PPPH Committee on the 20 Feb 2024, recommended to be closed on that basis	Mar-24		Completed
29-Nov-23	PTHB/23/106	DPPC	Integrated Performance Report	Assurance that the Health Board are not being overcharged for activity using Recovery Funding provided to other Health Boards for Powys patients	<b>31.01.24 update:</b> this has been added to the Delivery and Peformance Action Log	Jan-24		Transferred
29-Nov-23	PTHB/23/12	DCG	Llais Director Report	Assurance report requested on the process of off listing and number of patients affected under GP Behavioural Contracts	<b>31.01.24 update:</b> this has been added to the PEQS Action Log	Jan-24		Transferred
29-Nov-23	PTHB/23/113	DCG	Board Work Programme	Add Digital Strategic Framework to March Board	<b>31.01.24 update:</b> this has been added to the Board Work Programme	Jan-24		Completed
IN-COMMITTEE ACTIONS								
IN-COMMITTEE ACTIONS RECOMMENDED FOR CLOSURE (MEETING 31 January 2024)								

## AGENDA ITEM: 1.5a

BOARD MEETING		Date of Meeting: 31 January 2024
<b>Subject:</b>	<b>CHAIR'S REPORT</b>	
<b>Approved and Presented by:</b>	Carl Cooper, Powys Teaching Health Board (PTHB) Chair	
<b>Prepared by:</b>	Carl Cooper, PTHB Chair	
<b>Other Committees and meetings considered at:</b>	None	

### 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 November 2023.

### RECOMMENDATION(S):

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

Approval/Ratification/Decision	Discussion	Information
x	✓	x

Mills Belinda  
30/01/2024 14:02:00

Chair's Report

Page 1 of 4

Board Meeting  
31 January 2024  
Agenda Item: 1.5a

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

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

## CHAIR'S REPORT:

### Thanks and Appreciation

At the time of writing, we have just returned from a Christmas and New Year break and find ourselves in the middle of winter, with all the consequential, additional demand on our services and on the wider health and care system. I take this opportunity to express my gratitude, and that of the whole board, to colleagues across PTHB for your professional, unstinting and seemingly indefatigable care of patients over Christmas and during these particularly challenging months. Thanks and appreciation must also go to partners and patients without whose cooperation and involvement we would not be able to provide the care and support people need and deserve.

### Chief Executive Officer Recruitment

Following Carol Shillabeer's appointment as Chief Executive Officer (CEO) of Betsi Cadwaladr University Health Board, the process to [recruit a new CEO](#) to Powys Teaching Health Board is underway. This is a most significant appointment for our organisation and every attempt is being made to recruit the best person possible to the role. The process will be participative and will benefit from the involvement of independent and executive board members together with key partners including patients and carers.

The closing date for applications is 28<sup>th</sup> January 2024 and it is hoped that we will be in a position to make an appointment soon after the interview date later in February 2024.

## **Independent Member (IM) Recruitment**

Our Board currently carries two independent member vacancies, finance and estates. Independent Members are appointed, via the public appointments system, by the Minister for Health & Social Care.

We are in discussion with the Minister about both vacant roles with the intention of securing appointments as soon as possible.

## **Independent Member Mid-Year Reviews**

During recent weeks I have conducted mid-year appraisal reviews with all Independent Member colleagues. I continue to appreciate the depth and breadth of skills, knowledge, experience and expertise that IMs have and bring to bear on their PTHB work. Together with their personal motivation and commitment to the people and communities of Powys, this significantly enriches and enhances the effective governance of our organisation.

## **Accountability Review**

The Minister for Health and Social Care has established a [ministerial advisory group](#) to review NHS accountability in Wales. The group has invited health bodies, among others, to provide information and comments to inform the review. Specifically, the information focuses on governance, accountability, culture and performance management. As a Board we have co-produced our submission to the review during recent board meetings and discussions.

## **Ministerial Engagement**

I was pleased to join other NHS Wales Chair's in meeting the Minister for Health and Social Care in December to discuss a range of key issues for the NHS including winter pressures, a healthier Wales, dentistry, integrated community care, finance and Chair's performance objectives.

## **Leagues of Friends (LoFs)**

As part of our 'Out & About' programme we are spending time with each League of Friends of our community hospitals. I am grateful for the warm welcome and stimulating conversations during these visits. They highlight the key role LoFs play in supporting our care of staff and patients, but also in engaging with the communities served by our hospitals. Based on some of the feedback from the discussions, we are establishing a Powys Leagues of Friends Forum. This will provide an opportunity for LoFs to work with us more strategically, and also to share learning and good practice with each other.

## **Staff Excellence Awards**

Following the impressive and inspiring on-line [staff excellence award](#) ceremonies, it has been a special privilege to visit the winners and present the trophies and certificates. Not only has this been an opportunity to congratulate the individuals and teams, but it has also created an opportunity for conversation more widely as we seek to engage with people in all parts and at all levels of our organisation. We continue to commit ourselves to listening better, learning more and driving forward improvement.



## 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.

Kirsty Williams, the Vice-Chair, and I have developed an 'Out and About' programme of visits to different teams, individuals and services across our sites and communities. Independent Members are invited to accompany us on these visits.

In addition, each board development session now includes an opportunity to engage with different, front-line colleagues. It was particularly encouraging recently to learn from and discuss with colleagues from the Health & Care Academy and the Powys Living Well Service.

Mills Belinda  
30/01/2024 14:02:00

**AGENDA ITEM: 1.5b**

BOARD MEETING		Date of Meeting: 31 January 2024
<b>Subject:</b>	VICE CHAIR’S REPORT	
<b>Approved and Presented by:</b>	Kirsty Williams, PTHB Vice Chair	
<b>Prepared by:</b>	Kirsty Williams, PTHB Vice Chair	
<b>Other Committees and meetings considered at:</b>	None	

PURPOSE:		
To bring to the Board’s attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in November 2023.		
RECOMMENDATION(S):		
It is recommended that the Board <b>RECEIVES</b> this report.		
Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

**VICE CHAIR'S REPORT:**

**Primary Care**

As part of efforts to increase the visibility of primary care I attended the South Powys Cluster meeting in early January. It was good to see the engagement between primary care and the development of our Accelerated Sustainable Model plans.

**Mental Health**

I undertook a virtual visit to the CAMHS School In Reach Team. It was a chance to learn more about how the service is working in partnership with local schools and the how the service is managing and looking to support children and young people and those that work with them to maintain good mental health and well-being.

**Armed forces & Veterans Champion.**

During this period, I have attended both the All Wales Veteran Champion Meeting and represented PTHB at Powys County Council's Armed Forces Covenant Pledge Event. The Health Board's own group met recently to monitor progress against our local action plan. It is positive to note the high level of engagement from stakeholders and positive developments.

## **Community**

Colleagues in the public health team held a number of workshops to develop our action plan for a Healthy Weight/Healthy Powys. Both workshops had good attendance from a variety of health professionals as well as the third sector, Powys CC and other agencies such as NRW. It is truly a manifestation of the “whole system” coming together. At the subsequent steering group meeting an action plan was agreed and will be subsequently monitored and refined if necessary.

I was pleased to visit Celf Llandrindod Wells alongside Jennifer Owen Adams following an invitation from PAVO. It was lovely to learn more about their work and to meet members of the community who participate in the art activities they provide.

## **Ministerial Engagement**

Vice Chairs from across Wales met with Welsh Government Ministers earlier this month. Topics discussed included finance, winter pressures and performance. The Minister stressed the importance of the new Frailty Quality Statement.

In my capacity as Chair of the RPB I accompanied Lynne Neagle Deputy Minister for Mental Health and Well-being on her visit to the Family Centre and Junior Start Well Board in Newtown. I was very proud of the members of Junior Start Well who spoke very positively about their voices being listened to.

## **Health Care Research Wales**

Alongside Rhobert Lewis IM and Health Board Colleagues I joined the HCRW annual review. I look forward to this area of work being scrutinized and supported further in the Patient Experience Quality and Safety Committee.

## **Listening to Staff**

Following the conclusion of the Staff Excellence Awards it has been a privilege to visit both the Living Well Service and Ystradgynlais MIU in person. As well as a chance to celebrate their achievements it has also provided an opportunity to listen to staff about the day-to-day challenges and opportunities they face.



**BOARD MEETING**

**DATE OF MEETING:**  
**31 January 2024**

**Subject:**

**CHIEF EXECUTIVE REPORT**

**Approved and  
Presented by:**

Hayley Thomas, Interim Chief Executive

**Prepared by:**

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

**Other Committees  
and meetings  
considered at:**

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

**PURPOSE:**

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

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

The report specifically covers:

- Executive team appointment – Interim Executive Director of Operations, Community and Mental Health
- Oversight and Escalation Status
- National Commissioning / Joint Committee Developments
- Food Hygiene Rating – Bronllys Hospital
- PTHB Staff Excellence Awards
- Powys County Council recruitment

**RECOMMENDATION(S):**

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

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

## EXECUTIVE SUMMARY:

### Executive Team Appointment – Interim Executive Director of Operations, Community and Mental Health

Due to a planned period of sickness absence, David Farnsworth has been appointed as the Interim Executive Director of Operations, Community and Mental Health, with effect from the 25 January for a period of approximately 6-8 weeks. Joy Garfitt will then return to her Interim Executive Director of Operations, Community and Mental Health upon her return.

### Oversight and Escalation Status

Under the Joint Escalation and Intervention Arrangements, the Welsh Government meets with Audit Wales and Healthcare Inspectorate Wales twice a year to discuss issues, concerns and other related information concerning each health board, trust and special health authority. This information and other insights are considered alongside a detailed analysis of the health body by Welsh Government and decisions are then taken about the escalation status. here has been no change to the escalation status of

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

your organisations. We were notified on 23 January that our health board remains in “enhanced monitoring” for planning and finance and “routine arrangements” for all other areas.

The revised oversight and escalation framework including the escalation levels for NHS organisations was published on 24 January.

### **National Commissioning Joint Committee Developments**

The National Commissioning Oversight Board was established in August 2023 to provide leadership to the establishment of the new NHS Wales Joint Commissioning Committee (the JCC) by 1<sup>st</sup> April 2024. At the last Oversight Board meeting on 9 January we agreed that we would issue a short note following each monthly meeting to provide further clarity and communications to staff and stakeholder networks on the programme and the progress being made. This is in addition to the staff engagement activities and stakeholder briefings already underway.

The programme continues to make good progress towards the 1 April establishment date:

- The new name and branding for the NHS Wales Joint Commissioning Committee/Cyd-bwyllgor Comisiynu GIG Cymru is in place
- The JCC membership and structure has been agreed
- The supporting Tier 1 and Tier 2 management structure has also been agreed. Job descriptions are being drafted which will be shared soon for comment as part of the Organisational Change Policy (OCP) process. The OCP process is being designed and is due to commence in early February.
- Recruitment has commenced for the Chair and Lay Members (the advert closed on 12 January with interviews scheduled to take place over the coming weeks)
- Work is well underway on the supporting governance requirements, including standing orders, standing financial orders, the scheme of delegation and arrangements for managing potential conflicts of interest. An accountability framework is also being developed, with input from a range of stakeholders and experts in this field.
- Legislation has been drafted and it due to be laid before the Senedd in early February.

This is all good progress. However, we acknowledge that there are potential delays to some timelines, particularly in relation to the completion of the organisational change process (OCP) for the Tier 1 and Tier 2 posts. This means there is a risk this may not have been concluded by the date that the new JCC is established on 1 April. The Oversight Board has therefore agreed that a transition plan will be developed. This will ensure business continuity during early 2024-25, whilst the OCP process is being concluded. The principle of minimal disruption remains as one of our underpinning and guiding principles, recognising though that there will be some change.

Further information about the transition plan will be provided after the next Oversight Board meeting on 7 February, as well as a further update on progress as we approach the establishment of the new JCC. By bringing teams and functions together health boards in Wales will have a central source of experience and expertise for all national commissioning, building on and strengthening existing arrangements.

### **Food Hygiene Rating - Bronllys Hospital**

Following my last report, I am pleased to confirm the food hygiene rating for the Bronllys Hospital kitchen has been reinstated to the highest rating of 5. We take our responsibilities for food safety extremely seriously, and the findings of the earlier inspection did not reflect the high standards we expect in our organisation. Robust measures were put in place to address the issues identified in the report. May thanks to the team for their resilience and speedy response in resolving the issues that were identified.

The Health Board manages nine kitchens across Powys, and all other facilities have the highest food hygiene rating.

### **PTHB Staff Excellence Awards 2023**

Since my last report we have announced the winners of the final three categories of our Staff Excellence Awards:

- Improving Health and Wellbeing: Learning Disability Liaison Team
- Leadership and Taking Responsibility: Kate Prothero, Service Development Manager for Immunisation and Vaccination
- PTHB Team of the Year: PTHB Support Services, and North Powys Community Therapy Services

Visits by members of the Board have been taking place to meet our winners and present them with their trophies. I was delighted to be able to join our Great Place To Work winners (Staff Engagement and Wellbeing Programme) and one of our Supportive Colleague winners (Michelle Mitchell) in Newtown on 10 January 2024.

Shaping the Future of Health Services

## **SHAPING THE FUTURE OF HEALTH SERVICES**

### **Minor Injury Unit Services in Gwent**

The period of engagement in Gwent on the future model of their minor injury unit (MIU) services, including those at Nevill Hall Hospital (NHH) in Abergavenny, ended on 1 December 2023. At a meeting of the Board of Aneurin Bevan University Health Board on 24 January 2024 it was agreed to proceed with the proposals set out in the engagement period including the



overnight closure of NHH MIU between 1am and 7am. We await further details on the timetable for implementation.

### **EMRTS / Welsh Air Ambulance Service**

At a meeting of the Emergency Ambulance Services Committee (EASC) on 21 December 2023, the Committee agreed that a final Phase 3 engagement will take place. This will give the public and stakeholders a final chance to comment on a set of shortlisted options. It will build on the previous two phases of engagement undertaken in 2023. We currently expect this to take place during February 2024, and the health board will be sharing information about this national engagement through our local channels.

We further expect that a recommendation following this engagement will be presented to a meeting of EASC in March 2024.

### **Hospital Transformation Programme in Shrewsbury and Telford**

Hospitals Transformation Programme in Shrewsbury and Telford

In my last report I noted that Independent Reconfiguration Panel in England was undertaking a further review of the reconfiguration of hospital services in Shrewsbury and Telford. Since my report, that review has concluded and the Outline Business Case for the Hospitals Transformation Programme has been approved.

This is a vital step forward for the future of safe and sustainable acute hospital services for the region.

Our rural communities, particularly in North Powys, remain critically dependent on The Shrewsbury and Telford Hospital NHS Trust for a wide range of planned and emergency services and particularly for time-critical access to life-saving care. We welcome the recognition of this both in the continued work by the Trust on the Hospitals Transformation Programme, and in the recommendation from the UK Government's Independent Reconfiguration Panel that 'the healthcare needs of the residents of mid Wales must continue to be considered as part of the Shrewsbury and Telford Hospitals Transformation Programme'.

We look forward to continuing to work with the Trust in the development of the Full Business Case as the final stage in the process.

### **Bevan Commission Future of Health and Care**

In light of the challenges faced in the Welsh health and social care sector, the Bevan Commission hosted a series of public conversations in each Welsh Health Board's locality during 2023.

Reports on their findings from Phase One were published on 9 January 2024 and are available from the Bevan Commission website at

<https://bevancommission.org/a-conversation-with-the-public-report/> which includes a local report for Powys at <https://bevancommission.org/wp-content/uploads/2024/01/A-Conversation-with-the-Public-Local-Report-Powys-Teaching-Health-Board.pdf>

The Bevan Commission has said that *"The conversations revealed a strong desire for radical change whilst maintaining the founding principles of the NHS. Key themes that emerged from these conversations included: Prevention, Early Intervention, and Lifestyle; Empowerment and Shared Responsibility; Integrated Services and Support; Wider Determinants of Health; Communication; Demographics; and Workforce Challenges."*

The local report for Powys has strong alignment with the issues and themes we have heard from local communities and that inform our work on the Accelerated Sustainable Model. The insights from the Bevan Commission report are being shared in the organisation to support us to continue to focus on "what matters".

Whilst the Bevan Commission reports have a strong focus on people's experience of health and care, it remains critically important to remember that the NHS does not have all the levers to improve the health and wellbeing of the population: access to healthcare only accounts for around 10 per cent of a population's health, with the rest shaped by wider community and socio-economic factors. All sectors have a role to play in creating a preventative model and collectively we need to create the economic, social and natural environment in Wales to support good health and wellbeing throughout the life-course.

We look forward to engaging with the Bevan Commission on the next phase of this work to help build a sustainable healthcare system for the future.

### **Powys County Council**

I had the pleasure of supporting the recruitment process to appoint the new Powys County Council Executive Team through participation in the stakeholder panels. Our commitment to working in partnership with Powys County Council continues to strengthen through the establishment of a Joint Executive Committee and working in partnership on shared challenges and opportunities.

**The Board is asked to receive the Chief Executive Report.**

## Agenda Item: 1.6

BOARD MEETING		DATE OF MEETING: 31 JANUARY 2024
<b>Subject:</b>	<b>BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS</b>	
<b>Approved and presented by:</b>	Director of Corporate Governance / Board Secretary Committee Chairs	
<b>Prepared by:</b>	Interim Head of Corporate Governance	
<b>Other Committees and meetings considered at:</b>	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.	

### PURPOSE:

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

### RECOMMENDATION(S):

The Board is asked to:

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

Approval/Ratification/Decision	Discussion	Information
✓	✓	

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

### ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

#### Patient Experience Quality and Safety Committee:

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

#### Executive Committee:

- The Committee Chair's report of the meetings held from 29 November 2023 to 10 January 2024 is attached at **Appendix B**.

#### Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 16 January 2024 is attached at **Appendix C** (detail to be given orally).

#### Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 19 December 2023 is attached at **Appendix D**.

### Charitable Funds:

- The Committee Chair's report of the meetings held on 17 December 2023 and 17 January 2024 is attached at **Appendix E**.

### Planning Partnership and Public Health Committee:

- The Committee Chair's report of the meeting held on 16 November 2023 is attached at **Appendix F**.

### **Escalation and Information to the Board**

A summary of the position of items escalated/communicated to Board from the Committees during 2023/24 is outlined below to support the Board in keeping track of these items:

<b>Meeting</b>	<b>Escalated matter</b>	<b>Update</b>
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)	<b>PEQS 24 Oct 2023:</b> <ul style="list-style-type: none"><li>• received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board)</li></ul> <b>PEQS 23 Jan 2024:</b> <ul style="list-style-type: none"><li>• 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. (Chair will orally report to Board)</li></ul> Nothing further to escalate to the Board at this stage.
PEQS 4 July 2023	Infection Prevention and Control (Reported to Board IC July 2023)	<b>PEQS 24 Oct 2023:</b> <ul style="list-style-type: none"><li>• 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</li></ul>

		<ul style="list-style-type: none"> <li>agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board)</li> </ul> <p><b>PEQS 23 Jan 2024:</b></p> <ul style="list-style-type: none"> <li>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</li> </ul> <p>Nothing further to escalate to the Board at this stage.</p>
Executive Committee (9 August 2023)	Tawe Ward (Reported to Board In-Committee September 2023)	<p>Considered at Board IC 11 August 2023</p> <p><b>Executive Committee 20 Sept 2023:</b></p> <ul style="list-style-type: none"> <li>update on safe staffing and estate options, advised of enhanced monitoring of staffing levels and recruitment efforts, and</li> <li>Director of Operations to further develop options with support of CEO and Deputy CEO.</li> </ul> <p>(see Executive Committee Chair's Report to Board for 20 September 2023).</p> <p>Nothing further to escalate to the Board at this stage.</p>

### NEXT STEPS:

Further oral updates from the Chairs of the Board Committees will be received at the Board meeting scheduled for 20 March 2024.



Reporting Committee:	<b>Patient Experience, Quality and Safety Committee</b>
Committee Chair	Kirsty Williams
Date of last meetings:	23 January 2024
Paper prepared by:	Interim Head of Corporate Governance
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The last meeting of the Patient Experience, Quality and Safety Committee took place on 23 January 2024.</p> <p>The Board is asked to note that the following matters were discussed at the Patient Experience, Quality and Safety Committee on 23 January 2024.</p> <ul style="list-style-type: none"><li>• Integrated Quality Report Including:</li><li>• Mental Health Deep Dive from a quality and safety perspective (actions PEQS/22/51, PEQS IC/22/73 and PEQS/23/42)</li><li>• MH Power of Discharge Six Monthly Report including MH compliance with legislation</li><li>• Joint Inspection on Child Protection Arrangements: Including Update on Level 3 Safeguarding Training PEQS/23/23b</li><li>• Cancer Improvement Plan</li><li>• Annual Report of Accountable Officer for Controlled Drugs</li><li>• WHSSC Quality and Safety Committee Chairs Report October 2023</li><li>• Annual Assessment of Committee Effectiveness</li><li>• Review of Terms of Reference</li><li>• Infection Prevention and Control Improvement Plan progress report (contained within the Integrated Quality Report)</li><li>• Incident Management Final Internal Audit Report</li></ul> <p>The Chair will give an oral update to Board with a written update provided to the next meeting of Board. This is due to the close proximity of the PEQS meeting to the Board meeting.</p> <p>The papers from this meeting can be accessed at: <a href="#">23 January 2024 - Powys Teaching Health Board (nhs.wales)</a></p>	



## ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD

Two matters remain that have been communicated to Board:

- Concerns regarding capacity constraints in respect of the use of Civica in relation to patient experience (Reported to Board July 2023)
- Infection Prevention and Control (Reported to Board IC July 2023)

Both these items were monitored within the Integrated Quality Report.

## NEXT MEETING

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

Mills Belinda  
30/01/2024 14:02:06



Reporting Committee:	<b>Executive Committee</b>
Committee Chair	Hayley Thomas, Interim Chief Executive
Date of last meeting:	24 January 2024
Paper prepared by:	Director of Corporate Governance Senior Administrator

## 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 in private session 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 8<sup>th</sup> November, 15<sup>th</sup> November, 30<sup>th</sup> November, 13<sup>th</sup> December and 20<sup>th</sup> December 2023. Meetings following these dates will be reported to the Board in March 2024.

### 8<sup>th</sup> November 2023

#### 1. Health Protection Summary

The Committee received the summary of the full range of health protection issues. Some elements were sensitive due to the small number of cases in Powys.

The Committee DISCUSSED and NOTED the paper would be submitted to the Planning, Population and Public Health Committee.

#### 2. Strategic Change Report

The Committee received the report which highlighted the changes from the previous report, an analysis of regulatory status, updates on the regional work and the NHS Executive Clinical Networks.

Service Change Engagement - the committee received a presentation on the number of items that are either underway, completed, on the watch list and those that are now closed.

The Committee DISCUSSED and noted the paper would be submitted to the Planning, Population and Public Health Committee.

### **15<sup>th</sup> November 2023**

#### **1. General Dental Services 2022/2023**

The Committee received the detailed report and appendices for assurance around commissioning of Dental Services.

The Committee RECEIVED the General Dental Services 2022/2023 report, taking ASSURANCE around commissioning and noting it would be submitted to the Delivery and Performance Committee.

#### **2. Suicide Review Report – September 2023**

The Committee noted the suicide report reflecting both national and Powys information.

In 2021/22 the suicide rates were higher than 2020/2021, but similar to pre-covid levels.

The Committee NOTED and DISCUSSED the report, noting its submission to In-Committee of the Patient Experience, Quality and Safety Committee (given the sensitive information contained and low numbers reported which could be identifiable) subject to the following additional information being included:

- Information on the case review
- Review the Suicide Comments
- The impact on our workforce are how they are supported when dealing with cases.

#### **3. Policy for Interventions Not Normally Undertaken (INNU)**

The Committee received the updated Policy. Welsh Government provided a new list of 139 INNU's, which have been reconciled with the existing 750 diagnostic codes. The narratives have been updated; track changes made to strengthen the value perspective plus strengthened the governance arrangements.

The Committee NOTED and APPROVED the revised INNU policy.

#### **4. Maternity and Neonatal Services**

The Committee received the report. Pre covid, the Board had approved for the South Powys maternity and neonatal programme that Prince Charles Hospital would be a strategic site. Due to a number of reasons the course of action changed for the short term.

The Committee RECEIVED and SUPPORTED the paper for submission to Board subject to a fuller picture in the readiness assessment, around the obstetrics lead elements, declining birth rates and Wye Valley Trust.

#### **5. IT Infrastructure and Asset Management**

The Committee noted the regular report, which is updated incrementally formally monitoring actions against the limited internal audit assurance report on assets and infrastructure.

The Committee SUPPORTED the report for submission to the Delivery and Performance Committee subject to the additional clarification of timescales for completion of the facilities and premises work.

#### **6. Finance Report – Month 07**

The report provided a high-level summary of the revenue position. The original deficit plan was £33.5m this has reduced to £15.2 due to the increased allocation.

The Committee DISCUSSED and NOTED the report.

#### **7. Integrated Performance Report (month 6)**

The report provided an update on the month 6 performance position.

Concerns were discussed about potential delivery risks around the 36 weeks and 52 weeks targets. The remedial action plan had been reviewed with all services, some of which do not have a solution.

The Committee RECEIVED and NOTED and SUPPORTED submission to the Delivery and Performance Committee.

#### **8. Annual Delivery Plan 2023/2024**

The Committee received the draft plan, which had been prepared following the pop-up with each Directorate. The paper demonstrated which areas would be recommended to the Board to be de-prioritised and

the rationale for the change. The quarter 2 Delivery Plan process will be used to make this a formal change request process if required. The Committee RECEIVED and NOTED the Annual Delivery Plan.

## **9. Focus Finance & Performance areas moving forward**

The Committee noted the following areas for future consideration:

- The approach to escalation being taken  
Identifying the concerns that need a wider discussion
- Budget portfolio overspend
- Working with providers to develop the outlook for next year.

The Committee AGREED the Focus Finance & Performance areas.

## **30<sup>th</sup> November 2023**

### **1. Board Meeting (29TH NOV 23) Debrief**

The Committee noted the Board Evaluation link and were asked to contribute feedback which can be included in the improvement process.

It was agreed the Executive team develop a forward look in relation to both patient and staff experience stories.

Comments were raised around the balance of the use of the Welsh language. Colleagues should be encouraged to communicate in Welsh. It was agreed a wider discussion with the Board would be helpful.

### **2. PRIMARY CARE OPTOMETRY CONTRACT REFORM**

The Committee received the paper. The Optometry Contract is under review nationally, moving from the general optometry service to the Welsh Optometry Service.

The Committee NOTED and DISCUSSED the paper.

### **3. PCR Testing arrangements**

The Committee noted that the provision for the testing of PCR tests from North Powys needs to be reviewed due to capacity of the current (non-Welsh) provider. Issues include:

- Current transportation runs twice daily - if samples need to go to a Welsh laboratory, samples are sent via Bronllys hospital before being transferred to the laboratory. This could result in delays in the samples arriving at the required location.

- For samples processed in Welsh Laboratories, the results are uploaded onto the All Wales system allowing staff to view the results. Electronic viewing is not available for samples processed outside of Wales.
- Transport is provided nationally. The number of vans has been rationalised.

The Committee NOTED and DISCUSSED the paper and SUPPORTED the recommended actions. A further report would return to the committee in early 2024.

#### **4. Action Plan in response to the Welsh Commissioner Investigation into Standards 8-10**

The Committee received this item which had previously been discussed. Following an investigation into the organisations compliance with Welsh Language Standards 8, 9 and 10, for telephone handling for those wishing to communicate in Welsh.

Additional capital funding had been confirmed for the purchase of the new telephony system, which was planned to be operational by the end of March 2024, and will allow for these Standard 8 and 9 to be met. Standard 10 requires Welsh speaking workforce staff to be able to respond.

The Committee APPROVED the action plan for submission to the Commissioner (by the 8 December).

A further notice of investigation / potential non-compliance had been received from the Commissioner regarding website compliance, which the Director of Corporate Governance was overseeing the response to. An update would return to Executive Committee in the New Year.

#### **5. Occupational Health Policy**

The Committee reviewed and APPROVED the updated Occupational Health Policy.

#### **6. WORKFORCE AND CULTURE COMMITTEE – WORKFORCE AND OD PAPERS**

The Committee noted the 3 reports, all of which are for submission to the Workforce and Culture Committee in December.

- Directorate Report
- Staff Health and Wellbeing
- Partnership and Citizen report

The Committee NOTED and DISCUSSED the reports.

## **7. NON-PAY ELEMENTS OF 2023 PAY AWARD**

The Committee noted the paper for assurance and update on the actions being taken both locally and nationally.

All Health Boards had been asked to provide a summarised update on what actions are being taken locally on the non-pay elements of the pay deal.

The paper outlined the actions being taken, identifying if it is a local issue that needs addressing or a national issue waiting for guidance.

The Committee NOTED and DISCUSSED the paper.

## **8. Phase 2 (Cohort 5) of the All-Wales International Nurse Programme**

The Committee noted that the Health Board was due to have 4 overseas nurses join in Llanidloes. The Committee was asked to APPROVE increasing the offer for 4 overseas nurses.

The Committee DISCUSSED and APPROVED the proposal for the recruitment of additional overseas nurses.

## **9. Emergency Department and Minor Injury Units Capital Funding**

The Associate Director of Capital, Estates and Property noted that Welsh Government had made £2.7 million funding available to target improvements to Emergency Departments and Minor Injury Units (MIUs).

A proposal had been submitted seeking £180,000 for two sites in Powys. The proposal included consideration of patient comfort experience, staff working environment, infection, prevention and control, health and safety and security and office space. A response to the proposal was awaited.

The Committee noted that all Powys MIU have CCTV with remote opening capabilities, which will be brought fully up to standard.

The Committee RECEIVED and NOTED the paper.

## **10. Organisational Policy Update**

The Director of Corporate Governance introduced the paper, which gave a breakdown of compliance against document type and directorate. The organisation's compliance with review dates has increased from 58% in June to 69% in November 2023.

'All-Wales' policies and documents do not have a review date; they are in place until reissued. This principle had been adopted and put in the organisation's database for All-Wales policies.

The Committee SUPPORTED the actions to ensure compliance with policy review dates was improved prior to end March 2024.

The Committee NOTED and DISCUSSED the report.

### **11. Ratification of Decisions taken outside of Committee - Volunteer Costs – Charitable Funds**

This Committee noted that the paper has been agreed at Informal Executive Committee, the Workforce and OD will progress a bid to the Health Boards Charity to support the costs of volunteer expenses/costs.

The Committee RATIFIED that the paper had been APPROVED outside of the Committee.

### **12. Nationally Reportable Incident (NRI) Update**

The Director of Nursing and Midwifery noted no significant change from previous reports, as NRIs can remain open for some time, whilst investigations are underway. The report gives an oversight of where services are in relation to the investigations.

The Committee noted that NRIs are also reported in the Integrated Quality Report to both the Executive and the Patient Experience, Quality and Safety Committees.

The Committee NOTED and DISCUSSED the report.

### **13. Welsh Government Integrated Quality, Performance and Delivery (IQPD) meeting - Preparation and Slides**

The slides were discussed and prepared in readiness for IQPD meeting.

The Director of Corporate Governance noted that further clarification on the Escalation and Monitoring framework had been requested to ensure that clear de-escalation criteria was in place.

The Committee DISCUSSED the item.

### **13<sup>th</sup> December 2023**

## **1. Respiratory Update**

The Committee received the presentation outlining the delivery plan for the autumn vaccination booster programme. All eligible citizens have been invited to receive Covid booster and flu vaccinations.

There is high confidence in the data capture, which is broken down by site and cohort. Some more work needed to understand vaccine delivery outside of the Health Board. GP Practices have the lowest uptake in Powys.

The Committee DISCUSSED and NOTED the respiratory update.

## **2. Strategic Weight Management Plan**

The Committee received the paper giving an overview of the current situation, and feedback from the services in terms of their activity within the Weight Management Services.

This is a clinical treatment service, for people who already have an established issue with their weight and need support to lose weight. There service has not been available in Powys, previously.

The Executive Committee RECEIVED the paper and NOTED following.

- The progress made to date by the team.
- Capacity is insufficient to meet demand – a revised proposal for the future would be developed
- The volume of data requested is unreasonable – the service have been asked to identify what data they believe is appropriate to capture.

## **3. Workforce and Organisational Development Policies**

The Committee received the three policies which had been reviewed:

- Supporting Staff Members to Continue Breastfeeding When They Return to Work Policy.
- Working Time Regulations Policy.
- Employee Long Service Recognition and Excellence Awards.

The Committee APPROVED the papers subject to a minor amendment to the Employee Long Service Recognition and Excellence Awards.

## **4. Llanfair Caereinion premises**

The Committee RECEIVED the verbal update on a long-standing priority of a third-party development of the GP Practice. Several issues had been identified; the contractor had set the cost per square metre significantly above the market rate.



The Committee RECEIVED the update.

### **5. Cross Border Pathways Project**

The Committee RECEIVED and NOTED the update on the key cross-border pathway project. Significant funding has been made available by the Digital Priorities Investment Fund.

The Committee NOTED and DISCUSSED the paper.

### **6. Records Management Improvement Plan**

An Audit Report in 2019 highlighted the need for improvement to six key areas. An action plan was developed, and good progress has been made. The pace and how much can be achieved is linked to funding availability. The report would be provided to the Delivery and Performance Committee.

The Committee NOTED and DISCUSSED the plan.

### **7. Infection, Prevention and Control (IPC) Assurance Report**

The Committee RECEIVED the update on the IPC improvement plan. There were 24 overall recommendations, with 47 associated actions. Of those actions, 29 were completed, 8 are on track, 9 are making good progress. There is one with no progress which required further discussion with relevant staff.

The Committee NOTED and DISCUSSED the paper which would form part of the Integrated Quality Report and submitted to the Patient Experience, Quality and Safety Committee.

### **8. Civil Contingencies Training and Exercise Plan**

The Committee noted the training plan which highlights what is being done proactively in terms of the training, recognising the need to on-board other exercises.

The Committee NOTED and SUPPORTED the plan.

### **9. Bronllys Hospital Kitchen Food Hygiene Inspection Report**

The Committee noted that following the food hygiene rating of 1, there has been four weeks of intensive work, reviews and support from Estates, a further inspection had taken place returning the rating to a 5.

A quality assurance review has been undertaken on the preparation of kitchen management arrangements, and a quality assurance structure will be in place by the end of December 2023.

The Committee DISCUSSED and NOTED the inspection report which would be provided to the Delivery and Performance Committee.

#### **10. POWYS ARMED AND EX-FORCES FORUM (PAFF)**

The Committee received the update on the actions taken by the PAFF to ensure the Health Board's compliance with the Armed Forces Covenant and the 'duty of due regard.'

A GP veteran's accreditation scheme launched earlier in the year, by Welsh Government. 80% of GP Practices in Powys had achieved the accreditation.

The Committee DISCUSSED and NOTED the Powys Armed and Ex-Forces Forum update.

#### **11. Audit Actions Tracking Report**

The Committee received the report that is produced bi-annually and provided to the Audit and Risk Assurance Committee. for assurance that. There were some internal audit recommendations that are overdue, dating back to 2019/2020/2021. There were no long outstanding external audit actions or counter fraud actions.

The Committee took ASSURANCE that a system is in place to track and monitor the audit recommendations and SUPPORTED the proposed actions to review with urgency the outstanding audit actions from 2019 to 2021.

#### **12. Information Governance Toolkit Improvements**

The Committee received the improvement plan. The Health Board has achieved 92%.

The Committee NOTED the Information Governance Tool Kit Improvement update which would be provided to the Delivery and Performance Committee.

#### **13. Finance Report (month 8)**

The Committee received the item which provided a high-level summary of the revenue position. The organisation is £290,000 off profile and

remained in line to meet the control total target at year end, although this requires all actions identified and agreed to be implemented.

The Committee RECEIVED and NOTED the Finance Report.

#### **14. Committee Terms of Reference**

The Committee received the updated version of the Terms of Reference for the Executive Committee, which was last updated in September 2021. It has been made more specific in terms of

- The Accountable Officers role
- The reporting route through to Board
- Updated membership
- More flexibility regards sub-groups

The Committee SUPPORTED the item IN PRINCIPLE subject to the Interim Chief Executives comments/sign off. The terms of reference would be presented to the Board for approval in quarter 4 of 2023/24.

#### **15. Internal Audit Report – Information Governance (limited)**

The Committee noted that the Internal Audit report returned a limited assurance rating. An action plan had been developed, recognising the areas for improvement are consistent nationally to a number of Health Boards. The report would be provided to the Audit and Risk Assurance Committee.

The Committee RECEIVED and NOTED the report.

### **20<sup>th</sup> December 2023**

#### **1. Reducing Agency Workforce Expenditure**

The Committee noted that Welsh Government have asked all Health Boards to undertake assessments and submit a range of evidence and documentation to demonstrate the work being undertaken to reduce agency expenditure.

The Committee RECEIVED and NOTED the update.

#### **2. Llanfair Caereinion Premises**

The Committee received a verbal update on the long-standing priority of a third-party development of the GP Practice.

The decision of the Executive Committee has not been published owing to the sensitive commercial and legal nature of the matter.

### **3. COVID-19 PUBLIC INQUIRY – MODULE 6**

The Director of Corporate Governance presented the paper for module 6, (care sector). The paper recommended not applying for core participant status.

The Committee SUPPORTED the recommendation which would be made to the Board.

### **4. Information Governance Key Performance Monitoring Report**

The Committee received the quarterly Information Governance performance report, which included a dashboard showing the trend since the previous report. There is an improvement in the processing of information requests and Freedom of Information requests (FOIs).

The Committee NOTED and DISCUSSED the report.

### **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.

### **NEXT MEETING**

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

Mills Belinda  
30/01/2024 14:02:06

Reporting Committee:	<b>Audit, Risk and Assurance Committee</b>
Committee Chair	Rhobert Lewis
Date of last meeting:	16 January 2024
Paper prepared by:	Interim Corporate Governance Manager

### 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 16 January 2024.

The Board is asked to note that the following matters were considered by the Committee on 16 January 2024:

- Application of Single Tender Waiver – including re provision of Orthodontic Treatment
- Internal Audit Report Progress Report 2023-24
- Internal Audit Report
- Internal Audit Themes and Reflections
- Audit Recommendation Tracking
- External Audit Progress Report 2023-24
- Counter Fraud Update
- Register of Interests and Register of Gifts and Hospitality
- Committee Work Programme

The Chair will give an oral update to Board with a written update provided to the next meeting of Board. This is due to the close proximity of the PPPH meeting to the Board meeting.

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

### NEXT MEETING

The next meeting of Audit, Risk and Assurance Committee will be held on 12 March 2024.



Reporting Committee:	<b>Delivery &amp; Performance Committee</b>
Committee Chair	Ronnie Alexander
Date of last meeting:	19 December 2023
Paper prepared by:	Corporate Governance Officer

### KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Delivery and Performance Committee took place on 19 December 2023 where the following items were considered:

- Finance Performance Report Month 08
- Integrated Performance Report Month 07
- Deep dive on Emergency Access
- Information Governance Monitoring Report
- Capital Programme Delivery
- Primary Care Services Report: General Dental Services (GDS)
- Digital First Monitoring Report
- IT Infrastructure and Asset Management (update against audit report and progress)
- Food Hygiene Rating
- Records Management Improvement Plan and Update (Action D&P/23/11)
- Organisational Escalation and Intervention Status
- Committee Risk Register
- Committee work Programme

The papers from this meeting can be accessed at:

[19 December 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

The Board is asked to note that the following matters were discussed at the In-Committee on 19 December 2023.

- Financial Sustainability

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

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## FINANCE PERFORMANCE REPORT MONTH 08

The Committee received an update on the November 2023 (Month 08) Financial Position, including progress with savings delivery. At Month 08, there was a £9.771m overspend against the revised planned deficit of £9.481m giving the Health Board a year-to-date operational overspend of £290k.

The Health Board's agency spend continued to be significantly higher than in previous years with the main pressure in mental health, this is an area of focus with actions to reduce as far as possible and is part of the actions and plans to meet the £12m control total.

The Committee RECEIVED the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place and CONSIDERED and DISCUSSED the revised financial forecast for 2023/24 and underlying deficit. A deep dive into agency spend would be scheduled for the next meeting in February.

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## INTEGRATED PERFORMANCE REPORT MONTH 07

The Committee received an update on the latest available performance position for Powys Teaching Health Board (PTHB) against the NHS Wales Performance Framework up until the end of October 2023 (month 7).

The Committee discussed the report in detail, focussing specifically on the highlighted areas of escalation and exception as a priority. In summary, these were:

- urgent care performance is still poor across commissioned services
- all Health Boards have been asked to provide three further high impact actions to the Emergency Ambulance Services Committee by this Thursday to enhance flow
- regarding planned care from commissioned services, particularly for the extreme long waiters and those patients waiting two years or more, there has been a slight decrease in those figures
- six of the nine ministerial measures are not currently on track for delivery. A delivery confidence assessment has been introduced into the report.

The Committee DISCUSSED and NOTED the content of the report, CONSIDERED any areas for further discussion or action, and took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.

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## DEEP DIVE ON EMERGENCY ACCESS

The Committee received a presentation covering the following areas:

- activity and costs of provided MIUs from 2018/19 to date;
- A&E access for Powys residents from November 2022 to date;
- WAST performance and activity from April 2019 to date including
  - Incidents (prioritised)
  - Lost hours
  - 8 minute performance and handover times; and
  - Waits over 2, 6 and 8 hours

With comparisons given for all Health Boards across Wales

- Overall demand in Powys (fluctuating but showing an increase in high acuity calls)
- Red and Amber performance
- Handover delays
- The potential extended role of Powys Minor Injuries Unit (MIUs)
- The potential extended role of admission avoidance (Community Assessment and Treatment Unit)

The Committee welcomed the deep dive and noted the good performance in provided MIUs. However, also noted that that there was very low overnight attendance at provided MIUs and the cost of attendance varied across the county from £86.57 in Llandrindod Wells to £200 in Ystradgynlais. Extending the role of provided MIUs could reduce demand in commissioned A&E departments and proposals were being worked up as part of the Accelerated Sustainable Model programme in this regard.

The Committee expressed concern regarding performance of the ambulance service particularly in relation to times taken to attend calls and time spent in handover. The Committee have requested that a meeting take place with the Ambulance Services Commissioner and Independent Members. The Director of Corporate Governance undertook to arrange this meeting noting changes to the governance in Commissioned Services would mean that the timing of the meeting would need careful consideration.

The Committee received the report for ASSURANCE and undertook to continue to monitor and challenge performance in relation to Emergency Access. Emergency Access will be reported to Board as an escalated matter.





## **INFORMATION GOVERNANCE MONITORING REPORT AND INFORMATION GOVERNANCE TOOLKIT (NATIONAL AUDIT REPLACES CALDICOTT PRINCIPLES)**

The Committee received the report which informed the Delivery and Performance Committee of the Health Board's performance against the NHS Wales Information Governance Toolkit for Health Boards and Trusts 2022-2023.

The NHS Wales Information Governance (IG) toolkit is a self-assessment questionnaire. It was noted that the Health Board have scored 92% which is a good level of performance and suggests a good level of assurance around the IG position and approach.

The Committee:

1. REVIEWED the contents of this report and take ASSURANCE the management actions identified in the Improvement Plan to support the 2023-24 submission.
2. NOTED due to the change in the platform and additional categorisation the scoring for 2023-24 out-turn report may show a drop in compliance.
3. Took ASSURANCE from the significant improvement in records management compliance from 0% in previous years submissions to exceeding expectations for 2022-2023.
4. NOTED the publication of the Toolkit scores and final out-turn report in accordance with requirements of the Wales Information Governance Board (WIGB)

## **CAPITAL PROGRAMME DELIVERY**

The Committee received the report which provided an update on the current status of the Capital Pipeline Programme of Work for financial year period 2023-24.

It was noted that with Discretionary capital there is £1.26m this financial year which it was hoped would increase to £1.431m in the next financial year. This year there will be in excess of 20 projects which varies from ward improvements, flood damage repairs and implementing agile working and IT upgrades across the organisations. This is important funding to support the reduction of backlog maintenance and estates compliance issues as well.



The Committee NOTED the update and took ASSURANCE in respect of progress on capital project activity in year - 2023-24.

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### **PRIMARY CARE SERVICES REPORTS - GENERAL DENTAL SERVICES (GDS)**

The Committee received the report which provided assurance on the General Dental Services Commissioning Assurance Framework process applied to the 2022/2023 contract year.

The Committee NOTED the update provided and Took ASSURANCE that the General Dental Services Commissioning Assurance Framework monitoring process is in place and providing the required assurance to PTHB on dental contract management.

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### **DIGITAL FIRST MONITORING REPORT**

The Committee received the report which provided a highlight that the paper is in relation to cross border program and the importance of cross border and how that links across.

The Committee NOTED the current position against the cross-border programme and NOTED the current challenges and took ASSURANCE from the next steps in the project and timelines.

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### **IT INFRASTRUCTURE AND ASSET MANAGEMENT (UPDATE AGAINST AUDIT REPORT AND PROGRESS)**

The Committee received the report which provided an update against actions from the Infrastructure and Asset Audit recommendations.

The Committee Took ASSURANCE from the updates provided on the progress to date on actions taken in relation to the Infrastructure and Asset Audit.

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### **FOOD HYGIENE RATING**

The Committee received the report which described the findings of a Food Hygiene Inspection at Bronllys Hospital and actions taken to improve the

rating and provide assurance regarding measures taken to strengthen compliance across all kitchens.

The Committee NOTED the findings of the first inspection and subsequent re inspection and took ASSURANCE from the actions taken to rectify the issues identified and to strengthen compliance across all kitchens.

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### **RECORDS MANAGEMENT IMPROVEMENT PLAN AND UPDATE (ACTION D&P/23/11)**

The Committee received the report which provided an update on Digital First, on the progress, challenges, and next steps for the Records Management Internal Audit Recommendations.

### **ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD**

The Board are asked to note the following:

- Emergency Access is considered an escalated matter which the Delivery and Performance Committee will continue to monitor and take actions as described in the above report. Board will be kept appraised of the position via the Chair's Reports to Board.

### **DATE OF NEXT COMMITTEE MEETING:**

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

### **DELIVERY AND PERFORMANCE IN-COMMITTEE MEETING**

The following item was discussed in private session.

### **FINANCIAL SUSTAINABILITY**

A verbal update was received in relation to the Scenario planning.

The Committee NOTED the update on financial sustainability.

Mills Belinda  
30/01/2024 14:02:06



Reporting Committee:	<b>Workforce and Culture Committee</b>
Committee Chair	Ian Phillips
Date of last meeting:	14 December 2023
Paper prepared by:	Interim Head of Corporate Governance
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The Board is asked to note that the following matters were discussed at meetings of the Workforce and Culture Committee which took place on 14 December 2023:</p> <ul style="list-style-type: none"><li>• Staff story – Maternity Services during escalation</li><li>• Director of Workforce and OD Report</li><li>• Workforce Performance Report</li><li>• Workforce Futures:<ul style="list-style-type: none"><li>○ Partnership and Citizen Highlight Report</li></ul></li><li>• Workforce Futures:<ul style="list-style-type: none"><li>○ Health and Wellbeing</li></ul></li></ul> <p>A link to the meeting papers can be found <a href="#">here</a>.</p> <p>A summary of the key issues discussed at the meetings is provided below.</p> <p style="text-align: center;">----- <b>14 December 2023</b> -----</p> <p><b>STAFF STORY – MATERNITY SERVICES DURING ESCALATION</b></p> <p>The Interim Head of Midwifery gave a presentation to the Committee outlining the experiences of the team during a period of escalation and engaged with Members in a question and answer session. Members welcomed the opportunity to hear the experience of this service and noted both the positive comments and areas where colleagues felt improvements could be made. A discussion took place regarding the need for psychological safety, the impact this has on the team and the work being undertaken to improve the position. The learning of the</p>	

Maternity Services team will be used to improve the organisational support to teams that are facing difficulties.

## **DIRECTOR OF WORKFORCE AND OD REPORT**

The Committee received the report of the Director of Workforce and OD and gave updates on the following areas:

- Workforce sustainability and transformation
  - workforce planning
  - aspiring nurses
  - Internationally educated nurses
- Great Place to Work
  - Team climate survey
  - Clinical leadership
  - Introduction of sysaid/halo
  - Wagestream
  - Joint Committee
  - Welsh Language
  - Anti-racism plan update
  - Staff surveys
  - Workforce Futures
  - National Updates

Discussions took place regarding the programmes for Aspiring Nurses and Internationally Educated Nurses, including the impact that increasing these programmes had on the rate of usage of agency staff.

The Committee welcomed and NOTED the Report.

## **WORKFORCE PERFORMANCE REPORT**

The Committee received an update on key performance indicators across the organisation including:

- Workforce profile
- Turnover/stability index
- Mandatory and Statutory Training
- PADR compliance
- Staff absence
- Employee relations
- Occupational Health

Members drew attention to the need to ensure training was up to date for Senior Leaders including Independent Members and Members were

assured that learning from other rural health boards on recruitment and retention was shared.

The Committee DISCUSSED and NOTED the Workforce Performance Report.

### WORKFORCE FUTURES:

- **PARTNERSHIP AND CITIZENSHIP HIGHLIGHT REPORT**
- **STAFF AND WELLBEING**

The Committee received an update on the refreshed Workforce Futures programme noting the number of actions had been focussed to 14 from an original 48 and were grouped into the following five themes:

1. Designing, Planning and Attracting the Workforce
2. Leading the Workforce
3. Engagement and Wellbeing
4. Education, Training and Development
5. Partnership and Citizenship

Detail was provided in respect of the original theme of Partnership and Citizenship with attention drawn to work undertaken jointly with PAVO on volunteering which was welcomed by Members. Assurance was provided that the Health Board were continuing to explore opportunities to increase the use of apprenticeship to support the learning offer.

The activity undertaken under the Staff and Wellbeing programme was outlined and assurance was given that learning was taking place from high performing teams and teams exhibiting lower performance in the team climate surveys were offered facilitated feedback and support to improve. The size of the organisation was discussed, and examples were shared of this being perceived as a disadvantage (where salaries were lower than in other Health Boards) or an advantage (where more autonomy could be exercised).

### ANY OTHER URGENT BUSINESS

There was no urgent business.

### ITEMS TO BE ESCALATED/COMMUNICATED TO THE BOARD

There were no matters to be escalated to Board.

### NEXT MEETING

The next meeting of the Workforce and Culture Committee will be held on 5 March 2024.

Mills Belinda  
30/01/2024 14:02:06

Reporting Committee:	<b>Charitable Funds Committee</b>
Committee Chair	Carl Cooper
Date of meeting:	07 December 2023 and 17 January 2024
Paper prepared by:	Charity Manager
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The confirmed minutes of the previous meetings of the Charitable Funds Committee can be found on the PTHB website via the following link: <a href="https://www.nhs.uk/charitable-funds-committee-powys-teaching-health-board">Charitable Funds Committee - Powys Teaching Health Board (nhs.wales)</a>.</p> <p>The Charitable Funds Committee met on 07 December 2023, the following matters were discussed:</p> <ul style="list-style-type: none"> <li>• General bids for approval</li> <li>• Expenditure approved under delegated authority</li> <li>• Updates to charity policies and documents</li> <li>• 2024 charity annual workplan</li> <li>• NHS Charities Together membership for 2024/25</li> <li>• Draft annual accounts and report 2022/23</li> <li>• Charity activity report</li> <li>• Charitable funds financial summary report</li> <li>• Charity strategic priorities review</li> </ul> <p>The following matter were received for information:</p> <ul style="list-style-type: none"> <li>• Investment manager update report</li> <li>• Project evaluation updates</li> </ul> <p>The Charitable Funds Committee met on 17 January 2024, the following matter were discussed In-committee:</p> <ul style="list-style-type: none"> <li>• Charitable Funds annual accounts and report 2022/23</li> </ul>	



**07 December 2023**

**General Bids for Approval**

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

- **RIC hub Innovation Fund / OKKO health project request (£11,500)**

The RIC Hub successfully applied for up to £150,000 over three years for an innovation fund grant scheme in 2022. The launch of the scheme has been delayed to early 2024. This proposal is seeking support in order to utilise some of the first-year funding for the pilot of the OKKO health app.

OKKO Health is a home-monitoring smart phone app which measures a user's visual acuity and can identify sight deterioration. This funding will provide support to 150 patients diagnosed with Wet Aged Macular Degeneration (AMD) to evaluate the app against current pathways for Wet AMD.

- **Epynt ward seating for stroke/neuro patients (£6,250)**

This application is for bespoke medical seating to support rehabilitation of stroke and neuro patients at Epynt ward.

- **PTHB volunteer programme (£10,500)**

This application is for the Committee to consider supporting the implementation of a refreshed Powys Teaching Health Board (PTHB) volunteer programme. The programme has undergone a restructure and was previously managed by Powys Association of Voluntary Organisations (PAVO). Currently, there is no budget to support the volunteer's expenses, this budget request would support the launch of the programme and expenses of any new volunteers over a 12-month period. This would include volunteer expenses, DBS checks, ID badges and additional support needed.

The Committee DISCUSSED and APPROVED all the above proposals.

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

The Head of Financial Services presented a summary of the projects approved under delegated authority during the period of September to October 2023. A number of requests from various local funds with a combined value of £12,783.

The Committee DISCUSSED and RATIFIED the expenditure.

### **Updates to Charity policies and documents (for approval)**

The Charity Manager presented the updated policy documents following the most recent governance review. The documents for review included the Terms of Reference, FCP 007 Charitable Funds Policy and Donation Guidelines for Health Board staff.

The documents were last reviewed in December 2022 and many of the changes were to reflect the new name and branding of the Charity which was implemented earlier in the year. There were also additions to the Terms of Reference which reflected the updated Charities Act 2022.

The Head of Financial Services drew the Committee's attention to the guidance around the festive period and the limit on gifts for patients who are in hospital over Christmas in the FCP document. The Committee discussed and agreed that the proposed change in guidance (for a £20 limit) would be appropriate and implemented for these requests.

The Committee DISCUSSED all documents, APPROVED the updated FCP 007 Charitable Funds Policy and SUPPORTED the Terms of Reference, which will progress to the Board for final Approval.

### **2024 Charity Workplan January-March (for approval)**

The Charity Manager presented a workplan for January 2024 to the end of March 2024 to align the Charity's workplan activities to the financial year for consistency with other strategic documents and planning. The existing Annual Workplan for the Charity runs across the calendar year and this workplan is presented to bridge the gap until April 2024.

A new 12-month workplan, for April 2024 to March 2025, will be presented to the Committee in March for approval. This will also allow for any discussion on strategic priorities in January 2024 to also inform this new workplan.

The Committee DISCUSSED and APPROVED 2024 the Charity workplan (Jan-March).

### **NHS Charities Together Membership for 2024/25 (for approval)**

The Charity Manager presented a request to the Committee for the continued membership to NHS Charities Together for 2024/25 financial year at the cost of £1,750.

Benefits of membership will include: the opportunity to apply for exclusive grant funding (not available to non-members); access to resources, toolkits, training, and help and support from the member network through their online platform (Member Connect); attendance at the national conference and other events throughout the year; support and collaboration through the dedicated regional and special interest groups facilitated by NHS Charities Together throughout the years across the UK.

The Committee DISCUSSED and APPROVED NHS Charities Together membership for 2024/25.

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### **Draft annual accounts and report 2022/23 (for discussion)**

The Head of Financial Services presented a draft summary of the Charity's annual accounts & report for 2022/23. The audit is due to start week commencing 11 December 2023 and will approximately take three weeks.

The Committee DISCUSSED and NOTED the draft for the charity's annual accounts and report 2022/23.

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### **Charity activity report**

The Charity Manager presented that charity activity report for the period between September to November 2023.

Key items highlighted included: the virtual Staff Excellence Awards, the development of the Charity's new website, and information on a number of new legacy donations that the Charity has either received or is expecting to receive in the coming months.

The Committee DISCUSSED and NOTED the report.

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### **Charitable funds financial summary report**

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

- GENERAL FUNDS: From an amount of £2,629,327 held within General Purposes or designated funds at the 1 April 2023, income of £193,945 has been received and £269,750 of expenditure has

been paid. This equates to 10% of funds held at 1 April 2023 have actually been spent.

- **LEGACY FUNDS:** From an amount of £1,628,756 of funds held within legacies at the 1 April 2023, £0 income has been received and £26,890 of expenditure has been paid. This equates to 1.65% of funds held at 1 April 2023 have actually been spent.
- **BANK BALANCE:** The Balance held within the bank account at 31<sup>st</sup> March 2023 is just over £0.820M. This is above the required reserves level of £0.5m but will be reduced by anticipated expenditure this year.

The Committee DISCUSSED and NOTED the report.

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### **Information and Assurance items:**

The Charitable Funds Committee received information on:

- Investment Manager's Report
  - Project Evaluation Updates
- 

### **17 January 2024 (In-Committee)**

#### **Charitable Funds annual accounts and report**

The Charitable Funds Committee held an in-committee session to discuss progress on the annual report and accounts following the audit process. A draft of the Charity's annual accounts and report was previously circulated to the Charitable Funds Committee at the December meeting. The report was amended following discussions with the External Auditor and brought back to the Committee for a recommendation to proceed to the January meeting of the Board for final approval. The Head of Financial Services highlighted the minor changes made to the report.

The Committee DISCUSSED and RECOMMENDED the Charitable Funds annual accounts and report for the Board to APPROVE.

### **NEXT MEETING**

04 March 2024



Reporting Committee:	<b>Planning, Partnerships and Population Health Committee</b>
Committee Chair	Rhobert Lewis
Date of last meeting:	16 November 2023
Paper prepared by:	Interim Corporate Governance Business Officer

### **KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE**

The last meeting of the new Planning, Partnerships and Population Health Committee took place on 16 November 2023.

The Board is asked to note that the following matters were discussed at Planning, Partnerships and Population Health Committee on 16 November 2023:

- IMTP - Draft Planning approach 2024
- Strategic Change Report
- Primary Care Cluster Planning Reporting against delivery
- NWSSP Performance (Mid-Year) Report
- Accelerated Sustainable Model (planning and approach)
- Health Protection Summary Report
- Child Immunisation Annual Report
- Additional Learning Needs (ALN)
- Winter respiratory Virus Plan Update 2023/24
- Deep Dive proposals-determine a programme of population health focussed topics

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

The papers from this meeting can be accessed at:

[16 November 2023 - Powys Teaching Health Board \(nhs.wales\)](#)

-----  
**16 November 2023**  
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### **COMMITTEE ACTION LOG**

The Committee received and discussed the Committee Action Log.



## **IMTP -DRAFT PLANNING APPROACH 2024**

The Committee received the report which provided an update on the planning approach for 2024 onwards. This was shared at the end of the recent Board Development session at a high level and is being shared with the Committee for a fuller discussion and to provide assurance on the approach being taken.

The Health Board partners with both Powys County Council in developing Sustainable Powys. The Health Board also has its own Accelerated Sustainability Model and Better Together Model aimed at patient focused and economically collaborative production and delivery.

A five-year plan instead of the official three-year timeframe in Wales have been developed. A two-year extension is preferred to observe the implementation of transformational changes and outcomes during the planning period.

The Committee considered the report and approach set out to develop the next 5-year plan and RECOMMENDED the approach to the Board for consideration at its meeting on the 29 November 2023.

## **STRATEGIC CHANGE REPORT**

The Committee received the report which provided an update on the Strategic Change programmes which may impact Health Board services and patients.

The report provides an overview of key programmes of change but should be read in the context of a complex, challenging and changing environment.

The Committee RECEIVED the report and took ASSURANCE that the organisation has an appropriate process in place to monitor and review Strategic Change programmes around Wales and into England which may have an impact on Powys Teaching Health Board services and patients.

## **PRIMARY CARE CLUSTER PLANNING REPORTING AGAINST DELIVERY**

The Committee received the report which provided the Committee with an overview and update on the Primary Care Cluster Planning Progress against delivery 2023/24.



It was highlighted that the cluster plan refreshed for this year 2023/24 identified key priorities including:

- Resilience of the workforce and resources
- Essential service provision and business continuity
- Releasing value through Pathway Service development and redesign
- Frailty - whole system approach
- Mental health - prevention and wellbeing
- Urgent care and Same day Care - 6 goals
- Access and provision to Community and Primary Care Services

The Committee RECEIVED the paper and took ASSURANCE that the primary Care Cluster Planning progress in in place and reporting against progress.

### **NWSSP PERFORMANCE (MID-YEAR) REPORT**

The Committee received the report which provided a summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30 September 2023.

It was noted that many significant factors are related to the workforce in terms of recruitment and these measures also involve performance against purchase to pay.

The Committee RECEIVED the report.

### **ACCELERATED SUSTAINABLE MODEL (PLANNING AND APPROACH)**

The Committee received the report which provided an update on the emerging work in relation to a sustainable model for health and care in Powys.

It was highlighted that this is the first report brought to PPPH for some time and there has been some substantial work undertaken by the team both during the discovery and design phases.

With regard to frailty within Powys, a more primary care approach is being taken, providing the opportunity to do things differently. There has been excellent involvement and leadership within the clusters but also at the Regional Partnership Board

The Committee RECEIVED the "Better Together" report and ENDORSED the next steps set out in this paper.



## HEALTH PROTECTION SUMMARY REPORT

The Committee received the report which provided a summary of health protection incidents/outbreaks responded to during the last 12-18 months, and an update on the transition of TTP (Trace, Test, Protect) programme to respond to a wider health protection threats.

Response to health protection incidents in Wales had been extremely challenging, not only in relation to COVID-19, but also the wide range of health protection incidents that have occurred over the last 18 months. The current Outbreak Control Plan for Wales is currently being refreshed led by Public Health Wales with a revised version expected to be released in the new year.

The Committee RECEIVED the contents of the report regarding health protection incidents/outbreaks responded to during the last 12-18 months taking ASSURANCE that a process is in place to collect and report the information and NOTED the requirement from Welsh Government to transition from TTP to develop an integrated, agile Team to respond to 'all hazards' and NOTED funding allocation is for the financial year until 31 March 2024.

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## CHILD IMMUNISATION ANNUAL REPORT

The Committee received the report which provided an update regarding the uptake of childhood vaccinations across Powys Teaching Health Board (PTHB) from 01 April 2022 to 31 March 2023.

The Committee CONSIDERED the uptake in childhood immunisations and take assurance of the actions being undertaken to maintain and/or further increase the uptake of childhood immunisations, including targeted catch-up campaigns.

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## ADDITIONAL LEARNING NEEDS (ALN)

The Committee received the report which provided an overview of the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (hereafter, the ALN Act), its background to the organisation and its ambitions for 2023 – 2024. The report sets out key activity over the past year, key priorities for the next year, and closes by setting out risks for the Health Board associated with the ALN Act.

In Powys, while confirmed data is not yet available, existing data suggests some 3,500 children will have additional learning needs for the purpose of the Act in Powys, a significant proportion of whom have healthcare needs directly relevant to their difficulties in learning.





An ALN implementation steering group has been established as a joint and shared mechanism for coordinating partner activities in relation to the Act with Powys County Council and to give joint oversight of how the Health Board and Council are working together to deliver the intended outcomes to the legislation.

The Committee REVIEWED the attached report and ACCEPTED this as an accurate overview of the requirements of the Act and activity from the Health Board to fulfil these requirements and TOOK assurance regarding activity to date and plans moving forward to meet the requirements of the ALN Act.

### **WINTER RESPIRATORY VIRUS PLAN UPDATE 2023/24**

The Committee received the report which provided an update in terms of the model for the winter respiratory vaccinations elements, for the COVID vaccine, it is a blended model of delivery, through 2 vaccinations centres and 7 GP practices undertaking vaccination to a series of patient cohorts.

It was noted that there was a 35% uptake with staff flu vaccinations. Every staff member has received a personal invitation, and better data capture is in place to determine who has accepted the offer. This will assist teams in targeting outreach and clinics.

### **DEEP DIVE PROPOSALS – TO DETERMINE A PROGRAMME OF POPULATION HEALTH FOCUSED TOPICS**

The Committee received the report which provided an overview of the change in population demography for Powys between census in 2011 and census 2021. The report showed a 22% increase in the population aged 75 and predicted future changes in the next 10-20 years. A deep dive into the expected impact of population change in relation to diabetic incidence was agreed.

### **ITEMS TO BE ESCALATED TO THE BOARD**

There were no items In-Committee.

### **NEXT MEETING**

The next meeting of the Planning, Partnerships and Population Health Committee will be held on 20 February 2024.

Mills Belinda  
30/01/2024 14:02:06

## Agenda item: 2.1

BOARD		Date of Meeting: 31 January 2024
Subject:	Individual Patient Funding Request Policy (IPFR)	
Approved and Presented by:	Kate Wright, Medical Director	
Prepared by:	Senior Commissioning Manager	
Other Committees and meetings considered at:	WHSSC Joint Committee on 21 <sup>st</sup> November 2023	
PURPOSE:		
The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy.		
RECOMMENDATION(S):		
The Board is asked to:		
<ul style="list-style-type: none"><li>• <b>Note</b> the report and the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders,</li><li>• <b>Note</b> that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and</li><li>• <b>Approve</b> the local adoption of the All Wales IPFR Policy, and</li></ul>		
Once the revised policy has been approved by all Health Boards (HBs) it will be shared with Welsh Government prior to adoption.		

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
✓		

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

Mills Belinda  
30/01/2024 14:02:00

## EXECUTIVE SUMMARY:

The All Wales Individual Patient Funding Request (IPFR) Policy is an NHS Wales policy owned by each of the seven HBs who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

In December 2021, a request for a judicial review was made in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC (hosted by Cwm Taf Morgannwg University Health Board (CTMUHB)) & (2) Aneurin Bevan UHB (ABUHB) when the JR was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice indicated the IPFR policy was being interpreted in such a way that was contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated. This was in accordance with the subsequent advice from the KC that the judicial review had changed the intended meaning of the Policy and if the original meaning was to be returned then the wording of the Policy would need to be revised.

On 28 July 2022 the Chief Pharmaceutical Officer (CPO), Welsh Government (WG) wrote to WHSSC setting out a proposal for addressing the issues raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the [NHS Wales Policy Making Decisions on Individual Patient Funding Requests \(IPFR\)](#) ("The IPFR Policy") – see letter at **Appendix 1**. Welsh Government requested that WHSSC lead a process of engagement for a de-minimis review of the Policy wording and the changes to the WHSSC IPFR panel Terms of Reference (ToR) should be undertaken with key stakeholders including the All Wales Therapeutics and Toxicology Centre IPFR Quality Assurance Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNHST).

A prolonged consultation and engagement exercise took place involving key stakeholders and taking into consideration the comments received from the Kings Counsel (KC) where considered appropriate. The final All Wales IPFR Policy which incorporates the WHSSC Terms of Reference is presented at **Appendix 2** for consideration and approval.

A copy of the WHSSC report to Joint Committee on 21<sup>st</sup> November 2023 is presented at **Appendix 3** for additional information. The Joint Committee supported the Policy changes at the meeting and agreed to them being shared with HBs for final approval.

## Next Steps:

The revised All Wales IPFR Policy will be shared with Welsh Government prior to adoption across Wales and the implementation date will be co-ordinated by the Policy Implementation Group.



Llywodraeth Cymru  
Welsh Government

Dr Sian Lewis  
Managing Director  
Welsh Health Specialised Services Committee

By email to: [Jacqueline.evans8@wales.nhs.uk](mailto:Jacqueline.evans8@wales.nhs.uk)

28 July 2022

Dear Sian,

**Re: WHSSC Individual Patient Funding Request (IPFR) Panel – Terms of Reference**

Further to your letters of 1 April and 23 May, our meeting on 10 May, and the subsequent discussion with health board (HB) and NHS Trust Medical Directors on 1 July, this letter sets out a proposal for addressing the issues you have raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the [NHS Wales Policy Making Decisions on Individual Patient Funding Requests \(IPFR\)](#) ("The IPFR Policy").

We are broadly in agreement that the current IPFR policy on the whole works well. Since introducing the policy in 2017 there has been a significant reduction in the number of IPFR requests made to NHS organisations and an increasing proportion of requests are approved. These measures indicate the IPFR policy is working for patients and their clinicians, and this is supported by the findings of the quality assurance processes put in place to support the policy.

That said, we note a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice has indicated the IPFR policy is now to be interpreted in such a way that is contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated.

Review of the All NHS Wales IPFR policy

We have taken the opportunity to revisit the findings of the independent review of the IPFR process and the report published by Welsh Government in 2017 which states (emphasis added):



BUDDSODD WYR | INVESTORS  
MEWN POBL | IN PEOPLE

Parc Cathays • Cathays Park  
Caerdydd • Cardiff  
CF10 3NQ

Ffôn • Tel: 0300 0615 919  
Pharmacyand.PrescribingBranch@gov.wales  
Gwefan • website: [www.wales.gov.uk](http://www.wales.gov.uk)

“6. The patient’s clinical circumstances should be considered in comparison with other patients with the same condition and at the same stage in the progression of that condition.

7. The words “significantly different to the general population of patients” mean that the patient’s condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation was unlikely to have been considered as being part of the population for which the policy was made.”

This accords with your interpretation of the policy and strengthens the arguments for revisions to the wording of the IPFR policy to put beyond doubt how the policy should be interpreted. To that end we are content to agree a *de minimis* review of the IPFR policy subject to the conditions set out below.

- The IPFR Policy is an NHS Wales’ policy owned by each of the HBs who have statutory responsibilities in relation to IPFR decisions. The outcome of any review must therefore be agreed by each of the HBs; retaining an all-Wales approach to IPFR decisions is of primary importance given reducing variability in decision making has been a key success of the policy; and
- WHSSC is constituted as a sub-committee of all seven HBs and its Joint Committee (JC) can delegate certain activities to WHSSC directors as described in section 3.3.1 of the WHSSC Standing Orders (SO’s). On this basis, it was agreed at the All Wales Medical Directors Group (AWMDG) meeting, at which you were in attendance, that a de-minimis review with comprehensive stakeholder engagement could be taken forward by the WHSSC team. It was also agreed that this should report into WHSSC’s JC but with final approval being sought from HBs in keeping with the previous approach taken by WHSSC when making complex or contentious decisions and in keeping with WHSSC’s SOs.

#### Terms of Reference (ToR) of the All Wales IPFR Panel

The All Wales IPFR Panel is a sub-committee of the WHSSC JC and therefore it is within its authority to update and approve the terms of reference (ToR).

As agreed at the AWMDG meeting a process of engagement for both the de-minimis review of the Policy wording and the changes to the ToR should be undertaken with key stakeholders including the All Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Following the engagement process, an amended Policy and new TORs should be submitted to the JC for consideration, and then go to HBs for final approval. Finally, we would ask you share any changes, agreed with HBs, with us prior to their adoption. As we discussed we would fully support moves to appoint a remunerated chair for WHSSC’s IPFR panel and would be happy to discuss this with you in the future.

We trust the letter provides a clear outline of next steps, however if you have any queries, please do not hesitate to contact us directly.

Given the implications for HBs we are copying this letter to Chief Executives, Medical Directors, Directors of Public Health, Board Secretaries/ Directors of Corporate Governance and the AWTTTC QAG, all of whom will have an interest.

Yours sincerely



Andrew Evans  
Prif Swyddog Fferyllol/ Chief Pharmaceutical  
Officer



Natalie Proctor  
Pennaeth y Gangen Fferylliaeth a Rhagnodi/  
Head of Pharmacy & Prescribing

Cc:

Chief Executives, Health Boards  
Medical Directors, Health Boards  
Directors of Public Health  
Board Secretaries, Health Boards  
All Wales Therapeutics and Toxicology Centre IPFR Quality Assurance Group

Mills Belinda  
30/01/2024 14:02:06



## NHS WALES POLICY MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

<b>Reference Number</b>	Policy Reference (as per individual Health Board)	<b>Version Number</b>	V9 DRAFT November 2023
<b>Linked Documents</b>	Health Board Policies on Interventions Not Normally Undertaken (INNU)		

**Classification of Document:** Clinical Policy

**Area for Circulation:** Health Boards and Primary Care providers across Wales  
  
Welsh Health Specialised Services Committee (WHSSC)  
Public Health Wales (PHW)  
Public Domain via Internet Sites

**Policy Development:** All Wales IPFR Policy Implementation Group

**Consultation:** Legal Advice from TBC  
NHS Wales Medical Directors  
Stakeholder groups

**Approved:** TBC

**Date of Publication:** DD/MM/YEAR

Date of Next Review DD/MM/YEAR

**Lead Health Board Contact:** Contact details as per individual Health Board

Mills Belinda  
30/01/2024 14:02:06



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# **1 INTRODUCTION**

## **1.1 Background**

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

**1.1.1** In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.

**1.1.2** In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.

**1.1.3** In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

**1.1.4** Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted.

## **1.2 Purpose of this Policy**

**1.2.1** To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.

**1.2.2** Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

Mills Belinda  
30/01/2024 14:02:06

**1.2.3** A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).

**1.2.4** Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:

- There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
- The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
- The intervention is considered to be of relatively low priority for NHS resources.

**1.2.5** The INNU policy should be read together with this policy on making decisions.

**1.2.6** The challenge for all Health Boards and WHSSC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or WHSSC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and WHSSC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or WHSSC will have to make.

**1.2.7** In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.

### **1.3 Explaining Individual Patient Funding Requests (IPFR)**

**1.3.1** IPFRs are defined as requests to a Health Board or WHSSC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or WHSSC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories;

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- a patient and NHS clinician have agreed together that they would like a treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);
- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);
- a patient has a rare or specialist condition that falls within the service remit of the WHSSC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

**1.3.2** IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs – these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.

**1.3.3** IPFRs should also not be confused with treatments that have already been provided or administered. Requests **will not** be considered for retrospective funding.

**1.3.4** If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:

- i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
- ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or WHSSC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

**1.3.5** The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.

**1.3.6** In this policy, the words "significantly different to the general population of

patients” means that the patient’s condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

- 1.3.7** In practice, it is not always practical to determine the “benefit” of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained. In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.
- 1.3.8** Whether an intervention provides “value for money” is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst “reasonable” value for money is to be interpreted in the same way that “cost-effective” is used in the Health Technology Appraisal (HTA) process operated by NICE and AWMSG.
- 1.3.9** Recognising that it can never be possible to anticipate all unusual or unexpected circumstances this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making guidance in Appendix 1 to see how panel members determine the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

## **2 THE LEGAL CONTEXT OF THIS POLICY**

- 2.1** Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.
- 2.2** In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights of individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.
- 2.3** Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have taken into account all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive;
- when the issue is controversial and may not have the support of NICE, AWMSG, One Wales or HTW;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards or WHSSC may have used their discretion to make a different decision on a specific topic.

2.4 It is lawful for WHSSC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for WHSCC and Health Boards to adopt this Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.

2.5 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

### 3 **PRINCIPLES UNDERPINNING THIS POLICY**

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

**3.1 NHS Core Values** are set out by the Welsh Government as;

- Putting quality and safety above all else: providing high value evidence-based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems, and environment to work safely and effectively.

**3.2 Prudent Healthcare Principles**

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do not harm;
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

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### **3.3 Evidence-Based Considerations**

- 3.3.1** Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.
- 3.3.2** The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently. NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group, One Wales and Health Technology Wales issue guidance which Health Boards and WHSSC are required to follow.
- 3.3.3** Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information available which will continue to be developed over time as evidence /new reports are produced.
- 3.3.4** It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

### **3.4 Ethical Considerations**

- 3.4.1** Health Boards and WHSSC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'). They are expected to respect each individual as a person in his or her own right.
- 3.4.2** Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and WHSSC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

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- 3.4.3** Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:
- treating populations and particular people with respect;
  - minimising the harm that an illness or health condition could cause;
  - fairness;
  - working together;
  - keeping things in proportion; and
  - flexibility

### **3.5 Economic Considerations**

- 3.5.1** It is a matter for Health Boards and WHSSC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult balancing decisions have to be made. Health Boards and WHSSC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

## **4 MAKING DECISIONS ON IPFR**

- 4.1** In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:
- openness and transparency.
  - inclusiveness.
  - accountability.
  - reasonableness.
  - effectiveness and efficiency.
  - exercising duty of care.
  - lawful decision making; and
  - the right to challenge and appeal

This policy aims to ensure that the Health Board and WHSSC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

- 4.2** In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and WHSSC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:

- **evidence-based considerations** – clinical and cost effectiveness; service and policy implications.
- **economic considerations** – opportunity cost; resources available; and
- **ethical considerations** – population and individual impact; values and principles; ethical issues.

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Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments 'healthcare costs' website.

- 4.3 The following criteria must be used by all Health Board and WHSSC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either (a) or (b)** below are satisfied:

**(a) If guidelines (e.g. from NICE or AWMSG) recommend NOT to use the intervention/drug, or the clinical access criteria of an applicable policy are not met:**

- I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention;
- II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and
- III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

**(b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place:**

- I. The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and
- II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.

- 4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

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## **4.5 Considerations under Part A**

- 4.5.1** Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.
- 4.5.2** The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

## **4.6 Considerations under Part B**

- 4.6.1** In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If, but only if, both of these criteria are met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

## **4.7 Value for money**

- 4.7.1** The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.
- 4.7.2** The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

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**4.7.3** Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.

**4.8** When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

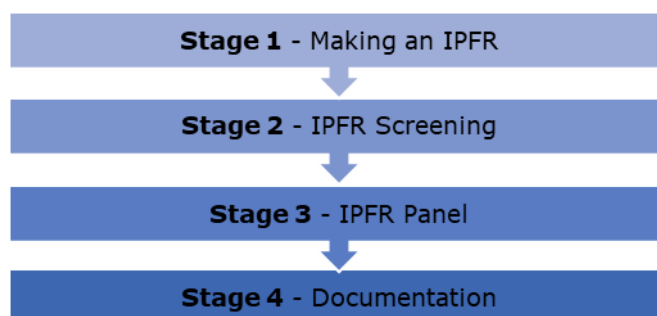
## **5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY**

### **5.1 Information on how to make an IPFR**

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health Board, WHSSC or AWTTC website. Further information can be obtained from the IPFR Co-ordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Co-ordinator.

### **5.2 Summary of the IPFR Process**



### **5.3 Stage 1 Making an IPFR**

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

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Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Co-ordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Co-ordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

#### 5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

- (a) the request meets pre-agreed criteria for a service already commissioned/provided and can be automatically funded
- (b) an alternative and satisfactory clinical solution is found
- (c) the request represents a service development which needs to be passed to the relevant Division or Director for their action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

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## 5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Co-ordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the decision-making criteria set out in this policy (see appendix 1). Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Co-ordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

## 5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy – Public Health Consultant)
- Executive Medical Director (or deputy - Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy – Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy - Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of WHSSC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

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Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and WHSSC IPFR Panel.

## 5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, taking into account the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

## 5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. **Any information provided which relates to non-clinical factors will not be considered.** Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

## 5.9 Documentation

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required

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by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

## 6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, a review hearing can be requested in line with the following:

### 6.1 The 'review period'

There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period'). The letter from the Health Board or WHSSC that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

### 6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician.** Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

### 6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

**Ground One:** *The Health Board or WHSSC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).*

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Health Boards and WHSSC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or WHSSC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

**Ground Two:** *The Health Board or WHSSC has prepared a decision which is irrational in the light of the evidence submitted*

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or WHSSC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or WHSSC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones, or gave unreasonable weight to particular factors.

**Ground Three:** *The Health Board or WHSSC has not exercised its powers correctly.*

Health Boards and WHSSC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or WHSSC has acted outside its remit or has acted unlawfully in any other way.

#### **6.4 How is a review request lodged?**

A review request form should be completed and logged with the IPFR Co-ordinator of the Health Board or WHSSC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Co-ordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

#### **6.5 Initial scrutiny by the IPFR Senior Officer**

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of



review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

## **6.6 What is the timescale for a review to be heard?**

The review panel will endeavour to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

## **6.7 Who will sit on the Review Panel?**

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member – Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)
- Chief Officer of the Community Health Council, or deputy
- Chair of the Local Medical Committee, or deputy
- WHSSC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

## **6.8 Can new data be submitted to the review panel?**

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

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## 6.9 Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

## 6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician.

The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to a further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

## 6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

## 6.12 How will WHSSC undertake a review?

As the WHSSC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. WHSSC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A WHSSC representative who was not involved in the original panel will become a member of the review panel on these occasions.

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The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the WHSSC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

## **7 QUALITY ASSURANCE**

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

## **8 REVIEW OF THIS POLICY**

- 8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and WHSSC Committee. Any delay in conducting a review will not prevent WHSCC or a Health Board from being able to rely on this policy.
- 8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:
- an exemption to a treatment policy criterion has been agreed.
  - new scientific evidence of effectiveness is published for all patients or sub-groups.
  - old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
  - evidence of increased cost effectiveness is produced.
  - NHS treatment would be provided in all (or almost all) other parts of the UK.
  - A National Service Framework recommends care.

## **9 MAKING A COMPLAINT**

- 9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or WHSSC's Putting Things Right process, details of which can be found on their website.
- 9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

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Wales (PSOW). Further information is available on the Ombudsman's website [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

Patients are able to access advocacy support at any stage during this process.

## APPENDIX 1: DECISION MAKING GUIDE

This Guide cannot change the meaning of the criteria under paragraph 4.3 of the Policy and may not be relevant to each individual case.

IPFR Panel Decision-Making Factors	IPFR Panel Evidence for Consideration in Decision-Making
<b>SIGNIFICANT CLINICAL BENEFIT</b>	
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population? <b>And</b> Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR: <ul style="list-style-type: none"> <li>• What is the clinical presentation of this patient?</li> <li>• Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease?</li> <li>• Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?</li> </ul>
<b>EVIDENCE BASED CONSIDERATIONS</b>	
Does the treatment work?  What is the evidence base for clinical and cost effectiveness?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: <ul style="list-style-type: none"> <li>• What does NICE recommend or advise?</li> <li>• What does the AWMSG recommend or advise?</li> <li>• What does the Scottish Medicines Consortium recommend or advise?</li> <li>• What does Public Health Wales advise?</li> <li>• Is there advice available from the One Wales Medicines process or Health Technology Wales?</li> <li>• Is there peer reviewed clinical journal publications available?</li> <li>• What information does the locally produced evidence summary provide?</li> <li>• Is there evidence from clinical practice or local clinical consensus?</li> <li>• Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available?</li> <li>• Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.</li> </ul>
<b>ECONOMIC CONSIDERATIONS</b>	
Is it a reasonable cost?  What is the cost of the <b>treatment</b> and is the cost of the treatment likely to be reasonable? i.e.  Is the cost of the treatment in balance with the expected clinical benefits?	Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: <ul style="list-style-type: none"> <li>• What is the specific cost of the treatment for this patient?</li> <li>• What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined?</li> <li>• Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles.</li> <li>• Is the treatment reasonable value for money?</li> </ul>
<b>ETHICAL CONSIDERATIONS</b>	

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<p>How has the decision been reached? Is the decision a compromise based on a balance between the evidence-based input and a value judgement?</p>	<p>Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions?</p> <ul style="list-style-type: none"><li>• Is the evidence base sufficient to support a decision?</li><li>• Is the evidence and analysis of the cost sufficient to support a decision?</li><li>• Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy?</li><li>• Have non-clinical factors been excluded from the decision?</li><li>• Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?</li></ul>
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## APPENDIX 2

### TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

#### PURPOSE

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality &amp; Patient Safety Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"><li>- The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure.</li><li>- Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.</li></ul>	<ul style="list-style-type: none"><li>• Executive Public Health Director or deputy</li><li>• Executive Medical Director or deputy</li><li>• Executive Director of Therapies and Health Science or deputy</li><li>• Director of Pharmacy and/or Chief Pharmacist or deputy</li><li>• Executive Director of Nursing or deputy</li><li>• Two Lay Representatives</li></ul> <p>A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.</p> <p>In Attendance:</p> <ul style="list-style-type: none"><li>• IPFR Co-ordinator</li><li>• Finance Advisor (if required)</li><li>• Senior Pharmacist (if required)</li></ul>

#### PROCEDURAL ARRANGEMENTS

**Quorum:** Chair or Vice Chair plus 2 panel members with a clinical background.

**Meetings:** The IPFR Panel will normally be at least once per month, either virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to be made urgently. In these circumstances, the Chair or Vice Chair

of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

**Recording:** The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

**Training:** All Panel members will receive a local induction.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

**Panel Interest:** At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

**Consensus:** IPFR panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision

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## APPENDIX 3

### TERMS OF REFERENCE – INDIVIDUAL PATIENT FUNDING REQUEST PANEL (WHSSC)

#### PURPOSE

The Welsh Health Specialised Services Committee's IPFR Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the "Joint Committee") and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the WHSSC Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <p><b>Individual Patient Packages</b></p> <p>The WHSSC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee.</p> <p><b>Lifetime costs</b></p> <p>The WHSSC scheme of delegation states that financial approval is</p>	<ul style="list-style-type: none"><li>• Independent Chair (from open recruitment)</li><li>• 2 Lay representatives**</li><li>• Health Board IPFR Panel Chairs from each Health Board or nominated clinical deputy.</li><li>• 2 Vice Chairs (appointed from within the panel membership)</li><li>• WHSSC Medical Director or nominated deputy.</li><li>• WHSSC Director of Nursing or nominated deputy.</li></ul> <p>A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the WHSSC Medical and/or Director of Nursing, for example a member of an ethics committee.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"><li>• IPFR Co-ordinator</li><li>• Finance Advisor (if required)</li><li>• Governance Advisor</li><li>• Other WHSSC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation</li></ul> <p>For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.</p>



<p>required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee.</p> <p>Any decisions resulting in a financial cost in excess of these limits must be reported to the Managing Director of Specialised and Tertiary Services for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a chairs action was undertaken).</p>	
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**\*\* Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.**

## **PROCEDURAL ARRANGEMENTS**

**Quorum:** The Panel will be quorate with 4 of the 7 Health Boards representatives, 3 of which must be clinical, 1 WHSSC Clinical Director or deputy and the Chair or Vice Chair.

**Meetings:** The IPFR panel will normally be held as a minimum once per month, either virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Managing Director of Specialised and Tertiary Services with either the Medical Director or Director of Nursing and Quality and the Chair of the WHSSC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

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**Recording:**

Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all cases will be maintained by AWTTTC.

The IPFR Co-ordinator will document the meetings to ensure panel discussions and decisions are appropriately recorded.

**Training:**

All Panel members will receive a local induction programme.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise to function effectively.

**Members Interest:**

At the start of the meeting members must declare any personal or prejudicial interests relating to the discussions of the panel.

**Consensus:**

IPFR Panel members will seek to achieve decisions by consensus where possible. If the panel is equally split the Chair of the Panel will make the final decision.

**Review of the TOR:**

The Terms of Reference of the WHSSC Panel will be reviewed in line with the All Wales IPFR Policy.

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## APPENDIX 4

### TERMS OF REFERENCE – REVIEW PANEL

#### PURPOSE

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE
<p>The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above.</p> <p>In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board.</p> <p>The action can only be progressed following its ratification by the Board (or by its Chief Executive in urgent matters).</p>	<ul style="list-style-type: none"><li>• Independent Board Member – Lay (Chair of the Review Panel)</li><li>• Independent Board Member (usually with a clinical background)</li><li>• Executive Director or deputy (with a clinical background)</li><li>• Chief Officer, Community Health Council, or deputy</li><li>• Chairman, Local Medical Committee, or deputy</li><li>• WHSSC representative at Director level (as required)</li></ul> <p>In Attendance:</p> <ul style="list-style-type: none"><li>• IPFR Senior Officer (governance advisor)</li><li>• WHSSC IPFR Senior Officer (as required)</li></ul>

#### PROCEDURAL ARRANGEMENTS

**Quorum:** As a minimum, the Review Panel must comprise 3 members (one of whom must have a clinical background, one must be an Independent Board Member and one must be a Health Board Officer).

**Meetings:** As required.

**Urgent Cases:** It is recognised that provision must be made for occasions where reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review

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Panel. This ensures both proper accountability of decision making and clinical input.

**Recording:** The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how WHSSC will undertake a review.

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Report Title	All Wales Individual Patient Funding Request Policy (IPFR)			Agenda Item	2.1
Meeting Title	Board Meeting			Meeting Date	31/01/2024
FOI Status	Open				
Author (Job title)	Senior Project Manager				
Executive Lead (Job title)	Director of Nursing & Quality				
Purpose of the Report	<p>The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The WHSSC Joint Committee supported the changes on the 21 November 2023 prior to them being shared with Health Boards (HBs) for final approval.</p>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>

Recommendation(s):

- Members are asked to:
- **Note** the report,
  - **Note** the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders,
  - **Approve** the proposed changes to the All Wales IPFR Policy,
  - **Note** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and
  - **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.

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# ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST POLICY (IPFR)

## 1.0 SITUATION

The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The WHSSC Joint Committee (JC) supported the changes on the 21 November 2023 prior to them being shared with Health Boards (HBs) for final approval.

## 2.0 BACKGROUND

### 2.1 All Wales IPFR Policy

The All Wales IPFR Policy is an NHS Wales policy owned by each of the seven HBs who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

In December 2021, a request for a judicial review (JR) was made in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC (hosted by Cwm Taf Morgannwg University Health Board (CTMUHB)) & (2) Aneurin Bevan UHB (ABUHB) when the JR was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice indicated the IPFR policy was being interpreted in such a way that was contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated. This was in accordance with the subsequent advice from the KC that the judicial review had changed the intended meaning on the Policy and if the original meaning was to be returned then the wording of the Policy would need to be revised.

On 28 July 2022 the Chief Pharmaceutical Officer (CPO), Welsh Government (WG) wrote to WHSSC setting out a proposal for addressing the issues raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the [NHS Wales Policy Making Decisions on Individual Patient Funding Requests \(IPFR\)](#) ("The IPFR Policy") – see letter at **Appendix 1**. WG requested that WHSSC lead a process of engagement for a de-minimis review of the Policy wording and the changes to the WHSSC IPFR panel ToR should be undertaken with key stakeholders including the All Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNHST).

## 2.2 Stakeholder Engagement Exercise

On the 8 November 2022, the JC approved the methodology for engagement for WHSSC to embark on an engagement process, and were assured that the process adhered to the specific request from WG for a specific and limited review of the All Wales IPFR Policy engagement on the WHSSC IPFR panel ToR.

The stakeholder engagement process took place between the 10 and the 22 December 2022. The consultation documentation was issued to a broad range of stakeholders including the WHSSC IPFR panel, the All Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group (PIG), Medical Directors and Board Secretaries of each of the HBs, WG and Velindre University NHS Trust (VUNHST). Additionally, a stakeholder engagement workshop was held on the 2 December 2022 in Cardiff and a number of engagement briefings were held.

## 3.0 ASSESSMENT

### 3.1 IPFR Engagement Stakeholder Feedback

Feedback was received from all HBs, the AWTTC QAG and individual IPFR Panel members. The feedback from HBs and the AWTTC was co-ordinated by the IPFR Policy Implementation Group (PIG) and QAG and as such the comments received were consistent across all HBs.

In January 2023, WHSSC held a meeting with the IPFR Policy Implementation Group (PIG) to review the feedback received and to revise the policy.

It should be noted that the PIG in conjunction with WHSSC undertook to revise the Policy in line with the responses from the HBs, taking into consideration the comments received from the Kings Counsel (KC) where considered appropriate.

The final All Wales IPFR Policy which incorporates the WHSSC Terms of Reference is presented at **Appendix 2** for consideration and approval.

**Table 1** below provides a summary of the themes which emerged from the engagement exercise. To ensure effective information governance in accordance with UK GDPR and the Data Protection Act 2018 the full range of responses are available on request only to ensure we do not inadvertently identify specific individuals on the IPFR panel.

Table 1 - Summary of Key Themes from Stakeholder Feedback

Key Themes	WHSSC Response
<b>Tests versus criteria</b> The concept of tests were not widely supported	The KC highly recommended the use of tests as opposed to criteria, setting out the proposed recommendations to specifically address the issues raised in the Judicial Review.

Key Themes	WHSSC Response
	However, following further discussion, the KC confirmed that there is no legal difference between the terms and therefore the term criteria has been reinstated.
<b>Use of legal jargon</b> Stakeholders felt that in parts the document was over wordy and used too much legal jargon.	These sections have been reworded and subsequently reviewed by the KC and confirmed as acceptable.
<b>Reinstatement of the Decision Making Guidance (DMG)</b> All Stakeholders felt strongly that this should be reinstated, as it was a helpful guide for panel members in reaching a decision.	The DMG has been reinstated as an appendix rather than embedded in the main body of the policy. Following further discussions with the KC, additional wording has been added to the policy itself to add clarity to the use of the guide in conjunction with the criteria to be considered under Part A or B of the policy.
<b>References to Commissioning policies</b> The terminology "commissioning policies" used throughout the document was felt to be misleading as HB's do not have commissioning policies.	The sections have been expanded to include NICE, AWMMSG, HTW and One Wales Medicines guidance.
<b>Use of ICER's and QALY's</b> Asking panels to produce ICER's (incremental cost effectiveness ratios) and QALY's (quality- adjusted life years) was considered to be beyond the abilities of most panels and would ideally require a Health Economist on each Panel.	The section was subsequently reworded by AWTTTC colleagues to support Panel decision making.
<b>Di minimis review</b> Feedback received highlighted that due to the number of changes made to the policy that it could not be considered as a di minimis review as requested in the letter from the Chief Pharmaceutical Officer (CPO).	<p>The legally precise definition of di minimis was recognised and the wording included in the agreed recommendation from the JC was of a 'specific and limited' review.</p> <p>The changes suggested in the original draft were all submitted to the KC and met with his understanding of "relatively limited" changes.</p>

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Key Themes	WHSSC Response
	<p>The KC had made a number of key changes to the Policy in order to strengthen and address the key issues raised by the Judicial Review. Additional changes were proposed where the KC felt that further clarity was required in order to prevent further potential contradictions in the interpretation of the policy.</p> <p>The WHSS team felt that whilst the proposed changes may be considered technically more than a di minimis review, it was essential that the review achieved the agreed core aim of re-establishing the originally intended meaning of the policy.</p>
<p><b>Stakeholder engagement process</b> Stakeholders raised concern that the IPFR Policy Implementation Group (PIG) was not included in the engagement process.</p>	<p>HB colleagues were invited to the stakeholder event held on the 2 December 2022.</p> <p>WHSSC subsequently met with the group to review the comments received and to develop the revised policy.</p>
<p><b>Structure of the document</b> Stakeholders felt that the structure of the document lacked flow and contained a number of inaccuracies.</p>	<p>The policy has been amended to reflect the comments from stakeholders and has in the main returned to the original Policy format.</p>

The post consultation revision of the Policy has been reviewed by the KC and some minor changes to add further clarity have been incorporated into the final draft document. These proposed changes were shared with the PIG and AWTCC QAG and considered acceptable.

The updated All Wales Policy is presented at **Appendix 2** and the JC of WHSSC supported the proposed changes at its meeting on 21 November 2023. The Policy is therefore now able to be submitted to HBs for final approval. All seven HBs are therefore being asked to approve the proposed changes to the All Wales IPFR Policy.

It is also relevant to note that the Task and Finish group established to consider the WHSSC IPFR Panel ToR noted it would be important to reflect the IPFR process within the new Standing Orders (SO's) for the new single Joint Commissioning Committee (JCC). Further work is now being taken through the governance work-stream which supports the implementation of the national commissioning review.

## 4.0 GOVERNANCE AND RISK

Issues related to IPFR governance were first raised by WHSSC offers at the JC in November 2020. These initially concerned the WHSSC IPFR ToR but subsequently issues relating to the IPFR Policy were raised following the judicial review in January 2022. It can be seen that a significant amount of time has elapsed between the identification of the issues and approval of changes in the ToR and Policy which illustrate the very significant complexities encountered in addressing the issues. This is despite it having the highest corporate risk rating within WHSSC and demonstrates the lack of clarity around the governance arrangements within the arena of the All Wales IPFR Policy.

## 5.0 RECOMMENDATIONS

Members are asked to:

- **Note** the report,
- **Note** the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders,
- **Approve** the proposed changes to the All Wales IPFR Policy,
- **Note** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and
- **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.

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<b>Governance and Assurance</b>	
<b>Link to Strategic Objectives</b>	
<b>Strategic Objective(s)</b>	Governance and Assurance
<b>Link to Integrated Commissioning Plan</b>	No
<b>Health and Care Standards</b>	Governance, Leadership and Accountability
<b>Principles of Prudent Healthcare</b>	Public & professionals are equal partners through co-production
<b>NHS Delivery Framework Quadruple Aim</b>	The health and social care workforce is motivated and sustainable Choose an item. Choose an item.
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	An IPFR is the process Health Boards (HBs) and the Welsh Health Specialised Services Committee (WHSSC) use to consider providing a patient with a treatment, which is not routinely available in NHS Wales. The IPFR Quality Assurance Group (QAG) monitor the quality of the decisions made by HBs and WHSSC concerning IPFR decisions.
<b>Finance/Resource Implications</b>	The financial resource implication concerning remuneration of the Chair is under discussion
<b>Population Health</b>	No adverse implications relating to population health have been identified.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc.)</b>	The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a HB has agreed to routinely provide. The Governance framework for the WHSSC IPFR panel is outlined within the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", published in June 2017, which includes specific ToR for the WHSSC IPFR panel.
<b>Long Term Implications (incl. WBG Act 2015)</b>	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

<b>Report History (Meeting/Date/ Summary of Outcome)</b>	21 November 2023 – WHSSC Joint Committee –supported the proposed changes prior to submission to HBs for final approval. 6 November 2023 - Corporate Directors Group Board 18 July 2023 – Joint Committee – deferred.
<b>Appendices</b>	Appendix 1 – Letter from Welsh Government to WHSSC – IPFR Policy Review 28 July 2022, Appendix 2 – Revised All Wales IPFR Policy

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## AGENDA ITEM: 2.2

Board		DATE OF MEETING: 31 January 2024
<b>Subject :</b>	<b>Policy Approval: Putting Things Right' Policy for the Effective Management and Resolution of Complaints and Concerns</b>	
<b>Approved and Presented by:</b>	Claire Roche, Executive Director of Nursing and Midwifery	
<b>Prepared by:</b>	Assistant Director Quality & Safety	
<b>Other Committees and meetings considered at:</b>	Executive Committee - 24 January 2024	

### PURPOSE:

To provide an updated policy for the Effective Management and Resolution of Complaints and Concerns, ensuring changes following the implementation of the Quality & Engagement Act 2020 are captured.

### RECOMMENDATION(S):

That Board is asked to:

- **APPROVE** the revised Putting Things Right Policy.

Approval/Ratification/Decision <sup>1</sup>	Discussion	Information
✓	✓	x

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

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

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

## EXECUTIVE SUMMARY:

The Health Board's concerns process aims to be simple, flexible and focus on achieving the most appropriate outcomes for individuals and services. The Health Board takes a proactive approach to dealing with concerns, by focusing on individuals' needs and not the concerns process itself.

Ensuring the approach is in alignment to the Putting Things Right (PTR) Regulations 2011 is essential to ensuring citizens of Powys are at the core of all we do.

## DETAILED BACKGROUND AND ASSESSMENT:

The 'Putting Things Right' Policy for the Effective Management and Resolution of Complaints and Concerns is based on All Wales guidance and plays a critical role in ensuring the organisation has in place an appropriate policy and guidance for the effective management and resolution of complaints and concerns.

The policy has been updated with the use of current guidance and impact of the Duty of Quality and Duty of Candour.

The policy is reserved for full Board approval as per the scheme of delegation approved by the Board in May 2023.

The Executive Committee received the draft document on the 24 January 2023 and recommend it for Board approval.

### NEXT STEPS:

Sharing of the revised document both internally and externally.

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
Age	X			
Disability	X			
Gender reassignment	X			
Pregnancy and maternity	X			
Race	X			
Religion/ Belief	X			
Sex	X			
Sexual Orientation	X			
Marriage and civil partnership	X			
Welsh Language	X			
<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>				
Risk Assessment:				
	Level of risk identified			
	None	Low	Moderate	High
Clinical	X			
Financial	X			
Corporate	X			
Operational	X			
Reputational	X			
<p align="center"><b>Statement</b></p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>				



**Putting Things Right’**  
**Procedure for the Effective Management and Resolution of Concerns**

<b>Document Reference No:</b>	TBC	
<b>Version No:</b>	1	
<b>Issue Date:</b>	TBC	
<b>Review Date:</b>	January 2024	
<b>Expiry Date:</b>	January 2027	
<b>Author:</b>	Director of Nursing & Midwifery	
<b>Document Owner:</b>	Assistant Director Quality and Safety	
<b>Accountable Executive:</b>	Executive Director of Nursing & Midwifery	
<b>Approved By:</b>	(Board) once approved	
<b>Approval Date:</b>		
<b>Document Type:</b>	Procedure	Procedure
<b>Scope:</b>	All PTHB staff	

The latest approved version of this document is online.  
If the review date has passed please contact the Author for advice.

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Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board  
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys



**Content page to be added prior to publication**

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**Version Control**

Version	Summary of Changes/Amendments	Issue Date
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1	New Procedure	April 2021

## Engagement & Consultation

### Key Individuals/Groups Involved in Developing this Document

Role / Designation
Assistant Director Quality & Safety

### Circulated to the following for Consultation

Date	Role / Designation
May 2021	Executive Committee
Sept 2021	Powys Wide

### Evidence Base

This Procedure has taken into consideration all national guidance and legislation (see section 3 Procedure Framework).

This Procedure takes account of the Health and Care Standards in Wales 2015 and underpins Standard 6.3 Listening and Learning from Feedback.

The Procedure has been shaped by the Improving Healthcare White Paper Series – No 14 “Listening and Learning to improve the experience of care” (June 2015) and the updated paper Welsh Health Circular WHC/2018/042 Validated core service user questions and updated Framework for Assuring Service User Experience (11 October 2018)

The procedure considers the Public Services Ombudsman (Wales) Act 2019: Section 38 Model Concerns-handling procedures: specification of listed authorities.

Quality & Engagement Act 2020, impact of Duty of Quality & Duty of Candour.

### Impact Assessments

#### Equality Impact Assessment Summary

	No impact	Adverse	Differential	Positive	Statement
Age				X	This Procedure has undergone an equality impact assessment screening process, using the toolkit designed by the NHS Centre Equality & Human Rights.
Disability				X	
Gender reassignment				X	Details of the screening process for this Procedure are available from the Equalities Manager
Pregnancy and maternity				X	
Race				X	
Religion/ Belief				X	
Sex				X	
Sexual Orientation				X	
Marriage and civil partnership				X	
Welsh Language				X	
Human Rights				X	
Risk Assessment Summary					
Have you identified any risks arising from the implementation of this procedure / procedure / written control document? No risks have been identified from the implementation of this Procedure					
Have you identified any Information Governance issues arising from the implementation of this procedure / procedure / written control document? Sharing of personal identifiable information risks have been mitigated by following PTHB Information Governance policies and procedures and national guidance/legislation regarding confidentiality and data protection.					
Have you identified any training and / or resource implications as a result of implementing this? Training requirements for staff are described in section 12.					

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## **1 Introduction**

### **1.1 Purpose of this Concerns Procedure**

The purpose of this procedure is to ensure staff are familiar with the principles for the effective handling of enquiries and Concerns.

A concern is defined as an incident, complaint or claim. Throughout this procedure the term concerns will refer to Concerns.

## **2 Definition and Principles**

### **2.1 What is a concern?**

A concern is:

- An expression of dissatisfaction or concern.
- Written or spoken or made by any other communication method.
- Made by one or more members of the public (someone or a group in receipt of, or denied a service, to which they are entitled by the health board or provider service).
- About the health board's or provider of services' action or lack of action or the standard of service provided.
- Something which requires a response.

A complaint can be about the health board itself, a person, or body acting on its behalf, or a partnership of providers.

### **2.2 Six principles for dealing with Concerns**

The following principles always apply when handling concerns. The process should be:

- a) Focused on the person raising the concern
  - The person raising the concern should always be at the centre of the concerns process.
  - Service providers need to be flexible when responding to differing needs of the person raising the concern.
- b) Simple
  - Our concerns processes should be well-publicised, have easy-to-follow instructions.
  - Information regarding advocacy services and support should be available.

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- Our concerns responses should clearly set out next steps along with signposting to the Public Services Ombudsman Wales (PSOW).

c) Fair & Objective

- The person raising a concern should receive a complete and appropriate response to their concerns.
- All involved should be treated with dignity and respect.

d) Timely & Effective

- Concerns should be resolved promptly, when possible.
- Investigations should be thorough, yet prompt.
- The person raising the concern should be kept informed throughout of the progress of a lengthy investigation.

e) Accountable

- The person raising the concern should receive an honest and clear explanation of the findings of an investigation.
- Learning from the concerns investigation should be clearly shared and articulated.

f) Committed to learning and continuous improvement

- Information from concerns should be collated and analysed.
- Data should be shared internal to the health board and reported through local quality forums, the Quality Governance Group, Experience Quality and Safety Committee and the Board. External reporting to the Delivery Unit, Welsh Government and the Ombudsman to support improvement in complaint handling and in-service delivery.
- Directorates should regularly review the information gathered from concerns when planning service delivery.

### 3 Concerns Handling Arrangements

- 3.1 The health board's concerns process aims to be simple, flexible and focus on achieving the most appropriate outcomes for individuals and services. The health board takes a proactive approach to dealing with concerns, by focusing on individuals' needs and not the concerns process itself.

#### Who can raise a concern?

- 3.2 Any member of the public, including a child, who has received, or was entitled to receive, a service from the health board or service provider may make a complaint. The same applies if

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they have suffered due to the inappropriate action or lack of action by the health board or service provider.

3.3 Where a complaint is notified by a young person or child, the responsible body must provide them with such assistance that they may reasonably require in order to pursue the complaint. This should include making the young person or child aware of the help that could be provided by the Children's Commissioner for Wales.

3.4 A concern can also be put forward by someone on behalf of another person, as follows:

- Someone who is unwell or has died
- A child
- Those who lack the capacity (as defined by the Mental Capacity Act 2005)
- They have been asked to do so by the person affected

It is important that as far as the circumstances of the person affected allow for it, that the representative is acting with the authority of that person and, if possible, obtain their signature to confirm this.

This procedure does not apply to members of staff raising employment issues.

There are other internal mechanisms for these types of concerns, for example whistleblowing, bullying, or grievance procedures.

## **Concern handling roles**

### **3.5 Chief Executive Officer**

The Chief Executive Officer has overall accountability for dealing with concerns. This has been delegated to the Director of Nursing & Midwifery, as the Executive Lead and Responsible Officer, with day-to-day operational responsibility being assigned to the Assistant Director Quality and Safety (named as the Senior Investigations Manager).

### **3.6 Responsible Officer (RO)**

The National Health Service (Concerns, Concerns and Redress Arrangements) (Wales) Regulations 2011' requires organisations to designate a person as a Responsible Officer to take overall responsibility

for the effective day to day operation of the arrangements for dealing with concerns.

As stated above, the Director of Nursing & Midwifery is the Responsible Officer for leadership and overseeing the management of concerns arrangements.

The Responsible Officer ensures arrangements are in place to:

- Manage concerns in line with the Regulations  
(See Appendix 1 for flow chart detailing time scales)
- Ensuring an annual report is prepared which summarises the health board's activities under the Regulations NHS (Concerns, Concerns and Redress Arrangements) (Wales) Regulations 2010. (Regulation 10.2)
- Ensuring that arrangements for dealing with concerns are published and accessible and that a copy of the arrangement must be given free of charge, to any person who requests it, in the format requested.

### 3.7 All Directors

All Directors, clinical and non-clinical, where their services impact on NHS funded care have a responsibility for dealing with concerns. Alongside their deputies, they are responsible for establishing robust structures to ensure that concerns are appropriately managed, investigated and resolved in line with the regulations within their sphere of responsibility.

This includes compliance to investigation timescales, validation of draft responses for submission to the Concerns Team, reporting and monitoring arrangements within their Service Group, establishing a culture of learning and improvement.

All final responses for concerns must be forwarded to the relevant Director in accordance with the flowchart at Appendix 2.

### 3.8 Senior Investigation Manager

The Senior Investigations Manager is the Assistant Director Quality and Safety and is responsible for the handling and consideration of concerns under the Regulations. Their role requires them to undertake other functions in relation to dealing with concerns and to cooperate with other persons or organisations, e.g. primary care providers or the Public Services Ombudsman for Wales, to facilitate the handling and investigation of concerns.

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This role is supported by an additional trained staff member the Senior Manager - Putting Things Right.

The Senior Investigations Manager provides leadership and advice to clinicians and managers on patient safety and on the handling and management of concerns. This includes implementing a system across the health board to ensure remedial actions are taken to avoid a recurrence of concerns and the sharing of lessons learnt across the health board.

### 3.9 Investigation Officers

Investigating officers are responsible for completing a comprehensive, open and honest investigation addressing the complaint raised, as agreed with the person raising the complaint, abiding by timescales. The Investigating officer will complete a formal report and draft a response letter, using the health board's templates, which will be submitted to the responsible Assistant Director for ratification. The investigation officer will consider if there is a breach of duty and resultant harm that may need to be considered by the Redress Panel. The investigating officer will discuss actual or potential breach of duty and harm with the Concerns Team. They will also ensure that an action plan is completed to address any improvements required and lessons learnt are identified for sharing.

If there is a delay in completing an investigation or complying with the 30-working day response time for concerns, the investigating officer must seek permission from the responsible Assistant Director to have an extension to the timescale. The person who raised the concern must be notified and a holding letter sent, in collaboration with the Concerns Team.

### 3.10 The Senior Manager, Putting Things Right

Supported by the Concerns Team the Senior Manager, Putting Things Right is responsible for:

- Logging of the complaint and determining initial grading.  
(See Appendix 3 for grading of concerns)
- The production of an acknowledgement letter which is sent within 2 working days of receipt of the complaint.
- Timely sharing of the complaint with the respective Assistant Director/ Head of Service, for investigation and providing guidance regarding return time, ensuring the relevant Director is copied into new Concerns for information purposes.

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- Supporting the investigating officer with the production of holding letters, where required.
- Quality assuring the final draft response.
- Identifying potential or actual breach of duty, harm and qualifying liability in collaboration with the investigating officer.
- Escalating procedure and regulation compliance issues to the Senior Investigation Manager.
- Producing monthly statistics on compliance with the Regulations, performance, themes and learning.
- Providing a bi-monthly report to the Quality Governance Group and Experience, Quality and Safety Committee.
- Developing an Annual Report for the Board.

### **3.11 Responsibility of All Staff**

- To abide by the principles outlined in this procedure.
- To ensure an open, responsive and transparent approach when concerns are raised.
- To cooperate fully and openly in the investigation of concerns.
- To comply with health board values and behaviours framework.
- To actively learn from concerns.
- To participate in education and training on dealing with concerns commensurate with their role and responsibilities.

### **3.12 Resources**

Resources are necessary to ensure delivery of the concerns procedure and procedure. Corporate and Service Groups need to ensure staff are skilled and competent in dealing with concerns and have administrative support, if necessary.

Training is an essential part of staff skills and competence and staff must participate in available training.

Corporate staff must be trained in concerns handling administration.

A flow chart detailing the service groups' reporting time scales can be found at appendix 4)

### **3.13 Accessibility and Publicising our Concerns Process**

Accessibility and publicising our concerns processes is important. Our concerns processes must be accessible to all and should be widely publicised. All areas of the health board must ensure the existence of the process, together with appropriate contact details, on a regular basis in any newsletters or other publications for service users. Ensure bilingual concerns information leaflets are

available, at public reception areas and common areas where service users may frequent and be widely available to our staff.

Advice on advocacy organisations, for example, the community Health Council, can also be found on the intranet.

People who wish to raise a concern can complete a form on the intranet, although it is recognised people may prefer to present their concern by telephone, email, or in person. In doing so, staff dealing with the concern should ensure that they have gathered the same information as that being sought on the concern form and ensure it is recorded appropriately.

### **3.14 Reporting Time Scales**

The Health Board has 30 working days to investigate, action and respond to a formal concern. The clock starts ticking on the day the concern is received into the organisation. The flow chart in Appendix 2 is designed to simplify the process to be taken, from receipt of the initial concern to the final response and sharing the lessons learned using a timeline.

## **4 The Concerns process**

### **4.1 Informal Concerns**

Concerns considered informal provide the opportunity for informal engagement at the point of service delivery to seek to resolve concerns either at the time the concern arises or very shortly thereafter. This stage should be part and parcel of front-line service delivery and not viewed as separate from it. This first step will normally aim to be an explanation or other appropriate remedial action by frontline staff to remedy the complaint.

- Staff will be enabled with appropriate training and support to manage concerns proactively as they arise with the aim of achieving early resolution for the complainant.
- The team will recognise when concerns are significant and escalate appropriately.
- All concerns must be logged appropriately using the RLDatix system, the corporate Concerns Team will complete this action.
- Where concerns impact more than one service the Central Concerns Team will support and co-ordinate the response.
- Staff must advise people raising a concern how to progress their concern to the formal investigation stage, if they are not satisfied with the outcome of the end of the informal stage.

- When dealing with concerns appropriate information regarding advice and advocacy should be provided as early as possible. It is recognised that staff may not be aware of all the types of help available, particularly when operating in a specialist field themselves. The corporate Concerns Team are a source of support for frontline staff in respect of informal resolution.
- Informal resolution must be completed quickly, within two working days. If it is not possible to resolve the concern within the relevant timescale, then the matter should be discussed with the Concerns team for support and guidance.
- Examples of informal concerns that can be resolved with proactive management include:
  - o Communication issues;
  - o Access to services, for example, dental services, podiatry services;
  - o Cleanliness of an area;

#### **4.1 Formal Concerns**

“Investigate once, investigate well” is the principle for managing formal concerns, which supports a well co-ordinated and thorough investigation with one response to the concern.

Concerns can be received through multiple ways into the Health Board, when this occurs concerns must be sent to the corporate Concerns Team for co-ordination and management.

When concerns are regarding issues that have occurred over 12 months previously, consideration may be given to investigate in exceptional circumstances.

The Concerns Team will offer to discuss the concern with the person raising the concern, including:

- Explaining the Putting Things Right regulation to those raising the concern
- Agreeing preferred method of communication
- Understanding the preferred outcome for resolution
- Providing advice of relevant advocacy and support services if required

If the persons raising the concern is doing so on behalf of someone else, their consent will be required; this should not delay the

investigation commencing but should be in place before the outcome can be shared.

When the Concerns Team is satisfied that they understand the concern, they should:

- Grade the concern following discussion with the service, this process should continue to be reviewed throughout the investigation.
- Send the concern to the designated lead for the service (Head of Nursing/Assistant Director) along with the service governance officer.
- An Investigating Officer should be appointed by the Head of Service (HoN/AD).
- Regular contact should be maintained with the person raising the concern.
- The person raising the concern may withdraw their concern at any time, however, the health board may continue to investigate if it feels that it is necessary to do so.

## **5 Concerns investigations**

A concerns investigation should be a fact-finding exercise which is impartial, open, transparent and proportionate to the seriousness of the concern.

Consideration should also be given to whether face to face meetings and/or mediation could be a means to resolving the complaint.

Evidence gathering can include:

- Correspondence (letters and emails)
- Notes of telephone conversations
- Health board policies and procedures
- Good practice guidance
- Records (including those specifically relating to the complaint under consideration, such as medical records, and training records of staff involved in the complaint)
- Legislation
- Interviews (including detailed notetaking)
- Site plans and visits
- Photographic evidence
- Recordings in various formats (e.g. phone, CCTV)
- Obtaining professional/expert advice

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Recommendations arising from investigations should be 'Specific, Measurable, Achievable, Realistic and Timed' ("SMART").

At the end of the investigation, a written outcome, such as letter or email, should be produced and, in more complex cases a report may be necessary.

Consideration should be given to offering a meeting with those raising the concern at the time of closing a concern investigation. Meetings can be helpful for complainants/family/patient to obtain further clarity and support.

## **6 The final steps**

When learning is identified an action plan should be completed and agreed, setting out clear recommendations and actions to be implemented.

On closing a concern, the Concerns Team will ensure that working documents used during the investigation are retained within the RLDatix system.

### **6.1 Concerns involving other legal or disciplinary proceedings**

Occasionally, concerns received will involve legal or disciplinary proceedings. It may from time to time be necessary to put the investigation of a concern "on hold" until the conclusion of those other proceedings. However, it should not automatically be assumed that this is necessary in every case. An assessment should be made (with legal advice sought, if appropriate) to identify whether it is possible to address the subject of the concern, without impacting unfairly on the other proceedings underway.

### **6.2 Concerns involving more than one service provider:**

There are occasions when a concern received will involve more than one organisation. The Concerns Team will co-ordinate obtaining a response from all interested parties to ensure one comprehensive and robust response is completed and sent to the complainant.

## **7 Concerns concerning services that have been contracted out**

Even though the health board contracts out the provision of services to other providers, private/voluntary organisations, this does not absolve the health board of their responsibility for those functions. The Concerns Team will ensure that those responsible for drafting contracts are aware of the need to include a provision for concerns handling.

This should include the requirement for organisations contracted to provide services to comply with similar complaint handling arrangements, with the outcome report/letter being copied to the health board.

## **8 Learning from Concerns/continual improvement**

Concerns information should be used to improve the health board's service delivery and increase its effectiveness.

To support this, the health board will:

- Ensure the Concerns Team periodically reviews all complaint outcomes and their recommendations to identify whether there are any patterns to concerns/wider lessons to be learned that may not be apparent from individual concerns. When considering the lessons that can be learned from a concern, an assessment should be made as to whether:
  - These are limited to the service area / department in question
  - They have a health board-wide implication
  - They are ones that should be shared across the wider public sector or even more widely.
- Ensure that concerns reports are considered on a regular basis by senior management, including an analysis of the data gathered and information on recommendations that have been made for improving service delivery.
- Ensure that concerns data is shared with the Ombudsman to support improvement in complaint handling and in-service delivery.
- Ensure that the information received by senior management is used to target any problem areas and consider if there is potential to improve policies, procedures and services.
- Ensure that the Executive Team receives reports giving an overview of concerns received, setting out what changes have been made as a result of concerns information and, following monitoring of their implementation, what results have been received.
- Ensure that an annual report on concerns is produced, drawing out lessons learned over this period and demonstrating how they have contributed to improved service delivery.

## **Recording & Monitoring Concerns**

Effective concerns management includes collecting specific data and Identifying recurring or system-wide problems. All feedback and concerns received should be recorded to ensure that a

comprehensive evaluation of data can be made.

To support this, the health board will:

- Ensure there is a system to collect organisation-wide concerns data.
- Use the system to help track concerns and compliance with timescales.
- Enable the numbers, types, outcomes and trends of concerns to be captured, to facilitate comparisons with previous periods and identify system wide or recurring concerns.
- Enable key points from lessons learned to be captured.
- Write to the person raising the concern detailing the findings of the investigation, providing an apology for any shortfalls and describing what action will be taken to prevent recurrence.
- Inform the Concerns Standards Authority – Wales of the data collated on a quarterly basis.

## **9 Training**

The concerns function needs to be adequately resourced by appropriately trained staff.

Service areas and the Concerns Team will, on an annual basis, undertake an assessment of the skills and competencies required by all those involved in the concerns process and ensure that there is an appropriate training strategy in place.

The Concerns Team will continually keep under review the number of skilled and trained officers within the organisation to conduct and prepare reports on investigations.

General training on concerns handling should be included in the induction programme for all staff in the organisation (this includes staff and Board members).

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## Appendix 1: NHS (Concerns, complaints and Redress Arrangements) (Wales) Regulations 2011

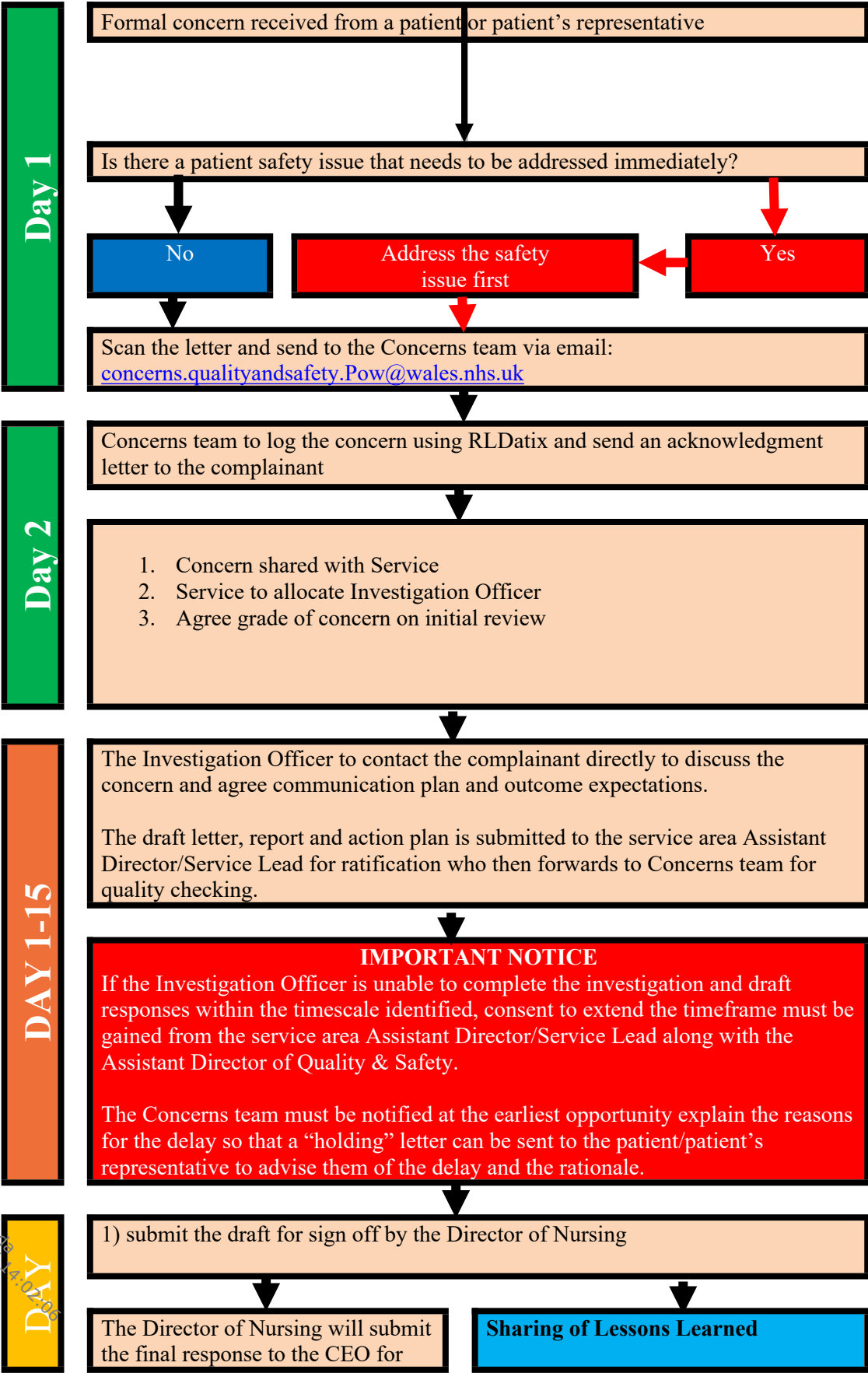
### Timescales for Handling Concerns

Type of Response and Regulation which applies	Type of Case	Within *2 working days	Within 30 working days of receipt.	Within 6 months of receipt.	Within 12 months of receipt.	Longer than 12 months.
		All cases	Majority of cases.	Exceptions. Reasons must be given	Majority of cases	Exceptions. Reasons must be given.
Acknowledgement letter. (Regulation 22)	All cases	✓				
Final response, (Regulation 24)	Cases that do not involve issues of liability		✓	✓		
Interim response (Regulation 26)	Cases that do or may involve issues of liability		✓	✓		
Investigation Report and Communication of Decision. (Regulations 31 and 33)	Cases that do or may involve issues of liability				✓	✓

**\*IMPORTANT NOTE: The 2 working day acknowledgement period fall within the overall 30 working days for response.**



## A2 - Flowchart for Reporting and Investigation of Concerns





sign off. The final letter is sent to the Concerns team for processing

Will take place at Service Group Meetings along with local learning forums

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### Appendix 3: Grading of Concerns

Grade	Examples of Concern	Potential for Qualifying Liability / Redress
<b>1 No Harm</b>	<ul style="list-style-type: none"> <li>Concerns which normally involve issues that can be easily/speedily addressed, with no harm having arisen (e.g. outpatient appointment delayed but no consequences in terms of health, difficulty in car parking etc.) but have impacted on a positive patient experience.</li> <li>Labelling error in Pathology detected pre-analytically.</li> </ul>	Highly Unlikely
<b>2 Low Harm</b>	<ul style="list-style-type: none"> <li>Concerns regarding care and treatment which span a number of different aspects/specialties.</li> <li>Increase in length of stay by 1-3 days.</li> <li>Patient fall - requiring minor treatment.</li> <li>Requiring time off work - 3 days.</li> <li>Concern involves a single failure to meet internal standards but with minor implications for patient safety.</li> <li>Return for minor treatment, e.g. requiring local anaesthetic, further treatment/monitoring by GP.</li> <li>Samples taken from the wrong patient – not acted upon but require repeat venepuncture.</li> <li>Pathology labelling error detected post analytically before further intervention</li> </ul>	Unlikely
<b>3 Moderate Harm</b>	<ul style="list-style-type: none"> <li>Clinical process/issues that have resulted in avoidable, semi-permanent injury or impairment of health or damage that requires intervention.</li> <li>Additional interventions required or treatment/appointments needed to be cancelled.</li> <li>Re-admission or return to surgery, e.g. requiring general anaesthetic.</li> <li>Necessity for transfer to another centre for treatment/care (e.g. for an incident in a GP Practice, admission to hospital).</li> <li>Increase in a length of stay by 4-15 days.</li> <li>RIDDOR reportable incident (moderate harm).</li> <li>Requiring time off work – 4-14 days.</li> <li>Concerns that outline more than one failure to meet internal standards.</li> <li>Moderate patient safety implication.</li> <li>Concerns that involve more than one organisation (e.g. cross border incidents that may involve English Providers or other Health Boards, incidents involving</li> </ul>	Possible

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Grade	Examples of Concern	Potential for Qualifying Liability / Redress
	interface with Local Authority or Ambulance Trusts).	
<b>4 Severe Harm</b>	<ul style="list-style-type: none"> <li>Clinical process issues that have resulted in avoidable, semi-permanent harm or impairment of health or damage leading to incapacity or disability.</li> <li>Additional interventions required or treatment needed to be cancelled.</li> <li>Unexpected re-admission or unplanned return to surgery.</li> <li>Increase in length of stay by more than 15 days.</li> <li>Necessity for transfer to another centre for treatment/care.</li> <li>Requiring time off work – more than 14 days.</li> <li>A concern outlining noncompliance with national standards, with significant risk to patient safety.</li> <li>RIDDOR reportable incident (significant harm).</li> <li>Pathology: Specimen loss, labelling error detected post analytically following further intervention.</li> <li>'Wrong Blood' transfusion</li> </ul>	Likely in many cases
<b>5 Catastrophic Harm</b>	<ul style="list-style-type: none"> <li>Concern leading to unexpected death, multiple harm or irreversible health effects.</li> <li>Concern outlining gross failure to meet national standards.</li> <li>Clinical/process issues that have resulted in avoidable, irrecoverable injury or impairment of health, having a lifelong adverse effect on lifestyle, quality of life, physical and mental wellbeing.</li> <li>Clinical process or issues that have resulted in avoidable loss of life.</li> <li>RIDDOR reportable incident (catastrophic harm).</li> <li>Significant/consistent reporting errors i.e. malignant as benign.</li> </ul>	Very likely

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## Appendix 4: Flowchart for Service Groups Complaint Management

In the event of breach of timescales Q&S must be informed so a holding letter can be sent		Service Groups Complaint Management – Concerns with 30WD			
Who	Complaint tracked by admin with check and chase undertaken to ensure timescales achieved	Action	Timescale	DAY	Escalation
Concerns Team		Complaint received by Q&S Team. It is assessed, graded and logged on Datix	Day 1	1	
Concerns Team		Complaint acknowledgement prepared and sent	Day 1 - 2	2	
Concerns Team		Complaint and copy of acknowledgement letter or note of verbal acknowledgement to be forwarded to appropriate Assistant Director and Cc'd to the Director. Turnaround time to be specified.	Day 1 – 2	2	
AD/HOS		Complaint is received and allocated to an Investigating Officer by AD/HOS, specifying turnaround time	Within 1 working day of receipt	3	
I.O.		I.O. makes direct contact with the person complaining, clarifying issues, provides reassurance and indicates time for potential completion. Advocacy will also be considered/advised.	Within 1 working day of receipt	4	
I.O.		I.O. conducts investigation, compiles a report and drafts a response for AD/HOS review	Max 15 working days	5 6 7 8 9 10 11 12 13 14 15	If response time is likely to be exceeded, the I.O. must seek permission from AD/HOS to extend investigation time. The AD/HOS must speak to the Q&S Unit to establish whether an extension is reasonable and agree the revised timescale the Q&S Unit will be required to send a holding letter/email to manage complainant's expectations and ensure effective communication.

Complaint tracked by admin with check and chase undertaken to ensure timescales achieved

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				1 6	
				1 7	
				1 8	
				1 9	
AD/HOS		AD/HOS review the draft and ensures all issues are addressed and forwards to the respective Director for approval	Within 1 working day of receipt	2 0	
Director		Director reviews and approves, forwarding to Concerns Team for quality assurance	Within 1 working day of receipt	2 1	
Concerns Team		Concerns Team quality assure and send to R.O./CEO for approval	Within 3 working days of receipt	2 2 3 2 4	

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**Powys Teaching Health Board Feedback Form**  
**Section A: Your Details**

Title:	
Name:	
Date of Birth:	
Address:	
Contact Details:	Telephone:
	Mobile Number:
	Email:

Are you the Patient?	Yes / No
----------------------	----------

**Section B: Concern on Behalf of Someone Else**

If you are raising the concern on behalf of someone else, please provide their details below:

Title:	
Name:	
Date of Birth:	
Address:	

Please tell us what your relationship to the patient is:

Relationship:	
---------------	--

**Section C: Details about the Concern**

Date event / incident occurred:

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Service Provider and Department (e.g. Brecon hospital, audiology department)

Have you already put your concern to the frontline staff responsible for delivering the service? If so, please give brief details of how and when you did so.

Summary of your concern / key issues

In your opinion, what went wrong?

Specific questions you would like answered:

Details of what you would like to happen as a result of raising your concern:

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**Please choose how you would like us to contact you:**

☐ Email☐ Telephone

Letter

**Section D: To be completed where the person raising the concern is not the patient:**

I hereby authorise

Name of person raising the concern:	
Address:	

To act on my behalf and receive all information that may be relevant to the concern.

I hereby agree that the health records and any personal information can be used in the investigation of the concern. I understand that access to records and personal information will be limited only to those who need to see them to investigate the issues raised and only those sections of the health records relevant to the investigation will be used.

Signature of Patient:	
Date:	

(Signature must be hand written)

Please return to: Concerns & Patient Experience Team  
Quality and Safety  
The Library  
Bronllys Hospital  
Bronllys  
LD3 0LS

Email: [concerns.qualityandsafety.pow@wales.nhs.uk](mailto:concerns.qualityandsafety.pow@wales.nhs.uk)

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<b>Board Meeting</b>		<b>Date of Meeting:</b> <b>31 January 2024</b>
<b>Subject:</b>	<b>DIRECTOR OF CORPORATE GOVERNANCE REPORT</b>	
<b>Approved and Presented by:</b>	Director of Corporate Governance / Board Secretary	
<b>Prepared by:</b>	Director of Corporate Governance / Board Secretary	
<b>Other Committees and meetings considered at:</b>	N/A	

**PURPOSE:**

The purpose of this paper is to provide the Board with a series of updates and request approval of various decisions in relation to Board related corporate governance.

**RECOMMENDATION(S):**

It is recommended that the Board:

1. **RATIFY** the application of the Common Seal applied on 1 occasion since the last report and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders;
2. **RECEIVE** the contents of Register of Interests for PTHB Board Members at 31 December 2023 (Appendix A) and take **ASSURANCE** that the Audit and Corporate Governance 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.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
✓	x	x

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

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

**BACKGROUND AND ASSESSMENT:**

**Affixing of the Common Seal**

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

Affixing of the Common Seal was taken on one occasion since the last report. This was taken in accordance with Section 9 of the Standing Orders. The document was authorised and signed by the Chair and Chief Executive then sealed by the Director of Corporate Governance / Board Secretary. Contrary to the Standing Orders the documents were not signed in the presence of the Director of Corporate Governance/Board Secretary due to the modern working environment of remote working and application of electronic signatures. Additional steps to check the confirm the authenticity of signatures are taken.

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

Date	Document / Purpose
December 2023	JCT Contract – PTHB and Cambrian Roofing

The Board is asked to **RATIFY** the application of the Common Seal on one occasion and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.

### **PTHB Board Member Declarations of Interest 2023/24 (December 2023)**

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 July 2023.

On the 16 January 2024, the register and supporting report was presented to the Audit and Risk Assurance Committee 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 Board is asked to **RECEIVE (Appendix A – paper 3.10a)** the contents of Register of Interests for PTHB Board Members, at 31 December 2023 and take **ASSURANCE** that the Audit and Corporate Governance 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.

#### **NEXT STEPS:**

The Board will continue to receive reports from the Director of Corporate Governance as required.

POWYS TEACHING HEALTH BOARD - REGISTER OF DECLARATION OF INTERESTS 2023/24								Updated: Dec 2023	
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	13.04.2023	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2008	16th October 2022	Recently retired as CEO of Powys Association of Voluntary Organisations (PAVO)	Salaried Employment		
		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		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	apr-18	Ongoing	Employee, Swansea University. (Manager of Community, Equalities & Chaplaincy, Student Services)	Salaried Employment		
Vice Chair	Kirsty Williams	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	apr-23	Current	Deputy Director Samaritans Powys	None	12.04.2023	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	nov-22	Current	ILEP- A Subsidiory of Cardiff University	None		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	Rhobert Lewis	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	NED of Green Inc Training Company Swindon	NIL	17.04.2023	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2022	Current	Chair of governors Neath Port talbot Group of Colleges Chair Confederal Governance UWTSD Member National Assembly for Wales Cross-Party Group on STEMM	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.	2020	Current	NPTC Group:Cross Party (Senedd) Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Trade Union)	Cathie Poynton	Personal	NIL	NIL	NIL	NIL	NIL	06.04.2023	
		Spouse/Partner/Other	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	£2668,80 p.a.net	24.04.2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Capital & Estates)	Mark Taylor	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	aug-12	Current	Auster Counselling Ltd	Non NHS	27.04.2023	23-okt-23
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	aug-12	Current	Wife Auster Consulting Ltd	Non NHS		
			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	aug-20	Current	Son - Final year of Pharmacy advanced qualification with CTMHB	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Not Known	Current	Brother in Law (John Young) Cognomie CEO	Not aware if operating in NHS Wales		
Independent Member (finance)	Tony Thomas	Personal	NIL	NIL	NIL	NIL	NIL	28.04.2023	31-mai-23
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	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	03.05.2023	
			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-Variou Healthcare Programmes	Salaried Employment	05.05.2023	

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		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		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2021	Current	Sister: Deputy CEO, The Advocacy Project, London	Salaried Employment		
			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	jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	04.05.2023	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	apr-14	Ongoing	NED IMPELO (dance organisation based in Powys)	None		
				jun-21	Ongoing	Chair Cricket Wales	None		
				mai-23	Ongoing	Cricket Director England and Wales Cricket Board	None		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (Local Authority)	Christopher Walsh	Personal	A position of authority in a Charity or Voluntary Body in Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	jul-22	Current	Chair of Brecon University Scholarship Fund	NIL	20.04.2023	
				mai-22	Current	Elected Member of Powys CountyCouncil	NIL		
				jun-05	Current	Elected Member of Brecon Town Countil • Chair of Finance Committee • Minor Authority school Governor (Priory Church of Wales)	NIL		
				2018	Current	Town Council GAP Member on the sustainable development Grant Committee with BBNPA	NIL		
				1984	Current	Member of the Labour Party • Brecon Branch Treasurer	NIL		
				1985	Current	Member of the Royal College of Nursing	NIL		
				1988	Current	A registered Nurse within the 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.	2003	Current	Owner of Celebratory Gifts/ Heraldic Names	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
EXECUTIVE MEMBERS									
Interim Chief Executive	Hayley Thomas	Personal	NIL	NIL	NIL	NIL	NIL	05.04.2023	
		Spouse/Partner/Other	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	Family member is the General Manager at Bronglais General Hospital, Hywel Dda University Health Board	Not Relevant		
Chief Executive (Secondment from 02.05.23)	Carol Shillabeer	Personal	Any other connection with a voluntary,statutory,charitabe or private body that could create a potential opportunity for conflicting interests	1990	Current	Member of the Royal College of Nursing	NIL	13.04.2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Director of Performance & Commissioning	Stephen Powell	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.	jul-89	Current	Brother is a Paramedic within Welsh Ambulance Service NHS Trust.	NIL	19.04.2023	
				sep-08	Current	Sister is an ITU Nurse within Cardiff & Vale University Health Board.	NIL		
				mar-20	Current	Wife is a Eating Disorders Nurse Specialist with Herefordshire & Worcestershire Health and Care NHS Trust.	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Director of Finance and ICT and Primary Care	Pete Hopgood	Personal	NIL	NIL	NIL	NIL	NIL	20.04.2023	
		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		
Director of Therapies and Health Science	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	11.04.2023	
			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		

Director of Nursing and Midwifery	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	22.06.2023	
		Spouse/Partner/Other	NIL	1994	Current	Member of the Royal College of Midwifery	NIL		
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		22.06.2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Director of Workforce and Organisational Development	Debra Wood Lawson	Personal	NIL	NIL	NIL	NIL	NIL	12.04.2023	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
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	Volunteer with Llanishen Cubs Association Member of Favulty of Public Health	NIL	26.04.2023	
		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 Director of Operations	Joy Garfitt	Personal	NIL	NIL	NIL	NIL	NIL	06.04.2023	
		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	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	07.04.2023	
		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 - Newydd Housing Group Limited (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	sep-22	Current	Partner - National CAMHs Programme Lead for the NHS Wales Collaborative	Employed Position/ Salary		
				jan-18	sep-22	Programme Lead - Together for Children and Young People (NHS Wales Collaborative)	Employed Position/Salary		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	okt-22	Current (to Sept 2024)	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		



## POWYS TEACHING HEALTH BOARD

### UNCONFIRMED

## MINUTES OF THE MEETING OF THE BOARD

HELD ON TUESDAY 29 NOVEMBER 2023

### VIA TEAMS

#### Present

Carl Cooper	Independent Member (Chair)
Kirsty Williams	Independent Member (Vice Chair)
Ronnie Alexander	Independent Member (General)
Simon Wright	Independent Member (University)
Rhobert Lewis	Independent Member (General)
Ian Philips	Independent Member (ICT)
Cathie Poynton	Independent Member (Trade Union)
Chris Walsh	Independent Member (Local Authority)
Hayley Thomas	Interim Chief Executive
Pete Hopgood	Director of Finance, Information Services and IT/Interim Deputy Chief Executive
Stephen Powell	Director of Planning, Performance and Commissioning
Claire Madsen	Director of Therapies and Health Sciences
Debra Wood-Lawson	Director of Workforce and OD
Joy Garfitt	Interim Director of Operations/Community and Mental Health
Kate Wright	Medical Director
Mererid Bowley	Director of Public Health
Claire Roche	Director of Nursing and Midwifery

#### In Attendance

Helen Bushell	Director of Corporate Governance
Zoe Ashman	Assistant Director of Quality and Safety
Nina Davies	Powys County Council (Associate member)
Adrian Osborne	Assistant Director of Communications and Engagement
Wayne Tannahill	Associate Director Capital and Estates



Katie Blackburn  
Victoria Sharpe  
Nigel Morries  
Liz Patterson  
Belinda Mills

Regional Director Llais  
Volunteer/Carer Manager  
Volunteer  
Interim Head of Corporate Governance  
Corporate Governance Officer

### **Apologies for absence**

Jennifer Owen Adams

Independent Member (Third Sector)

<b>PRELIMINARY MATTERS</b>	
PTHB/23/093	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> The Chair welcomed all participants to the meeting, Apologies for absence were noted and recorded as above.
PTHB/23/094	<b>DECLARATIONS OF INTEREST</b> The following declarations of interest were made in relation to agenda item 2.5 (Belmont Branch Surgery Gilwern closure) <ul style="list-style-type: none"><li>• Ronnie Alexander, Independent Member (General) declared that several family members were registered with the Practice, therefore he would not participate in the agenda item.</li><li>• Kate Wright, Medical Director declared that she was a patient of the Practice and would therefore limit her contribution to the item to that of her professional capacity as Medical Director; and</li><li>• Katie Blackburn, Regional Director Llais declared that she was a patient of the Practice and would therefore limit her contribution to the articulation of the perspective of Llais.</li></ul>
PTHB/23/095	<b>EXPERIENCE STORY</b> <b>a) Patient Experience Story</b> The Deputy Director of Nursing read out the patient story of an individual whilst at one of the community wards in Welshpool and highlighted her experience at very a critical stage in her life. The Director of Nursing and Midwifery noted that the Patient Experience stories are monitored through the Patient Experience, Quality and Safety Committee where a variety of

	<p>experiences are taken to the Committee. Themes and trends of those experiences are used to improve upon the learning.</p> <p>The Board welcomed the presentation and expressed its thanks to the patient for sharing their story.</p> <p><b>b) Staff Experience Story</b></p> <p>The Director of Workforce and OD introduced Mr Morries who provided an overview of a volunteer worker's experience with the Health Board at Bronllys Hospital, and the challenges faced on the ward.</p> <p>The Board welcomed the presentation and echoed thanks to the Mr Morries for sharing his story, the learning from which had been significant.</p>
PTHB/23/096	<p><b>UPDATE FROM THE CHAIR</b></p> <p>The Chair presented his report.</p> <p><b>UPDATE FROM THE VICE CHAIR</b></p> <p>The Vice Chair presented her report.</p> <p><b>UPDATE FROM THE CHIEF EXECUTIVE OFFICER</b></p> <p>The Chief Executive presented her the report and drew attention to the following matters:</p> <p>Stephen Powell has been appointed to the substantive role of Director of Performance and Commissioning for the Health Board and, the Local Authority have appointed, Emma Palmer as Chief Executive.</p> <p>A recent food hygiene inspection at Bronllys had resulted in a rating of one.</p> <p>The Director of Therapies and Health Sciences reassured the Board that urgent action has been taken to ensure all remedial actions are complete. The situation was quickly resolved in 20 days, emphasizing the importance of a safe environment for patients and staff. This prompted additional checks across all facilities in Powys to ensure that the lessons learned were implemented. A reinspection had been undertaken yesterday; it was hoped a revised rating would be issued next week.</p> <p>The Chief Executive noted the mid-year Joint Executive Meeting (JET) had taken place between the Executive Team and Welsh Government which had reflected on progress made to date and the challenges facing the organisation.</p>

	<p><i>Regarding Powys County Council, there is a critical connection concerning Health and Social Care that has an effect on the residents on Powys. Can further actions be taken to improve this relationship and what specific actions can be taken by the Board to ensure it is beneficial, efficient, and supportive to the residents of Powys.</i></p> <p>The Chief Executive Officer highlighted that much has been done in partnership, recognising there is always more to be done, particularly given the significant challenges facing the entire public sector. There are some recent developments whereby Health Board and Council colleagues now have in place a monthly Joint Executive team meeting focusing on areas of joint responsibility/focus. Four meetings have been held. A Board and Cabinet governance arrangement is also in development which will focus on strategic direction and effective partnership.</p> <p><i>From the food hygiene rating perspective, can assurance be provided that we can prevent this from happening in the future?</i></p> <p>The Chief Executive Officer stated that the team responded promptly to address this situation and advised that effective quality assurance systems were being put in place to ensure that the position is identified internally rather than relying on external food hygiene inspection.</p> <p><i>The assurance provided in relation to the food hygiene issue is welcomed. Can assurance be given that the Health Board will work closely with partner Health Protection agencies to ensure that five star ratings are achieved?</i></p> <p>The Chief Executive confirmed that the aim was to achieve five star ratings across all sites and that the Food Hygiene Report, along with the actions taken to address the issue would be subject of an assurance report to Committee.</p> <p><b>Action: Director of Therapies and Health Sciences</b></p> <p><i>In relation to the statistics on measles, can assurance be provided that as an organisation we are meeting these requirements in terms of public health?</i></p> <p>The Director of Public Health stated that outbreaks have occurred in both Wales and England. In relation to local action undertaken, a campaign over the summer included letters being sent to families of children between the ages of 4 to 16 who were not</p>
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	<p>fully vaccinated. The response to this campaign had been positive. In Powys, the overall Mumps, Measles and Rubella vaccination uptake is satisfactory, although a minimum of 95% compliance is required to effectively prevent outbreaks.</p> <p><i>Can an update be provided regarding the meeting that took place on 27 November 2023 concerning the Nevill Hall hospital Minor Injury Unit as mentioned on page 5 of the Chief Executive report?</i></p> <p>The Chief Executive Officer stated that the outcome of the meeting on 27 November 2023 would be obtained, and details will be shared with Board members.</p> <p><b>Action: Chief Executive Officer</b></p> <p>The Board RECEIVED and NOTED the Reports of the Chair, Vice Chair and Chief Executive.</p>
PTHB/23/097	<p><b>ASSURANCE REPORTS OF THE BOARD'S COMMITTEES</b></p> <p>The following Chair's Assurance Reports were received:</p> <p><u>Patient Experience Quality and Safety Committee</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on 24 October 2023. The Committee Chair highlighted the following matters for the attention of the Board:</p> <ul style="list-style-type: none"> <li>• The impact of resource constraints outlined within the Pharmacy and Medicines Management Services Report – the Committee will continue to monitor this at future meetings.</li> <li>• The Board level statement on Infection Prevention and Control – for the Boards awareness.</li> </ul> <p>The Board NOTED the report.</p> <p><u>Joint Patient Experience Quality and Safety and Workforce and Culture</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the first meeting of the Joint Committee on 24 October 2023.</p> <p>The Chair of the joint meeting welcomed the joint working that had taken place to examine common issues of quality and culture with a focus on good practice and learning. The Board was asked to note the query regarding Board Champions, the</p>

	<p>action has been added to the Board action log. The Director of Corporate Governance advised in relation to the Board Champion query that this would be considered in the PTHB Chair's Forum. It is also understood that the recommended list of Board Champions is currently under review nationally and it was expected that this would be reported following further information from Welsh Government.</p> <p>The Board NOTED the report.</p> <p><u>Executive Committee</u></p> <p>The Committee Chair presented the report which provided an overview of the matters considered by the Executive Committee on 20 September, 04 October, 11 October, 19 October and 01 November 2023.</p> <p>There were no specific items for escalation, a number of topics considered by the Executive Committee do appear on the Board agenda for the 29 November 2023.</p> <p>Page 8 of the report under the Integrated Quality Report the second bullet point should read:</p> <ul style="list-style-type: none"> <li>• Progress within the National Nosocomial Framework now completed all cases received ahead of time.</li> </ul> <p>Attention was brought to the following matters:</p> <ol style="list-style-type: none"> <li>1. Body Store Options</li> </ol> <p>The meeting considered the current arrangements and took decisions to clarify the operating model around the Body Store facilities.</p> <ol style="list-style-type: none"> <li>2. Executive Governance Meeting Structure</li> </ol> <p>The Board was advised that changes had been made to the Executive Governance meeting structure resulting in a change of subgroups reporting to the Executive Committee. This was designed to ensure the Committee responded accordingly to both organisational need and the escalation status for the Health Board.</p> <ol style="list-style-type: none"> <li>3. Continuing Health Care – Care Home Costs</li> </ol> <p>The Board was advised that their Continuing Health Care costs have continued to be significant. There is a particular issue around Care Home costs. An uplift to providers of 9.2% has already been agreed, however, further requests for support are being received. The Executive Committee would continue to</p>
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	<p>focus on this matter and reports would continue to be provided to the Delivery and Performance Committee.</p> <p>The Board NOTED the report.</p> <p><u>Charitable Funds</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on the 18 September 2023.</p> <p>The Board NOTED the report.</p> <p><u>Delivery and Performance Committee</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on the 17 October 2023.</p> <p>The Committee reinforced the ongoing attention of the Committee in relation to the financial situation recognising this is also an item consistently on the Board agenda. The Committee will continue to monitor and seek assurance as per its role.</p> <p>The Board NOTED the report.</p> <p><u>Planning, Partnership and Public Health Committee</u></p> <p>The Committee Chair presented the report which provided an overview of matters considered by the Committee on 16 November 2023. Attention was brought to the following matters:</p> <ul style="list-style-type: none"> <li>• Strategic Change Report – where local and adjacent changes to services are proposed</li> <li>• Additional Learning Needs (ALN) – work is taking place jointly with Powys County Council which will be the subject of a report to Board in January 2024</li> <li>• Future Deep Dive – will examine future demands on services due to an aging population with a focus on diabetes</li> </ul> <p>The Chief Executive advised that the ALN issue had been discussed at the joint Executive meeting between the Health Board and County Council.</p> <p><i>In relation to ALN, the close working with the County Council was welcomed by Members. There are specific duties that the organisation needs to determine if they are meeting at present. Whilst the PPPH Committee will monitor this position, it may be appropriate that this is escalated to Board.</i></p>
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	<p>The Chief Executive advised that this matter had been escalated to the Joint Committee to address this issue. It was suggested that this is brought back to either the Planning, Partnership and Public Health Committee or Board to provide assurance that the statutory duties were being met by 31 March 2024.</p> <p><b>Action: Director of Therapies and Health Sciences</b></p> <p>The Board NOTED the report.</p> <p><u>Audit, Risk and Assurance Committee</u></p> <p>The Committee Chair presented the item which provided an overview of matters considered by the Audit, Risk and Assurance Committee on 10 October 2023.</p> <p>The Board NOTED the report.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
PTHB/23/098	<p><b>REVISED 2023/24 FINANCIAL PLAN AND FORECAST</b></p> <p>The Chief Executive Officer presented the report providing an update on the national financial context for the NHS and the implications of this for Powys Teaching Health Board (PTHB), and the work that has been taking place in PTHB to respond to this. It proposes a revised financial plan for 2023/24 to achieve the financial improvement control total of £12m set by Welsh Government.</p> <p>On 8 November 2023, Welsh Government published a revised Health Board allocations with Target Control Totals for 2023/24. Additional funding of £460.2m had been allocated from Welsh Government to Health Boards in 2023/24 to support the significant cost pressures being incurred by the NHS, PTHB has received a proportionate allocation including both non-recurrent and recurrent elements. Given this context, it was highlighted that the approved financial plan had to be revised in order to improve the Board's financial performance which is equivalent to 10% of the planned financial deficit before year end.</p> <p>The Health Board, established a financial improvement process by developing scenarios and going through a process of design and review, including discussions in Board and In-committee to respond to the financial challenge.</p>

	<p>The principles and decision-making framework developed as a Board had a key aim of minimising and mitigating impact on patients, took staff welfare into consideration and aimed not to make short term decisions which would make things harder in the long term. The framework promoted a value-based approach to financial improvement and balancing the need for financial prudence with the duty of providing and commissioning health services. Impact assessments had been undertaken. The need to realise efficiency in corporate and administrative processes was emphasised.</p> <p>The Risk Appetite Statement and Corporate Risk Register would be revised to reflect the revised financial plan leading into 2024/25.</p> <p>The Level 2 Assessment process took an integrated approach to quality and equality, determining the impact of each scenario and supported a framework for selecting appropriate options. It was also noted the options being considered came from different sources patient feedback, an open call to all staff and a detailed review across the organisation.</p> <p>A learning approach was taken to ensure the impact assessment was fit for purpose. The Health Board will continue to work with various partners on refining the impact assessment during the implementation of the financial plan.</p> <p>The Financial Position and Target Control Total was outlined as at month 6, the Health Board was £0.5m off its financial plan in relation to the £33.5m deficit plan and within this position, a £7.5m savings and mitigating actions have been identified and were overachieving against this target.</p> <p>In Month 7, the share of the additional funding allocated to PTHB was £18.3m. £14.2m of which is conditionally recurrent and £4.1m is non-recurrent, resulting in a revised financial forecast and plan of £15.2m. It was highlighted that as of Month 7, the Health Board is £0.3m off the plan but forecasting to achieve the £15.2m revised plan. A further savings target of £3.2m was also in place to achieve the control total of £12m, set by Welsh Government.</p> <p>It was noted that there are actions underway to achieve £1.6m of the £3.2m target. This includes 15 schemes that will be delivering a forecast of £0.5m and an underspend of £1.1m as result of reduced expenditures, this is in accordance with letter</p>
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from Welsh Government. It was highlighted that there are schemes which will not be pursued before year end in 2023/24 and for completeness, there were options which were identified but not taken forward because they would have required national decision-making consideration.

The financial improvement target will be incredibly challenging for the Health Board and there are substantial impacts to manage, but the majority of financial improvement are delivered through measures that improve back-office efficiency and also utilise slippage without direct impact on patient facing services. Delaying planned investments to reduce the 2023/24 impact is one of the schemes highlighted.

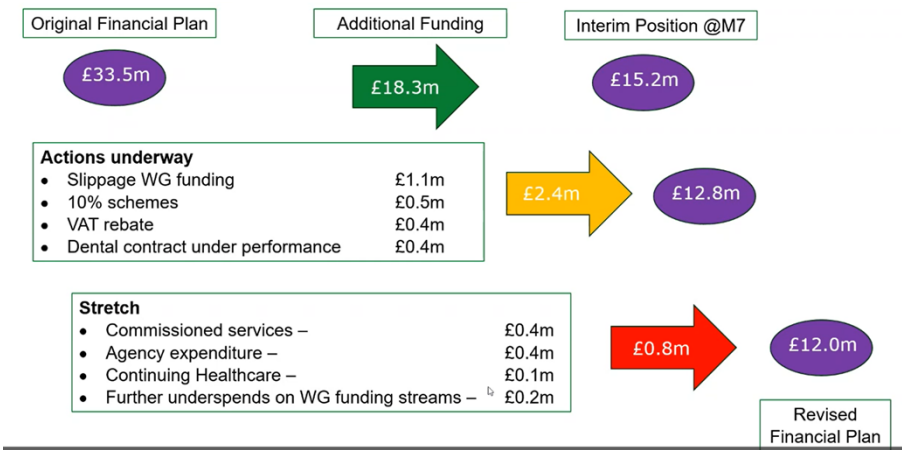
It was noted that some of the schemes discounted for 2023/24 was based on the impact assessment including a reduction in opening times of certain services and planned care treatment.

It was highlighted some of the risks to manage include performance of provider organisations in Wales and England, winter pressures, volume of Continuing Health Care packages, staff retention and unforeseen events.

It was highlighted that there was work underway nationally linked to the Value and Sustainability Board. There are a number of work streams areas underway linked to Continuing Health Care, Agency spend, Medicines and Prescribing, and Non-Pay and Procurement.

In summary, there is a need to find £3.2m savings of which £1.6m has already been identified. To close the £1.6m gap, a number of recommended options were outlined in the paper.

The Revised Financial Plan was set out as follows:



	<p>This plan will take the Health Board to the control total, but it will be challenging.</p> <p>The Chief Executive thanked the Board and colleagues for the work undertaken, the strong set of principles developed by the Board and the way in which the Board and organisation had approach the challenging situation.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to the statement in slide 8 "There were options which were identified for national decision-making consideration". Can you provide examples of those options and whether Welsh Government is actively considering those options?</i></p> <p>The Chief Executive Officer stated that as part of the submission to Welsh Government the Health Board identified some areas that they may wish to consider giving a national policy direction across NHS Wales. It is understood that active work is currently underway in these areas and although no feedback has been received at this stage. The Heath Board is informed that there will be no change in the direction of national policy in the 2023/24 annual plan to support the delivery of financial improvement. As soon as that assessment and information is shared, it will be shared with the Board.</p> <p><i>Noting a target of £0.4m from commissioned services, what work has been done on understanding the potential impacts of those reductions on commissioned providers?</i></p> <p>The Chief Executive Officer explained that one of the issues was allocation to support long waiting patients across Wales. This allocation was given directly to providers and for the Health Board it is important to ensure there is no duplication of payments for certain levels of activity.</p> <p><i>In relation to Continuing Health Care, is it appropriate to be setting a target and saving to be met from that area and what work has been undertaken to understand the impact on potential partners and patients?</i></p> <p>The Chief Executive Officer explained that the national Value and Sustainability Board, has been established to oversee those key area of cost pressures and to suggest ways of working to improve</p>
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	<p>the situation. The savings identified in relation to Continuing Health Care were in relation to this national work.</p> <p>The Regional Director of Llais added that the issue of neighbouring Health Board plans has been picked up at a national level with Llais, an oversight mechanism had been established to understand impacts, including on Powys.</p> <p>Llais recognised that in Powys there had been a focus on patient safety and experience, finding savings from back-office functions and avoiding patient impact. There will be longer term sustainability issues and Llais would work with the Health Board on these matters.</p> <p>The Medical Director noted this had been a really challenging process but shared that safety and quality, sustainability and value had been at the heart of the work undertaken.</p> <p>The Board NOTED the financial improvement required of the Health Board, in the context of its current financial performance; and APPROVED the revised financial plan for 2023/24.</p>
PTHB/23/099	<p><b>2023/24 ANNUAL DELIVERY PLAN Q2 REPORT AND PARTIAL PLAN RESET</b></p> <p>The Director of Planning, Performance and Commissioning presented the item providing a detailed update of the progress made against the Integrated Plan for the Quarter 2 period (July to September 2023), incorporating a partial Plan Reset exercise for the remainder of the year.</p> <p>It was noted that the report continues the same approach as with previous quarterly updates, with each Director updating their progress against their plans, and then the Executive team moderating and reviewing the results jointly. The report will go on to Welsh Government as an official statement once agreed by the Board.</p> <p>It was noted that this report and the planning process within the Health Board is also subject to the enhanced monitoring status and the Welsh Government oversight process. The future quarterly report will be provided against the revised reset plan if the plan is approved today.</p> <p>The detailed report in the presentation describes a summary overview of the performance to the end of the second quarter.</p>

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	<p>Some of the non-delivery of the milestones is due to slippage in key clinical posts and/or digital projects.</p> <p>It was noted that the report is detailed, and the narratives highlighted in pink represents the milestones that are being requested to be reset by Directors. The end of each section of the report explains why the Executive team are recommending resets.</p> <p>It was noted that the overall strategic aim of the plan remains in place, however, the Health Board had to do some short-term adjustments to improve the delivery of the control total and performance against Ministerial Measures, and as an Executive team take proactive steps to reset some of the planned activities.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>The digital pie chart has a large red section. What is the reason for this? The provision of digital services will be a key element to be able to deliver in the future.</i></p> <p>The Director of Finance, Information and IT highlighted that it was partly linked to when funding becomes available linked to a national programme led by Digital Health and Care Wales requiring an element of national action to make progress. However, the focus is on ensuring that the Health Board has the capacity, resources, skills and expertise to deliver the ambition of the Health Board across all its services.</p> <p>The Board Received ASSURANCE that the organisation has appropriate mechanisms in place to monitor delivery against the Annual Plan;</p> <p>Received ASSURANCE against delivery of the plan at the end of quarter 2;</p> <p>APPROVED the reset to the Annual Delivery Plan for the remainder of 2023/24.</p>
PTHB/23/100	<p><b>PLANNING APPROACH 2024 ONWARD</b></p> <p>The Director of Planning, Performance and Commissioning presented the item which provided an update on the planning approach for 2024 onwards. This has been fully considered at the Planning, Partnerships and Population Health Committee who supported the approach for presentation to PTHB Board.</p> <p>It was noted that the Health Board has chosen to implement a five-year plan which is slightly longer than the traditional three-year plan undertaken by NHS organisations in Wales but is in</p>

	<p>recognition of some of workforce, finance and service sustainability challenges faced.</p> <p>It was noted that although the planning guidance for 2024/25 have not been published, the Health Board had started its planning approach.</p> <p>A comprehensive presentation has been prepared which captures the influencing factors on the plan, covers the current year performance and the projected outturn provides a starting point for next year and beyond.</p> <p>The presentation also considers some environmental factors that influence the Health Board from a PESTLE analysis from a Political, Economic, Social, Technological, Legislative and Environmental changes that impact our work and plans, and the expected deliverables that the planning guidance will lay upon the Health Board and the wider NHS for improvements.</p> <p>It was highlighted that slide 12 shows some of the influencing factors over the next 10 years. Public Health Wales and Welsh Government have done a comprehensive review of several factors influencing health provision and population health outcomes in terms of population projection, terms and conditions, risk factors, staff availability, economic consideration, and new technology. All these factors will be built into the plan.</p> <p>The Health Board is working alongside key stakeholders and partners to bring the Powys County Council 'Sustainable Powys' and the Health Board 'Better Together Accelerated Sustainability Model' together to further influence outcomes.</p> <p>The timescale, for submitting a comprehensive, narrative and numerical plan that captures the volume of activity to be delivered within the workforce and finance available before submission by the end of March 2024 was outlined. Further work would be undertaken in forthcoming Board Development sessions.</p> <p>The Board CONSIDERED the approach set out to develop the next 5-year plan, as supported by the Planning, Partnerships and Population Health Committee.</p>
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PTHB/23/101

**SOUTH POWYS PROGRAMME-CONSULTANT LED MATERNITY and NEONATAL CARE**

The Director of Nursing and Midwifery presented the item which provides the organisations' completed readiness assessment and recommendation regarding the strategic pathway change for consultant led maternity and neonatal care for South Powys as consulted upon under the South Wales Programme.

Prior to the Covid-19 pandemic the South Powys Programme Board had been established to prepare for changes to obstetric led maternity services from Aneurin Bevan University Health Board (ABUHB) to Cwm Taf Morgannwg University Health Board (CTMUHB). During this time CTMUHB were put into 'Special Measures' for Maternity Services. An Independent Maternity Safety Oversight Panel (IMSOP) has monitored the improvement journey and has now concluded that CTMUHB can continue improvement without the need for independent oversight and support from IMSOP. CTMUHB Maternity Services have been de-escalated and are now at 'Enhanced Monitoring'. The proposed pathway changes for consultant led maternity and neo-natal services for South Powys women and families are now recommended to transfer from ABUHB to CTMUHB.

Independent Members sought assurance by asking the following questions:

*How do you intend to provide assurance to the Patient Experience Safety Committee that risks and trends in the CTMUHB services are picked up early through the Integrated quality report?*

The Director of Nursing and Midwifery stated that there is a monthly Maternity Matters Assurance Forum within the organisation. This forum is an assurance meeting, and on a quarterly basis it is extended and has a particular emphasis on assurance from provider services. There is a focus on all of the commissioned services, including Cwm Taf, Shrewsbury, Telford and Hereford, and this will continue to be reported back to the PEQS Committee in the Integrated Quality Report.

*Can you confirm that pathway change from Bristol Royal Hospital for Children to University Hospital Wales is in place in relation to foetal medicine?*

The Director of Nursing and Midwifery confirmed that in relation to foetal medicine, the women do have a pathway into foetal medicine at the University Hospital in Wales via obstetrics services within CTMUHB services.

	<p><i>What communications will be shared regarding the formal switch of services and what assurance will be given to women and families who have any residual concerns around the negative publicity and the history of CTMUHB services?</i></p> <p>The Director of Nursing and Midwifery advised that this is undertaken via the women's designated midwife. Any woman who qualifies for obstetrics led care during pregnancy will have extensive and meaningful conversation with their midwife during the booking appointment and throughout the pregnancy to ensure that they understand the pathway into obstetric care.</p> <p><i>What plans do we have to capture women's experience if they are accessing commissioned services?</i></p> <p>The Director of Nursing and Midwifery advised that both the Maternity Services Team and Central Quality and Safety Team have been working hard to capture experiences of people who use commissioned services, and this is reported through our Monthly Matters Assurance Committee.</p> <p>The Board RECEIVED the report; and APPROVED the recommendation for the strategic pathway change for consultant led maternity and neonatal services for South Powys to be provided by Cwm Taf Morgannwg University Health Board.</p>
PTHB/23/102	<p><b>DIRECTOR OF CORPORATE GOVERNANCE REPORT</b></p> <p>The Director of Corporate Governance presented the report providing an overview of updates and requested approval of decisions in relation to Board related Corporate Governance.</p> <p>The Board APPROVED the amendments to the PTHB Model Standing Financial Instructions for Capital payments; RATIFIED the Chair's Actions taken on the 3 and 23 November 2023; and RATIFIED the Chair's recommendations for Committee membership for the remainder of 2023/24.</p>
PTHB/23/103	<p><b>MINUTES OF PREVIOUS MEETING: 27 SEPTEMBER 2023 (FOR APPROVAL) AND ACTION LOG</b></p> <p>The minutes of the meeting held on 27 September 2023 were APPROVED as a true and accurate record subject to two minor amendments on page 3 (declarations of interest) and page 19 (Belmont Surgery).</p> <p><u>Action Log:</u></p> <p><b>PTHB/23/06, PTHB/23/081 and PEQS &amp; WC/23/05 -</b> These three actions are on track.</p>

	<p><b>PTHB/23/074</b> -This item has been transferred to the Delivery and Performance Committee and will move to the action log and will be reported back Board via the Chairs update report.</p> <p>The Board RECEIVED and DISCUSSED the Action Log.</p>
<p align="center"><b>ITEMS FOR BOARD ASSURANCE</b></p>	
PTHB/23/104	<p><b>ESCALATION AND INTERVENTION STATUS REPORT</b></p> <p>The Director of Corporate Governance gave a presentation, the Health Board had been moved from routine monitoring into an enhanced level of escalation and intervention status with Welsh Government, in relation to Planning and Finance. All other areas remained at routine monitoring.</p> <p>Confirmation of status of the monitoring was received from the Minister for Health and Social Services Minister in September 2023, following a number of tri-partite meetings held by Welsh Government officials and other external regulators. An initial meeting with Welsh Government to discuss the enhanced monitoring status has taken place and the Health Board has been given an opportunity to discuss the terms of reference focussing on the implementation approach and the de-escalation criteria.</p> <p>The information had been shared virtually with the Board once received.</p> <p>It was noted that Integrated Quality and Performance (IQPD) meetings with Welsh Government will be increased to monthly from quarterly. A series of Director-to-Director contact meetings (Planning and Finance) will take place on a monthly basis. The Joint Executive Meetings (JET) with Welsh Government will remain on a bi-annual basis.</p> <p>The Executive Committee sub-group structure has been reviewed to ensure there is focussed, efficient governance and assurance in relation to all areas of the Executive Committee responsibilities but particularly in relation to planning and finance. The frequency of the Delivery and Performance Committee had already been increased from quarterly to bi-monthly and an Independent financial advisor has been recruited to support Delivery and Performance and Audit, Risk and Assurance Committees whilst the Independent Member (Finance) vacancy is out to recruitment by Welsh Government.</p> <p>The assurance arrangements of the Board were proposed as, the Executive Committee will continue to lead the Executive led</p>



	<p>scrutiny and assurance; the Delivery and Performance Committee will lead the Board level scrutiny and assurance, both will report to Board at each of its meeting and the Board will receive a bi-annual report, particularly focusing on de-escalation criteria.</p> <p>External assurance arrangements include Welsh Government which will continue to lead their monitoring approach through the increased frequency of the monthly IQPD meetings, JET, and profession to profession sessions. The Structured Assessment Report (Audit Wales) will be received by Board, but this will not comment on the escalation status but on the governance, finance and planning arrangements within the Health Board. The Audit, Risk and Assurance Committee will continue to receive the Internal Audit reports and plan.</p> <p>The Interim Chief Executive advised that the Executive team had undertaken to lead the response to the escalation status with Welsh Government and to be clear about the control the Health Board is taking to minimise the impact of the changed status on the wider organisation. It is vital staffing efforts remains focussed on patients and the delivery of our plans.</p> <p><i>Can the context of monitoring across NHS Wales be shared?</i></p> <p>The Interim Chief Executive noted that it is difficult to draw comparisons but for the Health Board this is an increase from routine monitoring to enhanced monitoring, but other organisations are managing both special measures and targeted intervention and all the Health Boards are in some form of intervention. Collectively the NHS Wales body will work on reducing the escalation of each of the individual organisations.</p> <p>The Board RECEIVED the Escalation and Intervention Status Report for assurance and SUPPORTED the oversight and monitoring mechanisms proposed.</p>
PTHB/23/105	<p><b>FINANCIAL PERFORMANCE MONTH 7</b></p> <p>The Director of Finance, Information Services and IT presented the report which provided an update on the October 2023 (Month 07) Financial Position, including progress with savings delivery.</p>

	<p>The following matters were highlighted for the Board's attention:</p> <ul style="list-style-type: none"> <li>• In month 7, Welsh Government issued £18.3m additional funding to the Health Board. This has resulted in the forecast deficit being revised to £15.173m.</li> <li>• As of month, 7 there is a £9.138m overspend against the planned month 7 deficit of £8.851m giving the Health Board an operational overspend of £287k.</li> <li>• The Health Board is on track to spend the Capital Resource Limit for 2023/24 of £3.656m. To date £0.95m has been spent.</li> <li>• Key cost pressures include an overspend in primary care prescribing and agency spend, especially within mental health services. The agency spend relates to a number of vacancies and this is an area of focus and action.</li> <li>• At month 7 there is an overspend of £1.48m on the commissioning budget of £96.024m which accounts for 40% of expenditure and is a result of savings not achieved and increased spend on English providers.</li> <li>• At Month 7 there is an overspend of £1.299m on a prescribing budget of £28.831m as a result of price inflation and increased prescribing activity. It is an area where focused activity has taken place but a significant overspend remains. As at month 7, there is an overspend of £0.173m on year-to-date budget of £16,885m against Continuing Care (CHC) and Funded Nursing Care due to an increase in costs along with an increase in the complexity and number of patients requiring CHC.</li> <li>• £7.5m of savings are required of which £5.1m of green saving schemes and £3.3m amber saving schemes have been identified. This is greater than the £7.5m required which allows for a degree of slippage. A further £1.7m red saving schemes in the pipeline.</li> </ul> <p>It was highlighted that due to the £15.173m revised forecast financial deficit, the Health Board will require additional cash in the latter part of the year (month 12) to meet ongoing commitments. Welsh Government had asked that formal applications for strategic cash support be submitted by 23 November 2023, the Health Board had complied with this request.</p> <p>Independent Members sought assurance by asking the following questions:</p>
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	<p><i>What is driving the cost pressures in mental health? How can that situation can be recovered and will some of the national work taking place be beneficial to the Health Board?</i></p> <p>The Director of Finance, Information and IT explained that health is a dynamic system subject to constant pressures in terms of inflation, and availability of staff to fill vacancies. The Health Board is doing everything possible in areas, such as mental health and agency but there is a lot of pressure due to vacancies, increased demand and individual care requirements. The priority is to provide the most appropriate care. From a financial perspective this is being approach through staffing recruitment, using affordable agencies and getting additional people into the bank resource.</p> <p><i>In relation to prescribing, is some of the increase in prescribing as a result of delays in accessing secondary care?</i></p> <p>The Director of Finance, Information and IT stated that that the team do a lot of good work in this area including bio-similar drugs which provide the same outcome for less cost. However, inflation and demand pressures are a continuous challenge that is being managed as part of risks and opportunities.</p> <p>The Medical Director added that the medicine management team has been working together with primary care to implement an efficient plan. This plan aims to explore all opportunities and regularly gathers feedback to ensure optimal medicine management. This is a good practice that improves patient prescribing. Obtaining data to show the impact of delays to accessing secondary care impact has been difficult but anecdotally this appears to be the case. Regarding bio-similar medications, efforts have continued between the Health Board, service providers, and commission services to ensure optimal medication choices for patients.</p> <p><i>In relation to agency spend the Health Board is an outlier in relation to the rest of Wales. Are there any examples of good practice that can be drawn from elsewhere?</i></p>
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	<p>The Director of Finance, Information and IT stated that it is a multilayered action plan and step one is to fill the vacancy removing the need for an agency. However, there may be operational pressures and demand which means increased care may be needed resulting in the use of agency on contract rather than off contract. There is a national programme looking at pay and how contracts can provide the best value if agency was needed.</p> <p>The Director of Workforce and OD added that there is no quick solution to this issue. A number of activities are ongoing including increasing the number of overseas nurses. Currently, there are 10 nurses with 4 or 6 more expected in the next few months. Additionally, 22 aspiring nurses are now health care support workers. Off agency spend data shows that the additional healthcare support workers are now resulting in a reduction in agency spend. The specialist and additional support that some patients require has been problematic, but there is no new insight from other Health Boards that is not already in the PTHB action plan. The plan is to scale up the number of overseas nurses and aspiring nurses next year. Retention of nurses and midwives accounts for 25% of turnover. A national nurses and midwifery retention plan has been implemented, with funding provided by Health Education and Improvement Wales to encourage nurses to stay in the organisation.</p> <p>The Director of Nursing and Midwifery confirmed that the Health Board was not an outlier compared to other organisations in relation to vacancy rates.</p> <p>A recent survey by the Royal College of Nurses has identified an increase in the number of mental health concerns that are being experienced. This of concern in relation to the nursing profession and in relation to Medical Job Planning. The wellbeing of staff is fundamental to the retention of our workforce.</p>
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	<p>The Medical Director considered this was the most challenging time in health care with evidence of stress in the workforce. The challenge in Powys related to the number of small sites and teams, resulting in challenges in providing peer support and mentoring and in providing cover support. The acuity of patients has risen since the pandemic across the whole system. This may mean that despite the best efforts of the team, agency staff may be required.</p> <p>The Board:</p> <ul style="list-style-type: none"> <li>RECEIVED the financial report and took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place.</li> </ul> <p>The Director of Operations, Community and Mental Health left the meeting</p>
PTHB/23/106	<p><b>INTEGRATED PERFORMANCE REPORT MONTH 6</b></p> <p>The Director of Planning, Performance and Commissioning presented the item which provided an update on the latest available performance position for the organisation against the NHS Wales Performance Framework up until the end of June September 2023 (month 6). It was noted that the month 6 position provided within the report remains in new format (which focuses on metrics in escalation/exception). Attention was drawn to the following areas:</p> <ul style="list-style-type: none"> <li>key performance challenges remain across planned and unscheduled care access.</li> <li>waiting times were a particular issue in both provider and commissioned service. Provider services are reliant on in-reach support and whilst waiting times in England have improved, this has not been the case in Wales.</li> <li>key appointments into a number of roles both in the delivery of planned care, including a new theatre manager, some clinical oversight for planned care and also some appointments to fill vacancies in therapies should result in improved performance.</li> <li>exception and escalation performance framework meetings have taken place with service managers and service leads to get an understanding of when and how performance will improve to deliver the ministerial measures.</li> </ul>

- A number of ministerial targets are not being met yet and in some cases the performance is deteriorating. Additional work has been undertaken recently and there is an increasing level of confidence that some of these measures will be improved upon over the last five months.
- the next report will provide a restated forecast outturn and delivery confidence particularly for those ministerial measure trajectories.

Independent Members sought assurance by asking the following questions:

*Recovery monies to reduce long waiting lists in Wales were given to other Welsh Health Boards. What assurance can be given that Powys patients are being seen in other Welsh Health Board to reduce the very long waits?*

The Director of Planning, Performance and Commissioning confirmed that there is full visibility on all patients waiting across Wales, who is waiting, what for, where and how long the wait is. The reports are received weekly, and work is also being undertaken with the finance team and with a better understanding of the volume and value of activities being undertaken versus the money that is being spent. Each month, the team review contract performance to see how that is getting on.

In relation to the funding not received, there is a mechanism in place for communicating with other Health Boards to ensure the Health Board is not being double charged for activity. Work is being undertaken with those Health Boards to create a mechanism by which regular checks can be conducted, and to understand what plans they have in place to progress activity and improve capacity and access.

*When that mechanism is deployed how will that be reported to members of the Board?*

The Director of Planning, Performance and Commissioning confirmed that it will be reported to the Delivery and Performance Committee and that it related to one of the mitigating factors to get down to the control total of £12m which would contribute to the delivery of £400k.

**Action: Director of Planning, Performance and Commissioning**

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	<p><i>In relation to long waits over Referrals to Treatments, how long over 104 weeks are the waits, and will this affect people mainly in Ystradgynlais? Is this wait time reducing?</i></p> <p>The Director of Planning, Performance and Commissioning stated there are patients waiting over four or five years across some of our Welsh Health providers, but the very extreme long waits (over three years) are beginning to reduce in number across Wales. However, the number of patients being added to the waiting list having to wait for two years is currently increasing not decreasing. It will take some time for extreme long waits to be eradicated in Wales, and similarly in England. In Powys we have some patients waiting over two years, the number of patient waiting from 52 weeks up to 104 weeks is increasing. It is expected that given current pressures this position will deteriorate over the remaining five months.</p> <p>The Board DISCUSSED and NOTED the content of this report.</p> <ul style="list-style-type: none"> <li>• Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</li> </ul>
PTHB/23/107	<p><b>GILWERN BRANCH CLOSURE ASSURANCE REPORT</b></p> <p>The Assistant Director of Communications, Engagement and Corporate Governance joined the meeting.</p> <p>The Director of Finance, Information and IT presented the report providing an update on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice's Belmont Branch Surgery in Gilwern.</p> <p>It was highlighted that the:</p> <ul style="list-style-type: none"> <li>• community well-being and information event took place in Gilwern on 3 November 2023</li> <li>• letters were distributed to all households of registered patients in the Gwent area of the practice confirming closure of the Belmont Branch Surgery from 30 Nov</li> <li>• regular meetings with local community transport providers are ongoing and will continue post closure to check on what the impact has been</li> <li>• changes in practice registration continues to be monitored and will be kept under review post the closure date to understand and make sure that if there are any other actions needed, they will be taken.</li> </ul> <p>Further meetings of the Task and Finish group are arranged in December and January to review the plan and review areas</p>

	<p>highlighted for any unexpected movement or changes. A further update on progress will be presented to the Board on 31 January 2024.</p> <p>The Regional Director of Llais advised a couple of issues have been raised from a Llais perspective, they had been listened to and taken forward.</p> <p>The Board RECEIVED the update on the mitigation plan and took ASSURANCE in relation to the progress being made on further development and delivery of the mitigation plan.</p>
PTHB/23/108	<p><b>WINTER RESILIENCE PLAN 2023/24</b></p> <p>The Director of Planning, Performance and Commissioning presented the item which presented the System Resilience 'Winter plan' for 2023/24.</p> <p>It was noted that this was a System Resilience Winter Plan that picks up actions to be taken as a Health Board, with partners such as Powys County Council, and neighbouring Health Boards and Trusts. It is a shared plan which has been developed with the Regional Partnership Board and wider partners in Powys. There was no separate financial allocation this year. Welsh Government has increased an oversight in this area and have set up a planning and response group to look at system pressures.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Given there is no dedicated funding for winter pressures, is Welsh Government expecting the Further Faster funds will be used to support the Health Board in implementing the plans?</i></p> <p>The Chair of the Regional Partnership Board (Kirsty Williams) advised that a letter had been received from Welsh Government emphasising the importance of improving system flow by decreasing delays in assessment.</p> <p><i>Can an update be given on the position in relation to the Trusted Assessor model with the intention to reduce delays and assessment?</i></p> <p>The Director of Planning, Performance and Commissioning stated that an allocation of £349k has been received via the RPB, plans are in place. The Director of Operations, Community and Mental Health advised that a focus on timely assessment</p>

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	<p>has resulted in assessments being completed more quickly, however, the delay has then shifted to the time taken to commission packages of care.</p> <p>The Vice Chair added that the RPB meeting was delayed and will take place shortly.</p> <p><i>In relation to issues around respiratory, vaccination and infection prevention and control. How sensitive is the system to being levered up or down?</i></p> <p>The Director of Public Health confirmed that the Respiratory Vaccination Programme, which covers flu and covid vaccinations is in place. A surge plan is in place for vaccination which has been exercised this year and there is a joint oversight group with the local authority and Public Health Wales. Tests for respiratory infections in vulnerable groups, mainly care homes in Powys are continuing and plans are in place for increased contact tracing and testing if needed. The Director of Nursing and Midwifery added that from an infection prevention and control perspective, the Infection Prevention Control Advisory Group has been established which meets regularly.</p> <p>The Director of Planning, Performance and Commissioning added that he attended a meeting with the newly formed Health and Social Care Service System Resilience Planning group which has been stood up by Welsh Government and meets weekly to discuss concurrent issues and create an eight week forward plan to mitigate some of the risks.</p> <p>The Board took ASSURANCE that the system Resilience 'Winter Plan' is in place for the 2023/24 season.</p>
PTHB/23/109	<p><b>ASSURANCE REPORTS OF BOARD PARTNERSHIP ARRANGEMENTS INCORPORATING RPB PROGRESS REPORT</b></p> <p>The Chief Executive provided an update in respect of the matters discussed and agreed at recent partnership board meetings, including a detailed report on the Regional Partnership Board which provided an update on recent activity of the key work programmes and thematic partnerships within the RPB.</p> <p>The Associate Director of Capital, Estates and Property presented detail in relation to the joint Strategic Capital Plan to</p>

	<p>provide assurance of work in the collaborative arena. It feeds into Welsh Government initiatives for estates rationalisation across the public and third sector. It is the first version of a 10-year plan.</p> <p>The Vice Chair (in her role of Chair of the RPB) noted this was ongoing work to improve reporting and assurance mechanisms in respect of capital and revenue spend. Clarity is being provided on the role of RPB, both what it can and cannot do.</p> <p>The Chair welcomed the report and noted that whilst RPBs had been set up by statute there was an accountability gap, and this report was an attempt to provide assurance in this regard.</p> <p>More general updates were provided in relation to the following:</p> <ul style="list-style-type: none"> <li>• NHS Wales Shared Services Partnership Committee (NWSSPC) held on 21 September 2023.</li> <li>• Powys Public Services Board (PSB) last met on the 04 October 2023.</li> <li>• Regional Partnership Board (RPB) held on 18 September 2023; and</li> <li>• Joint Partnership Board (JPB) has not met since the last meeting of Board.</li> </ul> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>In relation to decarbonisation route map, how will decarbonisation appear in terms of process for the various organisation within this group. How will partner organisations work together using the example of decarbonisation to demonstrate how well a joint goal can be achieved?</i></p> <p>The Associate Director Capital, Estates and Property stated that as part of governance strengthening an opportunity investment tool has been developed. This tool considers various criteria for prioritising projects, including decarbonisation. A significant amount of work is being done collaboratively, such as the North Powys Project, to develop a net zero approach with guidance from the Welsh Government. Additionally, there is ongoing coordination with the Welsh Government Energy Service for evaluating the overall asset landscape across the estate.</p> <p>The Associate Member advised that the RPB are making positive steps forward in terms of governance and assurance and this will continue to strengthen the partnership.</p>
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	<p>The Board DISCUSSED and NOTED the contents of this report; Took ASSURANCE that the Powys RPB has appropriate governance and engagement systems in place to deliver against agreed joint partnership priorities as set within the Joint Area Plan / Health and Care Strategy; Received ASSURANCE that the RPB strategic capital plan is in place for Powys.</p>
PTHB/23/110	<p><b>ASSURANCE REPORT OF JOINT COMMITTEES</b></p> <p>The Chief Executive presented the item summarising matters discussed and agreed at recent meetings of the Joint Committees of the Board:</p> <ul style="list-style-type: none"> <li>• Welsh Health Specialised Services Committee (WHSSC) held on 19 September 2023.</li> <li>• Emergency Ambulance Service Committee (EASC) held on 19 September 2023 where attention was particularly drawn to the opportunity that Board will have to discuss the Emergency Medical Retrieval and Transfer, and Air Ambulance Service proposals</li> </ul> <p>The report also provided an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC) and conference held on 14 November 2023.</p> <p>The Board NOTED the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</p>
PTHB/23/111	<p><b>ASSURANCE REPORT OF LOCAL PARTNERSHIP FORUM</b></p> <p>The Director of Workforce and OD presented update to the Board in respect of matters discussed at the recent Local Partnership Board meeting on 02 October 2023.</p> <p>The Board RECEIVED and DISCUSSED the update report appended to this report.</p>
PTHB/23/112	<p><b>LLAIS REGIONAL DIRECTOR REPORT</b></p> <p>The Regional Director of Llais presented her report and highlighted that the deep dive and local visit to Builth Wells was now complete having also visited Welshpool and Ystradgynlais. The next visit planned is to Llanidloes. Each location has been different providing rich data.</p> <p>Powys is driving the hyper local approach of going to the communities rather than waiting for the communities to come to them and that has worked very well at Builth Wells. It was</p>

	<p>also noted that the livestock market and schools were visited and community groups.</p> <p>Following the deep dive, a workshop is organised involving Local Authorities, Health Board, third sector representatives including volunteers and schools to discuss what has been heard.</p> <p>It was highlighted that there have been a number of service changes that have impacted Powys including the Nevill Hall Hospital MIU, Stroke Services and the EMRTS service. Llais was disappointed not being involved in the phase 2 engagement documentation in relation to EMRTS and had raised this with EASC.</p> <p>The Chief Executive noted that arrangements for the sharing of reports to the Patient Experience, Quality and Safety Committee was being put in place.</p> <p>The Chair noted the hyper local approach was being considered by other Llais regions. The offer of a development session was noted and the appointment of Grace Quantock as a Regional Ambassador was noted.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>There is reference to GP behavioural contracts in the report. Could this be considered by the Patient Experience, Quality and Safety Committee?</i></p> <p>The Chief Executive advised that there was a general concern regarding off listing of patients with certain behaviours from a primary care setting. The process and numbers of patients affected would be reported to PEQS.</p> <p><b>Action: Director of Corporate Governance</b></p> <p>The Chief Executive further confirmed that in relation to the EMRTS and Welsh Air Ambulance Services proposals, as part of the Boards consideration the Board will wish to take due note of Llais' views as part of consultation and engagement arrangements.</p> <p>The Chief Executive advised that the Strategic Change Report had been considered at the Planning, Partnerships and Population Health Committee where changes to Stroke Services was reported. She had taken an action to get a pan Wales (including cross border) arrangement for proposed stroke services to ascertain how proposals affect Powys patients.</p>
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<b>OTHER MATTERS</b>	
PTHB/23/113	<b>BOARD WORK PROGRAMME</b> The Director of Corporate Governance highlighted the work programme as part of a rolling programme. A further item to be included is the Digital Strategic Framework to March Board. <b>Action: Director of Corporate Governance</b>
PTHB/23/114	<b>ANY OTHER URGENT BUSINESS</b> No other matters of urgent business were raised
PTHB/23/115	<b>DATE OF THE NEXT MEETING:</b> 31 JANUARY 2024, via Microsoft Teams
PTHB IC/23/116	The following motion was passed: <i><b>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.</b></i>
<b>Present</b> Carl Cooper	Chair
Hayley Thomas Kirsty Williams Cathie Poynton Ian Phillips Rhobert Lewis Simon Wright Ronnie Alexander Chris Walsh  Pete Hopgood  Claire Roche Mererid Bowley Stephen Powell Kate Wright Claire Madsen Debra Wood Lawson Joy Garfitt	Interim Chief Executive Vice Chair Independent Member (Trade Union) Independent Member (ICT) Independent Member (General) Independent Member (University) Independent Member (General) Independent Member (Local Authority)  Director of Finance, Information and IT Director of Nursing and Midwifery Director of Public Health Interim Director of Performance and Commissioning Medical Director Director of Therapies and Health Sciences Director of Workforce, OD and Support Services  Interim Director of Operations, Community Care and MH

<b>In Attendance</b> Helen Bushell Wayne Tannahill Liz Patterson Katie Blackburn	Director of Corporate Governance Associate Director Capital and Estates Interim Head of Corporate Governance Regional Director Llais
<b>Apologies for absence</b> Jennifer Owen Adams	Independent Member (Third Sector)
<b>PRELIMINARY MATTERS</b>	
PTHB IC/23/117	<b>WELCOME AND APOLOGIES FOR ABSENCE</b> The Chair welcomed all participants to the meeting. Apologies for absence were received as recorded above.
PTHB IC/23/118	<b>DECLARATION OF INTEREST</b> No interests were declared in addition to those already declared within the published register.
<b>ITEMS OR APPROVAL, DECISION OR RATIFICATION</b>	
PTHB IC/23/119	<b>COVID-19 PUBLIC INQUIRY PREPARATION AND READINESS UPDATE</b> Rationale for item being held in private: matter subject to legal professional privilege.  The Board NOTED the progress on organisational preparedness for the UK Covid-19 Public Inquiry including the sources of assurance.
PTHB IC/23/120	<b>MINUTES FROM THE IN-COMMITTEE MEETINGS HELD ON 27 SEPTEMBER 2023 AND ACTION LOG</b> The minutes of the In-Committee meetings held on the 27 September 2023 were agreed as a true record. The Action Log was received.

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# Powys THB Finance Department Financial Performance Report Board

**Period 09 (December 2023)  
FY 2023/24**

**Date Meeting: 31 January 2024**

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# Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 9 OF FY 2023/24
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 24 January 2024

PURPOSE:
This paper provides an update on the December 2023 (Month 09) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Board is asked to <b>receive</b> the financial report and take <b>assurance</b> that the organisation has effective financial monitoring and reporting mechanisms in place.
The Board is asked to consider and discuss the financial forecast for 2023/24 and revised underlying deficit.

Approval/Ratification/Decision
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Discussion
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Information
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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):
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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	✗



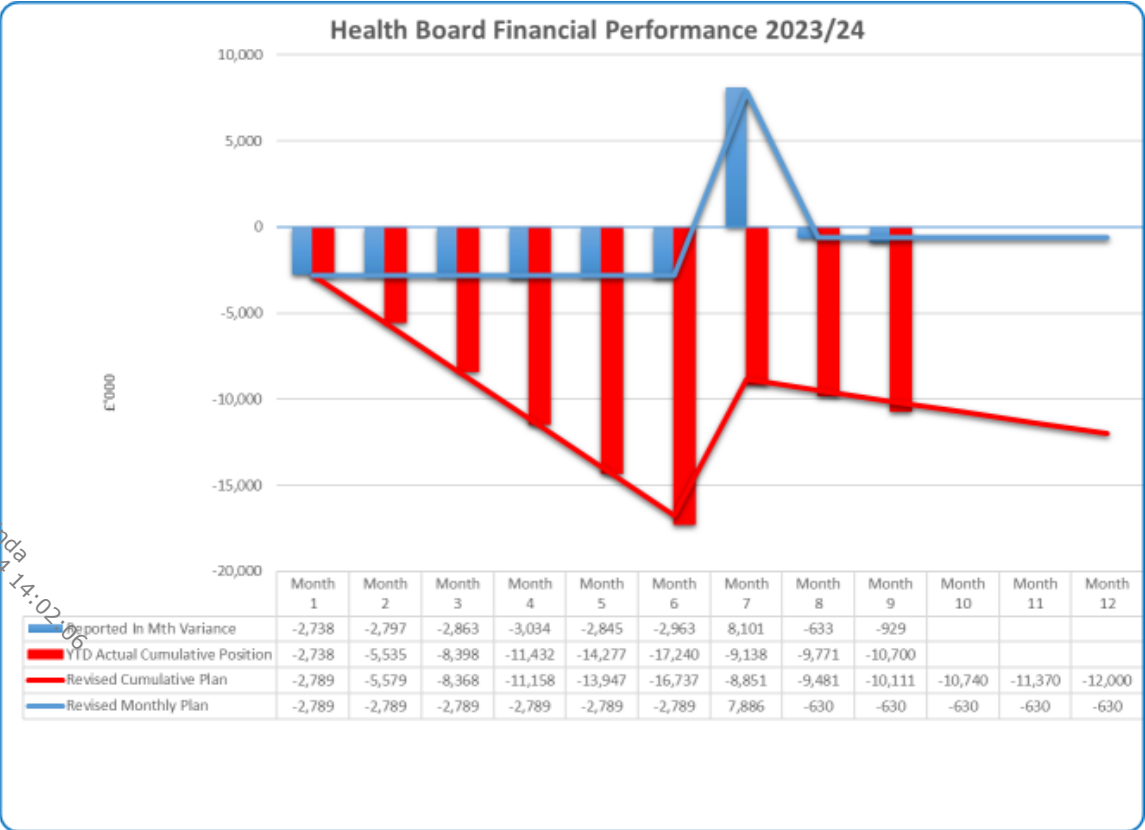
Revenue				Capital		
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Revised Plan £'000	Actual £'000	Trend		Value £'000	Trend
Reported in-month financial position – (deficit)/surplus	-630	-929	↑	Capital Resource Limit	4,241	↑
Reported Year To Date financial position – (deficit)/surplus	-10,111	-10,700	↑	Reported Year to Date expenditure	1,289	→
Year end – (deficit)/surplus	-12,000	-12,000	→	Reported year end – (deficit)/surplus – Forecast	0	→

In November, following the provision of £18.300m additional funding from WG, the Board agreed to revise the 2023/24 Financial Plan to the £12.000m deficit target control total given by WG.

At month 9, there is a £10.700m overspend against the revised planned deficit of £10.111m giving the Health Board a year-to-date operational overspend of £589k.

At this stage, the Health Board is forecasting that it will achieve the £12.000m deficit control total.

The capital resource limit for 2023/24 is £4.241m. To date £1.289m has been spent.



DAY FIVE – Flash

- Agency expenditure of £0.821m in December, is back in line with October after the extremely high November value £1,045m. However, it is much higher than last year’s average spend. **This remains a serious concern, given the Health Board is planning for it to reduce.**
- Overspend on commissioning budget, due to increased emergency activity and cost at providers; plus, transformational savings yet to be found by the organisation. There was a noticeable increase in secondary care activity in November, which is a major contribution to the increased operational overspend.
- CHC has increased its forecast outturn in month 9, due to a net increase of 5 packages of care, giving a total of 316 clients.

## Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance
01 - Revenue Resource Limit	(303,802)	(303,802)	0
02 - Capital Donations	(98)	(98)	0
03 - Other Income	(5,753)	(6,477)	(724)
<b>Total Income</b>	<b>(309,652)</b>	<b>(310,376)</b>	<b>(724)</b>
05 - Primary Care - (excluding Drugs)	33,438	32,873	(564)
06 - Primary care - Drugs & Appliances	26,490	26,574	83
07 - Provided services -Pay	79,672	81,980	2,309
08 - Provided Services - Non Pay	18,451	15,112	(3,339)
09 - Secondary care - Drugs	1,126	1,048	(78)
10 - Healthcare Services - Other NHS Bodies	122,438	125,001	2,563
12 - Continuing Care and FNC	21,709	22,158	449
13 - Other Private & Voluntary Sector	2,806	2,662	(144)
14 - Joint Financing & Other	7,099	7,134	35
15 - DEL Depreciation etc	3,727	3,727	0
16 - AME Depreciation etc	2,806	2,806	0
18 - Profit/Loss Disposal of Assets	0	0	0
<b>Total Costs</b>	<b>319,763</b>	<b>321,076</b>	<b>1,314</b>
<b>Reported Position</b>	<b>10,111</b>	<b>10,700</b>	<b>589</b>

At Month 09, there is a £10.700m overspend against the revised planned deficit of £10.111m giving the Health Board a year-to-date operational overspend of £0.589m.

The most significant adverse variances are on:

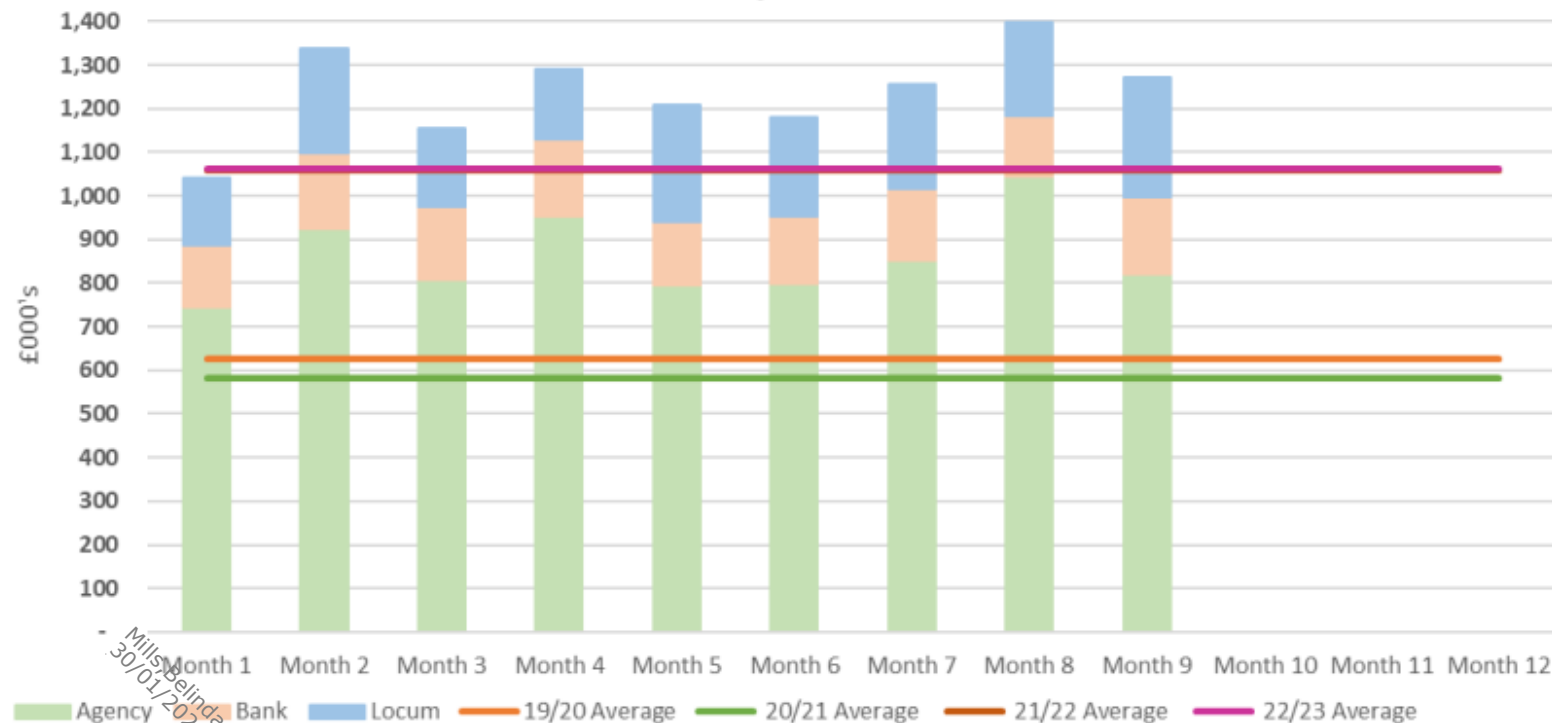
- pay budgets at £2.309m - driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April to December than it was for the equivalent months last year; and
- commissioned healthcare services at £2.563m - combination of two factors:
  - Costs of emergency activity greater than had been planned for; and
  - Transformational savings, which are intended to reduce expenditure on commissioned healthcare services are having less financial impact.

The underspend on non-pay budgets is due to accountancy gains and VAT rebates.

## We are focused on this because:

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

Total Actual Variable Pay 2023/24 vs Previous Years



## Performance and Actions

- The Month 09 YTD pay is showing an overspend of £2.309m against the year-to-date plan. The current level of vacancies is 243 (10%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 9 months of 2023/24 compared to the average value from each of the last 4 financial years. **The growth is particularly stark within our Mental Health services.**
- Powys appears to be an outlier within NHS Wales as agency spend was 11.2% of total pay in Month 08, against the Wales average of 4.5%.
- The HB's Variable Pay Reduction group is implementing its action plan.

## Risks

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

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

**We are focused on this because:**

Commissioning of healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the Accelerated Sustainability Model.

**Status Update**

At Month 09 overspend of £2.563m on year-to-date budget of £122.438m. This is £1.420m on transformational savings not achieved and increased expenditure with English providers. LTAs for 2023/24 are in the process of being agreed with our providers in England.

**Commissioning Forecast 2023/24**

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	41,238
English Providers	61,013	65,033	70,147
WHSSC / EASC	44,608	48,694	50,122
Other NHS Providers	4,374	4,501	4,289
Mental Health (LTAs Only)	742	851	872
<b>Total</b>	<b>149,274</b>	<b>157,851</b>	<b>166,668</b>

2023/24 forecast is less certain due to pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% to cover non-pay / English providers 3.4%.
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- A review of activity information has identified a trend of increased emergency presentations, which is under investigation. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.
- To date, the HB has experienced 4,812 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £2.837m to date.

**Risks**

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

We are focused on this because:

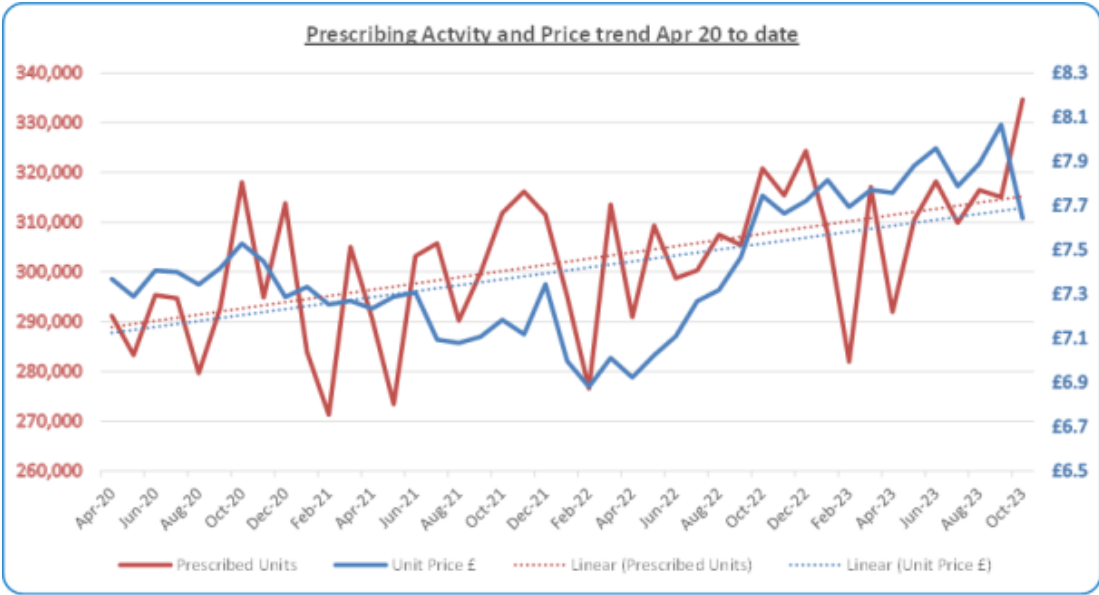
The costs of prescribing have risen significantly since April 2022. This has been driven by both price inflation and increased prescribing activity. Current adverse variance of £1.2m against the prescribing budget of £28.9m pa, will have a material impact on the Health Board’s financial obligations.

Status Update

At Month 09 forecast overspend of £1.199m on 2023/24 budget of £28.9m. Prescribing costs are reported 2 months in arrears.

- YTD costs, M1-M7, are £1.746m higher than M1-7 in 2022-23 (11.3%).
- Unit price increase year on year of 9.5% to M7 23-24, driven by NCSO/price concessions.
- Prescribing activity steady year on year increase of 2.8%.

Prescribing cost increases	19-20	20-21	21-22	22-23	23-24 (f'cast)
		£k	£k	£k	£k
Prescribing Budget	23,142	22,320	23,182	24,694	28,959
Prescribing Annual costs	24,867	25,953	25,610	27,469	30,159
Yr on Yr % increase/decrease		4.4%	-1.3%	7.3%	9.8%
Yr on Yr increase £ Total		1,086	-344	1,859	2,690
Yr on Yr increase £ Growth		-109	475	655	758
Yr on Yr increase £ Inflation		1,196	-819	1,204	1,932



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 Mgt savings performance and actions

- Medicines Mgt savings scheme forecasting £1.3m against prescribing budget plus £0.3m of rebates.
- Guidance & support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and prescribing guidelines, audit, shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums.

We are focused on this because:

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

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000
Children	267	151	157	296	324	303	7
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,502	1,042
Mental Health	7,344	7,801	10,611	13,949	16,487	15,656	1,707
Mid Locality	981	925	1,635	1,882	1,560	2,126	244
North Locality	1,365	1,537	2,098	2,646	2,907	3,537	891
South Locality	1,495	1,958	1,853	1,904	2,068	1,859	(45)
Grand Total	12,410	13,941	17,994	23,138	25,927	26,983	3,845
Number of active clients	236	252	294	307	324	316	9

D2RA				696	648	301	(395)
FNC	2,218	2,095	1,960	2,131	2,370	2,370	239
Total	14,628	16,035	19,954	25,966	28,945	29,655	3,689

Performance and Action

The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 9, there is an overspend of £0.449m on year-to-date budget of £21.709m against Continuing Care and FNC. The number of CHC packages has increased by 5 from 311 to 316 in December.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGHs, prior to full CHC assessment.

Across Wales, at Month 08, the forecast is for a 15.8% increase in costs in 2023/24 compared to 2022/23, with Powys currently showing 9.7% increase.

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 2023/24 above that planned for.

What the table tells us

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



We are focused on this because:

Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Finance	610	5,574	494	6,068	385	(5,458)	995%
Medical	504	1,742	9	1,751	0	(1,247)	347%
Nursing	21	21	21	42	0	(21)	202%
Planning & Performance	2,570	943	41	984	246	1,586	38%
Primary & Community Care & MH/LD	1,464	250	339	589	893	875	40%
Therapies Directorate	211	269	12	281	203	(70)	133%
Public Health	2,089	2,089	2	2,091	0	(2)	100%
Workforce & Organisational Development	17	34	0	34	0	(17)	199%
Chief Executive	14	44	7	51	0	(37)	366%
Grand Total	7,500	10,966	925	11,891	1,728	(4,391)	159%

Performance and Actions

- The original 2023/24 Financial Plan was a deficit of £33.5m, this was predicated on the Health Board achieving £7.5m savings. The revised £12.0m 2023/24 financial Plan still requires this as well as £3.2m of mitigating actions.
- As shown in the table £11.891m schemes have been forecast (£10.966m Green and £0.925m Amber), with a further £1.728m Red pipeline ideas.
- Due to the recognition of accountancy gains (non-recurrent), the HB is overperforming against savings profiled to date by £1.539m.
- The recurrent impact of saving schemes at £5.779m, is a shortfall of £1.721m against the £7.500m recurrent target.

Note: RAG rating is per WG’s guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Performance of Schemes

Green and Amber					RED							
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	9	2,746	5,545	2,799	610	6,068	5,458	605	525	6	385	453
Medical	8	439	949	510	504	1,751	1,247	687	1,895	0	0	0
Planning & Performance	7	1,971	674	(1,297)	2,570	984	(1,586)	2,301	523	1	246	493
Primary & Community Care & MH/LD	23	885	353	(532)	1,464	589	(875)	1,377	650	46	893	1,407
Therapies Directorate	5	77	138	61	211	281	70	59	59	6	203	367
Public Health	4	1,567	1,567	(1)	2,089	2,091	2	2,090	2,089	0	0	0
Workforce & Organisational Development	3	16	16	0	17	34	17	16	17	0	0	0
Chief Executive	4	41	41	0	14	51	37	0	0	0	0	0
Nursing	9	20	19	(0)	21	42	21	22	22	0	0	0
Grand Total	72	7,763	9,302	1,539	7,500	11,891	4,391	7,157	5,779	59	1,728	2,719

Risks

Timescales and capacity of teams to deliver the schemes. This risk is currently quantified at £84k.

What the tables tells us

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

**We are focused on this because:**

As we approach the end of the financial year, it is helpful for the Board to be aware of the key underlying assumptions and the range of risks and opportunities the Health Board is exposed to as it seeks to achieve the £12m target control deficit.

- **Assumptions** – there are £17.5m of anticipated allocations yet to be confirmed and received from Welsh Government. The top 3 cash related items are:
  - Pay awards - £5.4m
  - COVID Programme - £3.1m
  - Real Living Wage - £2.3m
- **Risks** that the financial position could deteriorate of £4.3m have been reported in the MMR. The key items are:
  - Increased activity by commissioned providers - £1.5m
  - Historic application of continuing healthcare determinations - £1.2m
  - Prescribing - £1.0m
- **Opportunities** that the financial position could improve of £2.3m have been reported in the MMR. The key items are:
  - Underspend on dental ring fenced allocation - £0.6m
  - Reduced activity by commissioned providers - £0.5m
  - Reduced CHC costs - £0.5m
  - Prescribing - £0.5m



## Summary:

- PTHB submitted a plan with a £33.5m planned deficit for 2023/24. Following the additional allocations of £18.3m in Month 7, at the public Board meeting in November, the Board approved a revised financial plan for 2023/24, which aims to achieve a deficit £12m control total.
- At month 9, PTHB is reporting a £10.7m overspend. This comprises the profiled revised planned deficit £10.1m, with an operational overspend of £0.6m. This has moved in the wrong direction.
  - The £7.5m savings target is profiled into the position. Actions are progressing to deliver a greater value of savings in 2023/24 than the target, but with a reduced recurrent impact.
  - The key operational pressure needing to be addressed is agency expenditure, especially within mental health services.
- The revenue forecast for 2023/24 remains at £12.0m in line with the WG control total. There are several underlying assumptions and a range of risks and opportunities surrounding this forecast.
- The underlying deficit of the Health Board is currently assessed as being £25.4m. In broad terms, this is due to £4.1m of the additional WG funding being non-recurrent, £1.7m recurrent shortfall on the savings programme and accountancy gains off-setting recurrent cost pressures.
- The Health Board has a £4.2m capital allocation, which it will manage within.
- Due to having a forecast financial deficit, the THB will require additional cash in the latter part of the year (month 12). Powys THB submitted a formal application for strategic cash support to Welsh Government in November.

# Powys THB Finance Department

## Financial Performance Report – Appendices

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Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13<sup>th</sup> December 2023.

MMR Narrative



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

MMR Tables



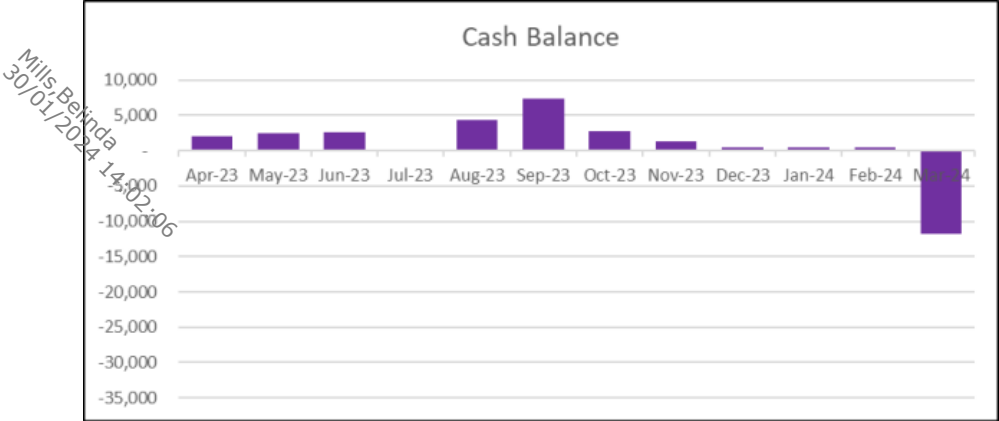
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s365.sharepoint.co](https://s365.sharepoint.co)

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2023
<b>WG CRL FUNDING</b>	<b>£M</b>	<b>£M</b>	<b>£M</b>
Discretionary Capital	0.993	0.993	0.768
EFAB Infrastructure	0.406	0.406	0.110
EFAB Fire	0.107	0.107	0.014
EFAB Decarbonisation	0.378	0.378	0.000
Llandrindod Fees	0.236	0.236	0.236
Replacement Roofing, Bronllys Hospital	1.468	1.468	0.161
Telephony Infrastructure upgrades	0.285	0.285	0.000
Minor Injury Unit Improvements	0.180	0.180	0.000
Diagnostic Equipment	0.120	0.120	0.000
IFRS16 Leases	0.068	0.068	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
<b>TOTAL APPROVED FUNDING</b>	<b>4.241</b>	<b>4.241</b>	<b>1.289</b>

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	1,268	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	500	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,921	35,913	29,385	35,070	37,315	31,630	33,212	16,938
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(106)	(198)	(237)	(145)	(183)	(138)	(130)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	19	19	1,135	5	104	1,109	1,074	1,514
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	176	472	518	731	624	1,307
Income from other Welsh NHS Organisations	1,137	509	489	875	687	363	867	698	525	600	600	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	229	549	854	274	675	585	600	600	600
Total Receipts	39,303	36,149	43,020	35,746	37,070	37,201	31,600	36,775	38,864	34,532	35,980	20,829
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	1,998	2,606	2,561	3,003	2,505	3,102	2,871	2,557	2,520
Primary Care Services : Pharmacy Services	904	0	845	0	366	815	0	407	944	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	0	1,534	2,985	0	1,522	2,946	0	1,500	1,500
Primary Care Services : General Dental Services	307	465	545	628	488	439	585	463	370	450	450	450
Non Cash Limited Payments	81	81	88	85	75	89	96	96	126	80	80	80
Salaries and Wages	8,918	8,647	9,864	9,261	8,715	8,109	8,407	8,506	8,520	8,500	8,500	8,500
Non Pay Expenditure	22,723	24,070	25,201	26,123	19,041	18,979	23,875	24,406	23,888	21,313	21,533	18,175
Capital Payment	53	73	228	131	28	162	275	294	45	1,073	910	1,504
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	38,226	32,853	34,139	36,241	38,199	39,941	34,287	35,980	33,179
NET CASH FLOW IN MONTH	743	427	160	(2,480)	4,217	3,062	(4,641)	(1,424)	(1,077)	245	0	(12,350)
Balance c/f	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	500	500	(11,850)



Due to the £12m revised forecast financial deficit, the THB will require strategic cash support in the latter part of the year (month 12).

	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr-22	Dec-23	End of
	£'000	£'000	Mar-24
			£'000
Tangible & Intangible Assets	104,855	106,742	106,742
Trade & Other Receivables	18,154	13,936	13,936
Inventories	147	147	147
Cash	1,268	255	(11,850)
<b>Total Assets</b>	<b>124,424</b>	<b>121,080</b>	<b>108,975</b>
Trade and other payables	50,353	22,553	45,257
Provisions	15,842	7,969	7,969
<b>Total Liabilities</b>	<b>66,195</b>	<b>30,522</b>	<b>53,226</b>
<b>Total Assets Employed</b>	<b>58,229</b>	<b>90,558</b>	<b>55,749</b>

<b>Financed By</b>			
General Fund	11,604	43,933	9,124
Revaluation Reserve	46,625	46,625	46,625
<b>Total Taxpayers' Equity</b>	<b>58,229</b>	<b>90,558</b>	<b>55,749</b>

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Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

Core Financial Plan Year 1 2023/24

Financial Plan	(£m)
Underlying deficit	18.6
Inflationary pressures	8.9
Demand/ service growth	7.4
Net effect of allocation adjustments and COVID	6.1
Mitigating actions	(7.5)
<b>TOTAL DEFICIT</b>	<b>33.5</b>

The original 2023/24 Financial Plan was a deficit of £33.5m

Range of significant risks to be managed

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

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

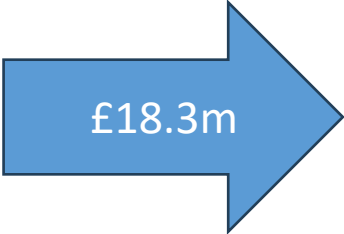
Following the additional allocations of £18.300m in Month 7, at the public Board meeting in November, the Board approved a revised financial plan for 2023/24, which aims to achieve a deficit £12m control total.

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Original Financial Plan

£33.5m

Additional Funding

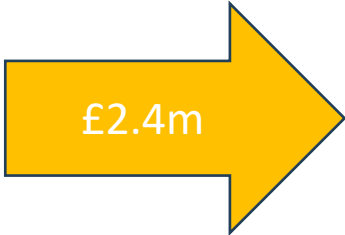


Interim Position @M7

£15.2m

**Actions underway**

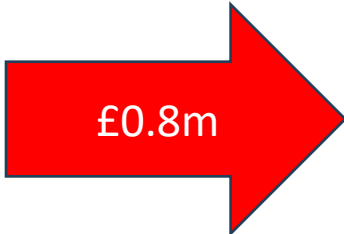
- |                                     |       |
|-------------------------------------|-------|
| • Slippage WG funding               | £1.1m |
| • 10% schemes                       | £0.5m |
| • VAT rebate                        | £0.4m |
| • Dental contract under performance | £0.4m |



£12.8m

**Stretch**

- |   |       |
|---|-------|
| • Commissioned services –                     | £0.4m |
| • Agency expenditure –                        | £0.4m |
| • Continuing Healthcare –                     | £0.1m |
| • Further underspends on WG funding streams – | £0.2m |



£12.0m

Revised  
Financial Plan

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30/01/2024 14:02:06



<b>Board</b>		<b>Date of Meeting: 31 January 2024</b>
<b>Subject:</b>	<b>Powys Teaching Health Board Integrated Performance Report Position as of November (Month 8) 2023/24</b>	
<b>Presented by:</b>	Executive Director of Planning and Performance	
<b>Approved by:</b>	Executive Director of Planning and Performance Assistant Director of Performance and Commissioning	
<b>Prepared by:</b>	Head of Performance Administrative Officer, Integrated Performance	
<b>Other Committees and meetings considered at:</b>	Executive Committee – 24 January 2024	

#### **PURPOSE:**

This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework up until the end of November 2023 (month 8).

#### **RECOMMENDATION(S):**

The Board are asked to:

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

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>✓</b>	<b>✓</b>

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

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

**EXECUTIVE SUMMARY:**

This report provides the Executive Committee with the latest available performance update against the 2023/24 NHS Wales Performance Framework. The month 8 position provided within the report remains in new format (which focuses on metrics in escalation/exception).

Summary of health board performance for month 8 (November 2023)

At the end of November 2023 (Month 8) the health board has a significantly challenged but improved position for planned care compared to month 7, however key ministerial target trajectories (submitted by the health board) continue to not be achieved. As a provider of planned care key fragility remains in high demand specialties resulting in longer waits, these specialties include but are not limited to General Surgery, Urology, Orthopaedics, and Ophthalmology. Key reasons for the health boards challenges include an especially fragile in-reach service provision, reliance on commissioned service providers for complex diagnostics (delaying pathways), and the health boards

reliance on fragile NHS in-reach. Further challenge includes staff vacancies (high turnover) and reliance on agency staff to cover a fragile workforce across the large geographical and rural area of Powys.

Positive elements for the provider include key clinical recruitment strengthening the day case and endoscopy units in Brecon and Llandrindod, review of processes with the aim to improve efficiencies and outcomes. Rollout of new diagnostics in endoscopy (sponge capsule) which has already had very positive feedback from staff, and patients. Additional insource planned care capacity this started from November reducing long waiters and improving urgent waits in key specialties especially general surgery. Progress against remedial action plans, for example Therapies service who are escalated have seen improvement in-line with plan reducing breaching pathways.

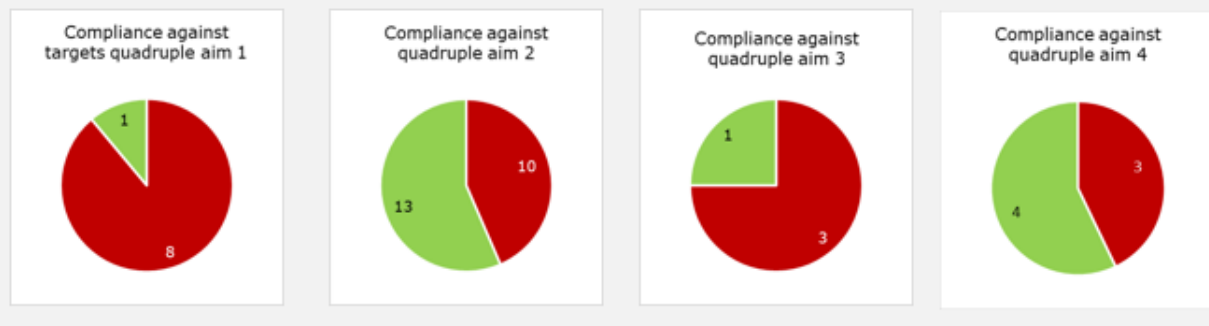
Powys residents in commissioned services see ongoing challenges especially linked to equity of access with shorter RTT waits in England than Wales. There is general improvement across the acute care providers and very long waits are reducing. As a national priority cancer pathways and care remain challenging with significant variation by tumour site and geographical provider area with challenge linked to key themes e.g., diagnostic and reporting delays, physical staffing capacity due to sickness or vacancies, and finally patients choosing to delay their pathways (which are not excluded from pathway breach reporting).

For emergency care Welsh Ambulance performance times remain poor with 45.4% of calls meeting the 8-minute target. For emergency department access Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. However, A&E units in England continue to report challenging performance with extreme system flow pressure remaining (slight improvement since the summer). The position of residents accessing Welsh A&E units continues to improve with 65.4% being seen within 4hrs in November. And to support the flow of emergency departments in Wales and England the health board continues to maximise repatriation of patients to improve acute flows and reduce the number of admissions with preventative support.

#### Quadruple aim compliance

Compliance against quadruple aims remains challenging with aim 2, and 4 reporting a positive percentage of measures achieved.

### Compliance against NHS Performance Framework measures at month 8 by quadruple aim area.



### Escalation & Exception

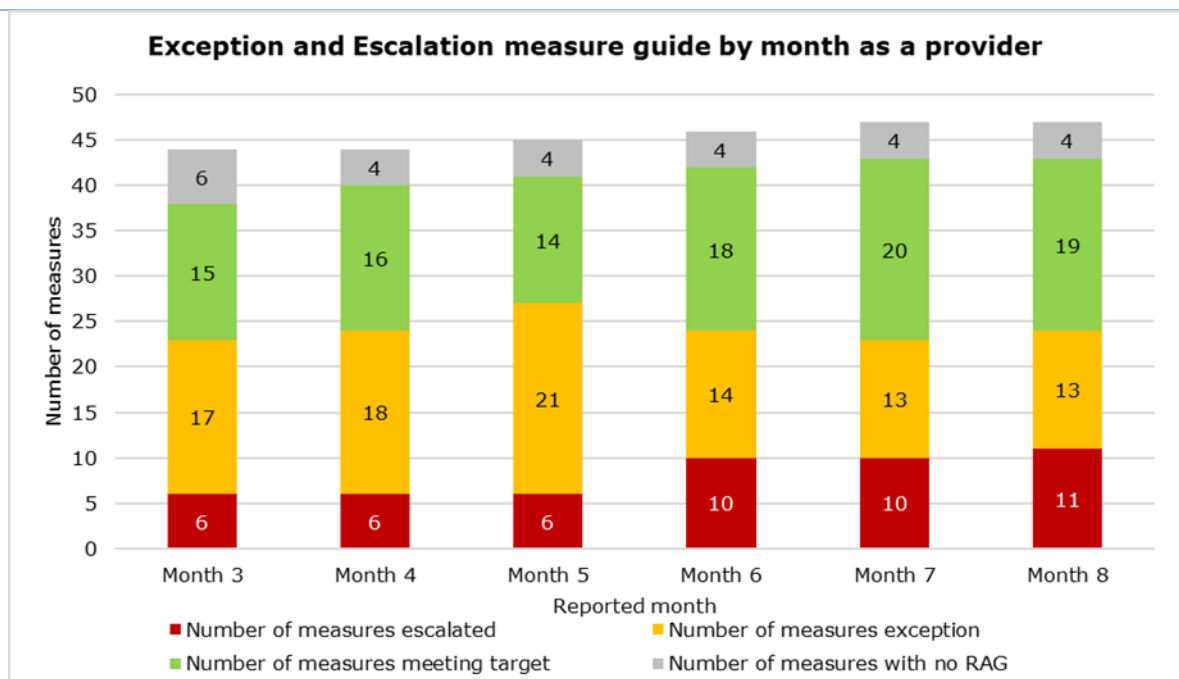
As part of the Integrated Performance Framework (IPF), process measures are now highlighted as escalations (*when a performance matter does not meet target and hits criteria for a higher level for resolution, decision-making, or further action*) or exception (*Referring to a deviation or departure from the normal or expected course of action*).

In Month 8 (November) 47 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework, with 11 of the measures escalated:

- Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment.
- Mental Health adult interventions.
- Patients waiting for diagnostics beyond 8 weeks.
- Percentage of children waiting under 14 weeks for a therapy.
- Patients waiting longer than 14 weeks for a therapy.
- Number of patients waiting over 52 weeks for a new outpatient appointment.
- Number of patients waiting more than 36 weeks for a new outpatient appointment.
- Patient follow-up (FUP) pathways delayed 100% and over.
- Number of patients waiting more than 52 weeks for treatment.
- Children/Young People neurodevelopmental waits
- Mental Health adult CTP compliance.

Through the IPF, remedial action plans have been developed to address these escalated measures, those plans with a red RAG rating have currently been unable to identify an estimated recovery time or the plan has high risk of achievement.

This graph below provides the relative performance of the health board against the 2023/24 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 IPR by exception.



Measures with no RAG rating are those with either insufficient data to determine compliance and those where PTHB reports but has no national target as a non-acute provider.

#### Ministerial Priorities 2023/24

At the end of November, the health board is not meeting six of the challenging set targets to drive performance improvement (33% compliant 3 of 9). Four planned care measures are now not expected to achieve their target as of March 2024. All escalated measures are discussed within the Performance and Engagement group with key service leads and remedial actions plans are in place or under development.

The performance team has included its RAG assessment of year end delivery against the Ministerial Priorities should no further action be taken:

Ministerial Priority Measures			Month												Risk of delivery R.A.G
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90	
		Actual	98	97	100	74	53	85	82	83					
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	1	3	4	19	42	60	80	18					
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0	
		Actual	67	98	112	126	159	197	257	222					
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	0	0	0	0	0	0	0	0					
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0	
		Actual	16	14	14	29	52	75	99	56					
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0	
		Actual	159	160	117	134	152	139	132	190					
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0	
		Actual	243	273	265	418	511	499	312	288					
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0	
		Actual	4,763	1902	1667	1660	1683	1624	1575	1533					
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	0	0	0	0	0	0	0	0					

For the priorities 2023/24 as submitted to the Delivery Unit for Mental Health 67% of the metrics meet submitted trajectory (please see table below).

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% LMPHSS assessments undertaken within 28 days from the date of receipt of referral - Under 18	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%
		Actual	98.0%	100.0%	100.0%	95.6%	100.0%	97.1%	100.0%	100%				
% LMPHSS assessments undertaken within 28 days from the date of receipt of referral - 18 & over	80%	Performance Trajectory	80.0%	82.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%
		Actual	80.4%	91.6%	92.9%	91.9%	97.9%	89.7%	87.5%	89.1%				
% therapeutic interventions started within 28 days following an LPMHSS assessment - Under 18	80%	Performance Trajectory	77.5%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	78%	83%	88%	90%	79%	80.8%	89.2%	88.1%				
% therapeutic interventions started within 28 days following an LPMHSS assessment - 18 & Over	80%	Performance Trajectory	66.0%	68.0%	70.0%	72.0%	70.0%	75.0%	78.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	65.8%	47.2%	62.3%	49.0%	60.5%	48.5%	41.7%	49.2%				
% patients waiting less than 28 days for first appointment for sCAMHS	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
		Actual	97.2%	100.0%	100.0%	100.0%	95.8%	100.0%	100%	100%				
% children & young people waiting less than 26 weeks to start ADHD or ASD ND assessment	80%	Performance Trajectory	70.0%	71.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	69.7%	71.3%	72.2%	72.9%	68.9%	62.3%	58.8%	54.2%				
% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult MH	80%	Performance Trajectory	86.0%	93.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%				
% HB residents in receipt of secondary MH services who have a valid CTP - Under 18	90%	Performance Trajectory	97.8%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
		Actual	97.8%	98.0%	89.3%	94.5%	94.3%	96.2%	93.0%	90%				
% HB residents in receipt of secondary MH services who have a valid CTP - 18 & over	90%	Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%
		Actual	87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78%				

## NEXT STEPS

- Through the IPF, work continues to implement the required process to provide effective challenge, support and scrutiny of both provider via Performance and Business meetings, and commissioned services via the CQPRM process, both of these forums work with the aim to improve patient outcomes and support quarterly directorate performance review meetings for Executive team scrutiny.

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Integrated Performance Report  
month 8

- The Performance Team continues to work closely with commissioned service providers to understand referral demand, demand and capacity gaps, waiting list profiles at specialist level and model robust performance trajectories within the context of the NHS Wales Planning Framework and Ministerial Targets for 2023/24 for Powys provider, English and Welsh commissioned services.
- Ongoing work to ascertain the performance of key services and measures at the end of Q4 2023/24 and ability to meet the NHS Performance Framework submitted trajectories.



# Powys Teaching Health Board

## Integrated Performance Report

Month 8 – Updated 25/01/2023

Select one of the below boxes to navigate to the required section of the report

[Introduction](#)

[Executive Summary](#)

[Escalated Performance Challenges](#)

[Exception Reporting](#)

[Appendix 1 – All metrics score sheet](#)

[Appendix 2 – Progress against Ministerial Priorities](#)

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# What is the Integrated Performance Report (IPR)

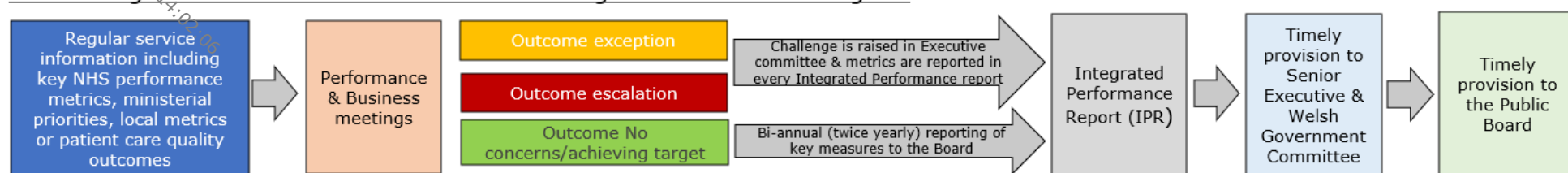
This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

## Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation	De-Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.	The appropriate trigger for a measure or service to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.
Criteria of an exception examples	Criteria for escalation examples	Criteria for de-escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.	Measure returns to within target values, or escalation element is downgraded from a ministerial priority
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its service plan to improve or maintain performance. Especially if measure/service reporting significant special cause concern with the making data count approach (SPC).	Performance or service recovers to planned levels following remedial action plan or another local plan (this may not require adherence to national target compliance e.g., moves to exception status).
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.	Quality standard challenge is resolved.
	Any metric or service can be raised to escalation level where concern is raised at internal Performance & Business meetings (PBM).	Senior committee decision following evidence via escalation process used within Performance & Business meetings (PBM).

## PTHB Integrated Performance Framework challenge escalation flow diagram



# Using statistical process control (SPC)

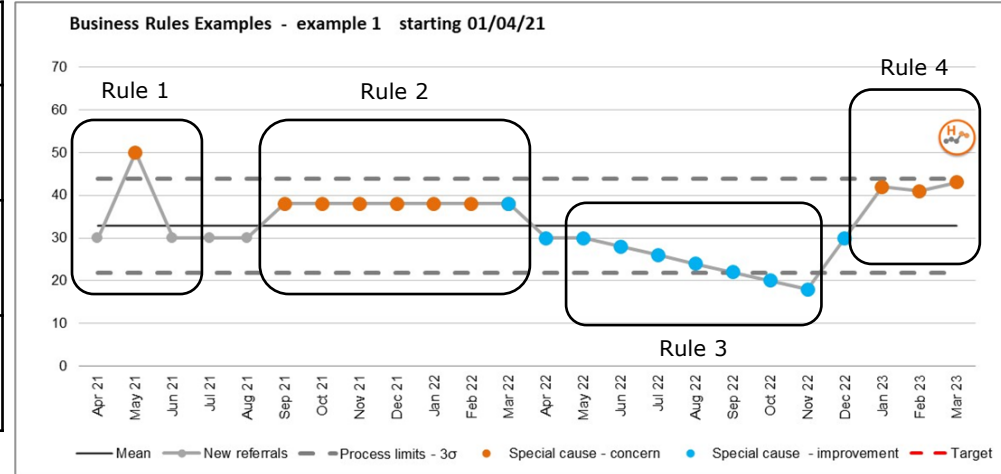
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

## Key facts for SPC

- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

## Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



## NHS Improvement SPC icons

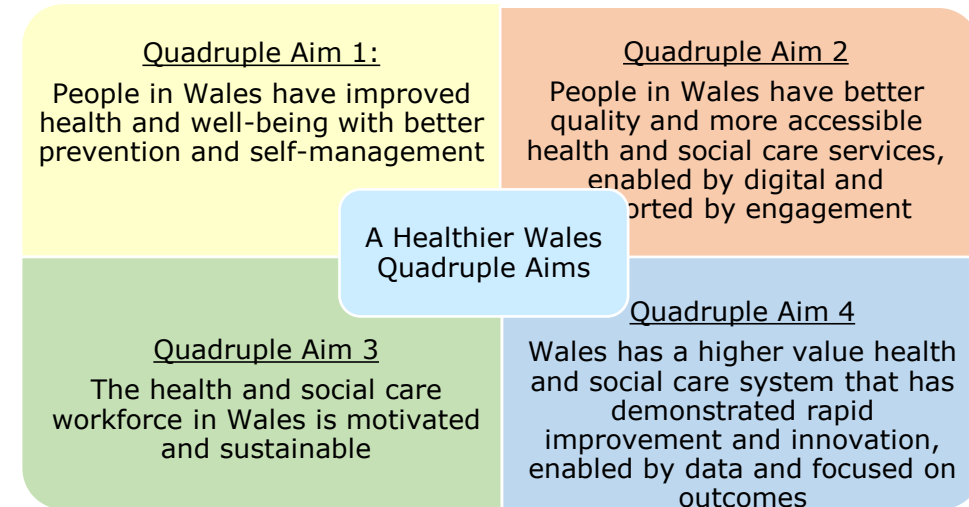




## What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require health board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.

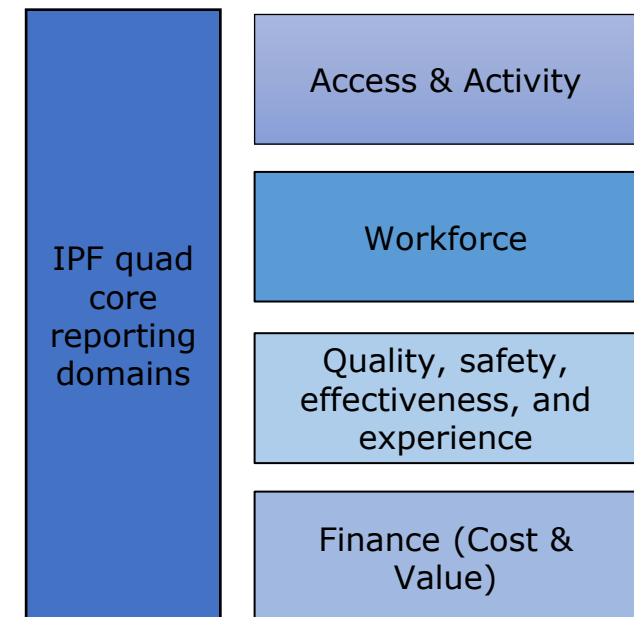


## What is the Integrated Performance Framework (IPF) in Powys?

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

The IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and Ministerial priority trajectories. In the provider Performance and Engagement meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.





## Narrative summary of performance at month 8 (November 2023)

This report provides the Executive Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. The IPR format for Month 8 highlights areas of escalation and exception as a priority. To note detailed slides on compliant measures will only be included bi-annually and will be available for the March Board.

At the end of November 2023 (Month 8) the health board has a significantly challenged but improved position for planned care compared to month 7, however key ministerial target trajectories (submitted by the health board) continue to not be achieved. As a provider of planned care key fragility remains in high demand specialties resulting in longer waits, these specialties include but are not limited to General Surgery, Urology, Orthopaedics, and Ophthalmology. Key reasons for the health boards challenges include an especially fragile in-reach service provision, reliance on commissioned service providers for complex diagnostics (delaying pathways), and the health boards reliance on fragile NHS in-reach. Further challenge includes staff vacancies (high turnover) and reliance on agency staff to cover a fragile workforce across the large geographical and rural area of Powys.

Positive elements for the provider include key clinical recruitment strengthening the day case and endoscopy units in Brecon and Llandrindod, review of processes with the aim to improve efficiencies and outcomes. Rollout of new diagnostics in endoscopy (sponge capsule) which has already had very positive feedback from staff, and patients. Additional insource planned care capacity this started from November reducing long waiters and improving urgent waits in key specialties especially general surgery. Progress against remedial action plans, for example Therapies service who are escalated have seen improvement in-line with plan reducing breaching pathways.

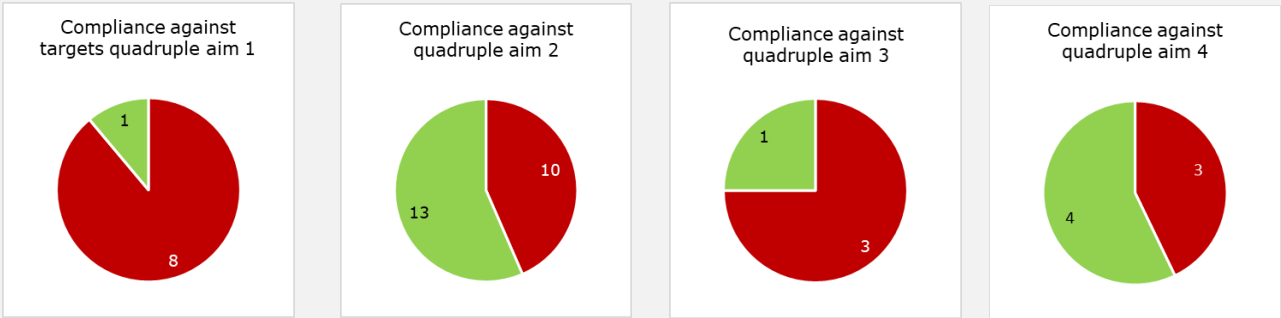
Powys residents in commissioned services see ongoing challenges especially linked to equity of access with shorter RTT waits in England than Wales. There is general improvement across the acute care providers and very long waits are reducing. As a national priority cancer pathways and care remain challenging with significant variation by tumour site and geographical provider area with challenge linked to key themes e.g., diagnostic and reporting delays, physical staffing capacity due to sickness or vacancies, and finally patients choosing to delay their pathways (which are not excluded from pathway breach reporting).

For emergency care Welsh Ambulance performance times remain poor with 45.4% of calls meeting the 8-minute target. For emergency department access Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. However, A&E units in England continue to report challenging performance with extreme system flow pressure remaining (slight improvement since the summer). The position of residents accessing Welsh A&E units continues to improve with 65.4% being seen within 4hrs in November. And to support the flow of emergency departments in Wales and England the health board continues to maximise repatriation of patients to improve acute flows and reduce the number of admissions with preventative support.

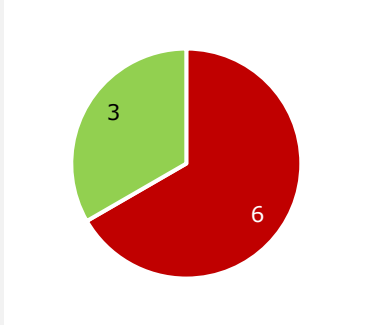
# Visual summary of performance at month 8 (November 2023)

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 (e.g., resident view are included)  
No non-RAG rated measures are included.

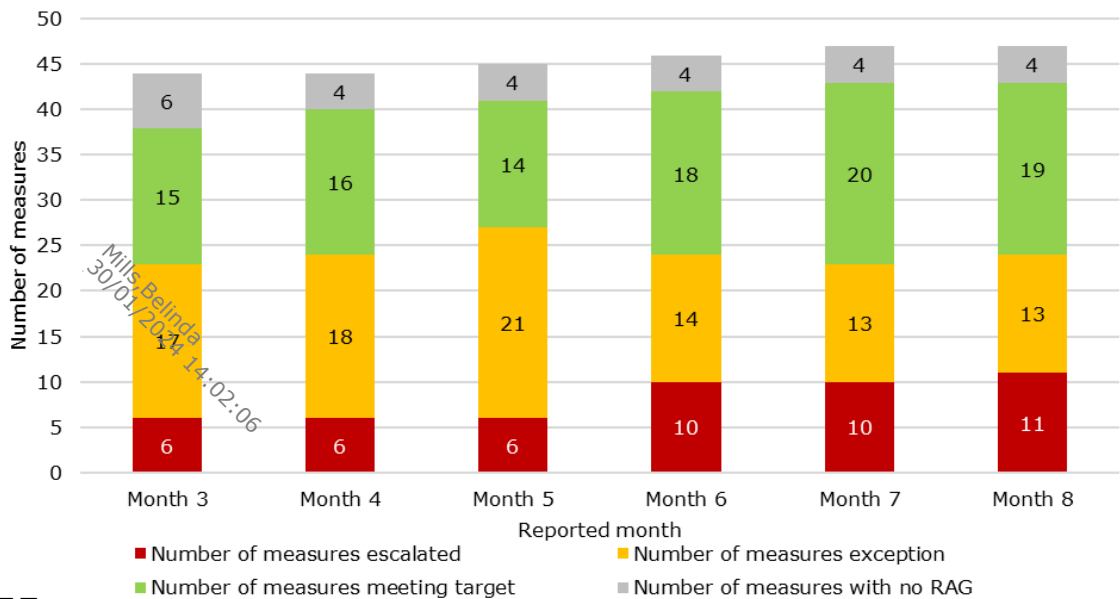
## Compliance against NHS Performance Framework measures at month 8 by quadruple aim area.



## Compliance against Ministerial priority trajectories.






## Exception and Escalation measure guide by month as a provider



- In Month 8 (November) 47 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IPR.
- It should also be noted however that any measure can be raised as an escalation, even if performance meets national target.
- Measures with no RAG rating are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.



# Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">2</a>	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	Sep-23	90%	0.0%	Never		<b>Timescale requested PHW</b>
<b>Why is this an escalated metric?</b>		Escalated by Powys Performance team for historic and current poor target compliance.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Poor performance linked to the capacity for diagnostic endoscopy across Wales. Target is and has always been very challenging with low compliance across all providers.		Regular meetings between local operational leads and the Public Health led Wales screening team (BSW). Performance reported and reviewed monthly via LTA contract sheets.					
<a href="#">17</a>	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people 18 years and over	Nov-23	80%	49.2%	Never		<b>By end 2024/25</b>
<b>Why is this an escalated metric?</b>		This measure remains challenged, without intervention it will not meet target and has been escalated					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Inconsistent data capture, Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture. Deficits in admin capacity in South Powys LPMHSS due to sickness needs to be resolved.		A recovery and development plan confirmed in Spring 2023 continues to be implemented and includes the standardisation of services. Part 1b performance expected to improve but may be temporarily affected by the implementation of the standard operating procedure.					
<a href="#">25</a>	Number of patients waiting more than 8 weeks for a specified diagnostic	Nov-23	PTHB trajectory = <80	190	Jan-20		<b>NOUS – Q4 Echo Card – Q4 Endoscopy – Q4</b>
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Key capacity challenges for diagnostics especially in Cardiology, and Endoscopy where the waiting list position is degrading. All specialties are affected by in-reach fragility and increased demand that challenges current capacity. Data quality challenge has also resulted in duplicate pathway stage 2 (diagnostics) submissions of cardiology pathways.		Key actions include creation of multiple by specialty remedial action plans to assess and drive recovery with senior engagement, escalation of in-reach providers capacity via Commissioned contracting meetings. Positive feedback on new endoscopy sponge capsule (cyto-sponge) diagnostic which started in October to improve patient experience and service capacity. Senior clinical team vacancy now filled and insource to restart from November.					
<a href="#">26</a>	Percentage of children (under 18) waiting 14 weeks or less for a specified Allied Health Professional	Nov-23	12-month improvement trend	87.2%	New measure data not available	<b>N/A</b>	<b>Mar-24</b>
<b>Why is this an escalated metric?</b>		This measure has been escalated from month 6 as part of the larger therapies escalation as confirmed by service leads (key specialties like speech and language therapy (Paediatrics) is impacting on the overall therapies position of the health board.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Majority of breaches are within speech and language therapy linked to key challenges with staffing vacancies, unrecognised backlog of long waiting patients and a high caseload demand. General challenge of staffing and sickness across all therapy's specialties.		Remedial action plan undertaken by services for escalation as required. New standard operating procedure in place to improve service processes. Demand and capacity work has been undertaken to improve flow and recruitment plans underway.					



# Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">27</a>	Number of therapy breaches 14+ weeks	Nov-23	PTHB trajectory - 0	288	Dec-21		Mar-24
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory.					
Key performance drivers		Key actions to recover					
Significant vacancies across key specialties including physiotherapy, dietetics, podiatry and audiology. For example, podiatry has 33% staffing vacancy pan Powys significantly challenging flow and patient wait times. Large FUP caseload backlog impacting new booking capacity. Ongoing challenge with core reporting which remains escalated with the Digital & Transformation team.		Key actions include creation of multiple by specialty remedial action plans to assess and drive recovery with senior engagement. Weekly Heads of Service waiting list meetings. Additional locum to support MSK physiotherapy, and new graduate from August 2023. Caseload reviews across all therapies. Podiatry, Dietetics and Speech and language therapy (SALT) Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced. All long waits booked in SALT.					
<a href="#">28</a>	Number of patients waiting over 52 weeks for a new outpatient appointment	Nov-23	PTHB trajectory of 0	18	Jan-23		Planned recovery by Mar-24
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
Key performance drivers		Key actions to recover					
Significant capacity challenge, especially in Rheumatology, General Surgery, Orthopaedics, ENT, and Ophthalmology. Ability to recovery for year end is linked to insource in the short term, limited NHS capacity.		Key actions include creation of multiple by specialty remedial action plans to assess and drive recovery with senior engagement. Key clinical vacancies have been recruited to for theatres. Insource starting from November to improve key capacity. In reach service fragility and capacity issues flagged via CQPRM and GIRFT review including efficiency improvement recommendations underway.					
<a href="#">29</a>	Number of patients waiting more than 36 weeks for a new outpatient appointment	Nov-23	PTHB trajectory of 0	222	N/A		Planned recovery by Mar-24
Why is this an escalated metric?		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory. The waiting list and breach challenge is expected to grow into Q3 & Q4.					
Key performance drivers		Key actions to recover					
As above (measure 28)		As above (measure 28)					
<a href="#">30</a>	Patient follow-up (FUP) pathways delayed 100% and over	Nov-23	PTHB Trajectory -0	1533	Not available	N/A	Nov-23
Why is this an escalated metric?		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Digital Transformation team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. To note currently in this document the health board is reporting all pathways both reportable and non-reportable (Welsh Government holds PTHB to account on only reportable specialties).					
Key performance drivers		Key actions to recover					
Ongoing validation reducing inaccurate pathways via data cleansing with service. Challenge to service capacity prioritising urgent suspected cancer/urgent whilst routine and FUP's in some specialties are required to wait longer.		D&T have continued validation although further data quality issues have been raised. From a service perspective Ophthalmology are to commence using patient-initiated follow-ups from November 2023 to improve care for frail patients and further capacity scoping is being carried out including insource and service level agreement discussions with NHS in-source.					



## Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">32</a>	Number of patients waiting more than 52 weeks for treatment	Nov-23	PTHB Trajectory of 0	56	Sep-22		<b>Planned recovery by Mar-24</b>
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
As per measure 28		As per measure 28					
<a href="#">34</a>	Children/Young People neurodevelopmental (ND) waits	Nov-23	80%	54.2%	Aug-22		<b>Linked to business case approval</b>
<b>Why is this an escalated metric?</b>		Poor compliance with service agreement.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Referral rates into this service have been increasing steadily over the last 3 years, 2022/23 and up to the end of Q2 2023/24 reported special cause concern for the number accepted into the service. Other key challenges include no recurrent funding and a deficiency in permanent workforce to meet increased demand.		The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service. However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts. The ND Remodel business case has been forwarded to the IBG Scrutiny Panel, and temporary staff positions have been extended until at least March 2025.					
<a href="#">45</a>	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Nov-23	90%	78.0%	Nov-21		<b>By end 2024/25</b>
<b>Why is this an escalated metric?</b>		Poor compliance with service agreement.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Vacancies and sickness absence impact on the ability to meet this target however there has been a data quality challenges including post submission revisions which means that in the next reporting period there will be an impact on performance with improvement anticipated.		A new standard operating procedure has been rolled across the 5 Community Mental Health Teams with review meetings in place to ensure compliance. To note there will be an impact on performance data in the next reporting period. There has been success in recruiting to key vacancies and reduction in reliance on locums. Recruitment efforts will continue with the aim to improve capacity.					

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# Exception Reporting - measures not meeting required performance


## Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<u>1</u>	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1 23/24	5% Annual Target	1.29%	Never	N/A	April 2025
<b>Key performance drivers</b> Q1 2023/24 has seen a step change in performance with Q1 reporting 1.29% significantly higher than 0.68% for the same period 2022/23		<b>Key actions to recover</b> Health board to develop promotional campaign for Pharmacy L2 & L3 services inc additional training for technicians. Roll out of GP text message project to offer patient support, and other ongoing promotions of pathways to support smoking cessation.					
<u>2</u>	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q2 23/24	4 quarter improvement trend	56.3%	Q4 2022/23	N/A	Awaiting interpretation for PTHB
<b>Key performance drivers</b> Interpretation of the target across Wales varies by health board area, vacancies in staff.		<b>Key actions to recover</b> Action plan underway encompassing recommendations and focus points from HIW review. PTHB have created a harm reduction coordinator role (2023). Dual diagnosis worker in Mid Powys appointed					
<u>3</u>	Percentage of children up to date with scheduled vaccinations by age 5	Q2 23/24	95%	89.8%	Never	N/A	Q2 23/24
<b>Key performance drivers</b> Key performance challenges include data recording on uptake and linking of digital systems (data cleansing ongoing). Workforce capacity challenges in primary care, reduction in vaccination due to pandemic. North Powys report lowest uptake.		<b>Key actions to recover</b> Standard operating procedures (SOPs) have been developed to support primary care clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations. Lessons learnt from Polio/MMR catchup are being implemented. Equity review undertaken.					
<u>4</u>	Percentage of girls receiving HPV vaccination by age 15	Q2 23/24	95%	84.7%	N/A new metric	N/A	Awaiting further data
<b>Key performance drivers</b> Change in the methodology of age group for reporting. Press reports around change of vaccination schedule, and negative press regarding HPV.		<b>Key actions to recover</b> Vaccination promotion in schools appropriately via curriculum, and review implementation of NICE guidelines (NG218) particularly recommendations 1.3.24 to 1.3.39.					
<u>5</u>	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Nov-23	75% (by end of season)	64.0%	N/A new metric	N/A	N/A
<b>Key performance drivers</b> Influenza period started September, initial data point, this is a cumulative performance measures until end of flu season.		<b>Key actions to recover</b> Active engagement with primary care regarding delivery of vaccinations pan Powys. Public Health Wales led communication campaign, and vaccination offered via PTHB vaccination centres from January 1 <sup>st</sup> .					
<u>6</u>	Percentage uptake of COVID-19 vaccination for those eligible	Nov-23	75% (by end of campaign)	55.1%	Not applicable	N/A	Q4 23/24
<b>Key performance drivers</b> Data on COVID-19 vaccination uptake is sourced from PHW surveillance data which is based on total population, citizens only become eligible for a booster if they complete their primary course. National delay on data cleansing cohorts. BA.4.86 variant impact		<b>Key actions to recover</b> Targeted interventions on immunosuppressed, ongoing work with care homes, and increasing local clinic offer to improve access. Supporting GP's to provide COVID vaccination clinics.					



# Exception Reporting - measures not meeting required performance

## Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

9	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Oct-23	95%	91.9%	Sep-23		N/A normal performance above target
Key performance drivers		Key actions to recover					
The data collection for this measure includes babies who are in neonatal units at the scheduled time for collection, and patients who are cared for in commissioned services. All sample processing is carried out by non-Powys laboratories which may result in delays beyond target linked to sample shipping etc.		Enhanced collection and delivery times to laboratories with courier service, and ongoing engagement with Public Health Care Wales to ensure correct cohort of patients for reporting e.g., samples carried out in acute care settings beyond PTHB control.					

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## Exception Reporting - measures not meeting required performance

### Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">18</a>	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Nov-23	65%	45.4%	Feb-21		Unavailable for this measure
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Demand for 999 services remains high, handover delays in key A&E sites, Powys geography impacts arrival times due to rurality. The provider has limited actions available to resolve issues including industrial action.		Recent actions include work 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.					
<a href="#">22</a>	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 – <b>Powys resident view</b>	Nov-23	Powys – 95% Wales – 95% England – 95%	100% 65.4% 48.5% (Oct-23)	Never met across all residents	TBC	PTHB target met N/A
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
There are no issues with provider MIU services reported, but for Powys residents waits in commissioned units remain poor. Key issues include flow through acute units slowing emergency admissions and resulting in backlog and A&E impact.		To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.					
<a href="#">23</a>	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 – <b>Powys resident view</b>	Nov-23	Powys – 0 Wales – 0 England – 0	0 120 249 (Oct-23)	Never met across all residents	N/A	PTHB target met N/A
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Narrative as measure 22.		Narrative as measure 22.					

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# Exception Reporting - measures not meeting required performance

## Local Measures and Assurance



No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">Commissioning measures</a>	Commissioned referral to treatment (RTT) – Powys resident	Combined Latest Performance – Sep 23	+104 weeks	356	Never	Please look to slide for detail	Commissioned service trajectories - unavailable
			52+ weeks	2243			
			+36 weeks	4683			
			< 26 weeks	62%			
<a href="#">Commissioned RTT performance does not meet any set targets, please look to the slides for further details.</a>							
<a href="#">Link</a>	Powys commissioned private dermatology service (RTT)	Oct-23	< 26 week	76.7%	Not available	N/A	Under discussion with provider
			+36 week	32			
<a href="#">Private provider outsource does not meet any set RTT targets in June, please look to the slide for further details.</a>							
<a href="#">Cancer Measures</a>	SCP - Commissioned Cancer Performance (Wales)	Nov-23	75% <62 days for treatment	41%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH - Oct	zero	7 Breaches	N/A		
		WVT - Aug		2 Breaches	N/A		
	Powys provider downgrade performance – 28 days best practice	Nov-23	TBC	11.1%	N/A		
<a href="#">Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.</a>							

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## Exception Reporting - measures not meeting required performance

### Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">37</a>	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Aug-23	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	13.7%	N/A	N/A	Plan development 2024/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology. It should be noted that HEIW have noted that current data has anomalies and ongoing work is required to resolve		Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. HEIW funding to support delivery of Nurse retention plan. Roll out of Team Climate Surveys to support managers and improve retention.					
<a href="#">38</a>	Agency spend as a percentage of the total pay bill	Nov-23	12-month reduction trend	13.1%	Apr-23		Plan development 2024/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing and unregistered Nursing and remains an area of focus. Challenges include limited substantive professional workforce availability, rurality, sickness, and patient acuity & dependency.		Reviewing operational footprint to further reduce reliance on temporary staffing, negotiations with on-contract agencies for additional recruitment. 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					
<a href="#">39</a>	PADR Compliance	Nov-23	85%	78.0%	Never		Plan development 2024/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and recruitment challenges. As of November 2023, there were 6 out of 18 (33%) service areas/Directorates whose performance was above the national target of 85%.		Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. Low compliance is addressed with individual managers and signposting to guidance also takes place.					


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# Exception Reporting - measures not meeting required performance

**Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes**

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">42</a>	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Oct-23	17% or more	11.4%	Never	N/A	Timescale requested WAST
Key performance drivers		Key actions to recover					
No issues currently reported		This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.					

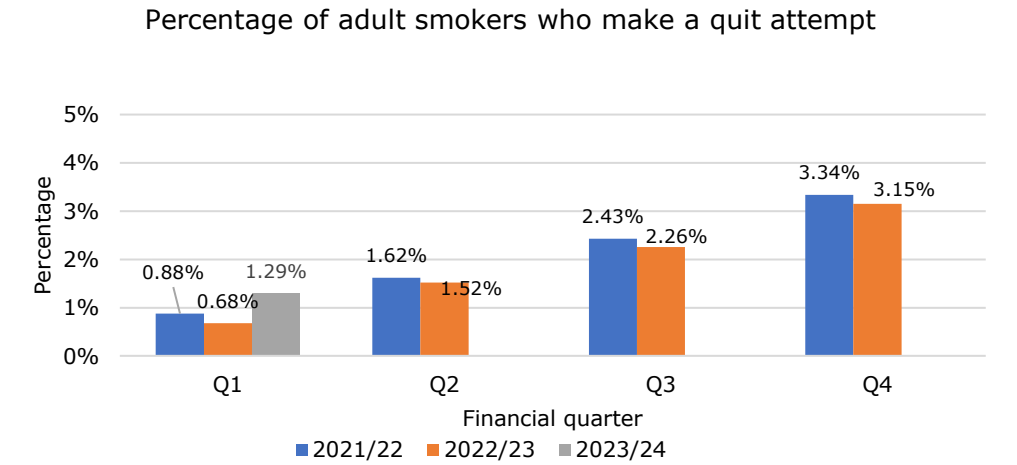
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">51</a>	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-23	95%	70.3%	Never		Plan development 2024/25
Key performance drivers		Key actions to recover					
In-reach fragility impacts available capacity for specialty. Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing and backlog following industrial actions. Further challenge linked to delays in National Digital Eye Care Rollout awaiting outcome (anticipated November 2023).		Working with WVT & Rural health care academy to formalise training opportunities in DGH. League of Friends supporting purchase of equipment for North Powys biometry to support repatriation of cataract pathway. Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.					

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

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority	2
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Latest available	Q1 2023/24		
Reported performance	1.29%	All Wales positional rank and performance.	4th (1.24%)
Target	5% cumulative annual target		
Variance	N/A		Exception
Data quality & Source		Welsh Government Performance Scorecard	



What the data tells us

Note:

Performance in Quarter 1 2023/24 has seen a step change in performance with 77% year on year increase in smokers being supported by the service to quit.

In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

\* This measure has had a retrospective data update (via Welsh Government Performance) for Q1 changing performance from 1.20% to 1.29%.

- Issues
- 96% (22/23) of pharmacies continue to deliver a Level 2 service, and 70% (16/23) of pharmacies are delivering Level 3 services, which matches pre pandemic levels. To increase activity (quit attempts and successful quits) to pre-pandemic levels, it has been identified that the pharmacy service needs to be promoted and pharmacy staff trained.
  - 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.

- ActionsRecovery byApril 2025
- Improving access and client focus
- Smoking Cessation Team are providing more face-to-face clinics across Powys in community venues and some GP Practices. Telephone support continues to be available. Group support is now also available in Brecon and Welshpool.
  - Planning is underway to provide additional training in the new year for community pharmacy technicians to increase their confidence in service delivery. Targeted promotion of the service will occur alongside staff training.
  - Planning undertaken with midwifery colleagues to support research project SNAP3 in Powys. SNAP 3 offers some pregnant women an additional option of preloading with NRT to further support a quit attempt
  - Implementation of communication and engagement plan for public, professionals and partner agencies, to improve awareness of service and referral pathways, including:
    - The Smoking Cessation Team is delivering a GP Text message project in 5 GP Practices, targeting smokers with offer of support. This has commenced first with GP Practices in more deprived areas. In the practices involved, results show an overall increase in the number of clients being recorded on quit manager following the month when text messages were sent out. A step change has also been reported in number of smokers accessing support with the number of quits attempts April-September 2023/24 (n=283) 54% higher than the same period last year.
    - A patient story has been produced and shared on social media of a client who recently made a successful quit attempt with the service.
    - National advertising stop smoking campaign currently being delivered by PHW, linked to local services.

- Mitigations
- Work continues to re-orientate services to reach groups in deprived areas.
  - Service delivery model continues to reoriented to provided blended model of delivery to include; Telephone support, one-to-one and Group support.

Healthier Wales Quadruple Aim 1



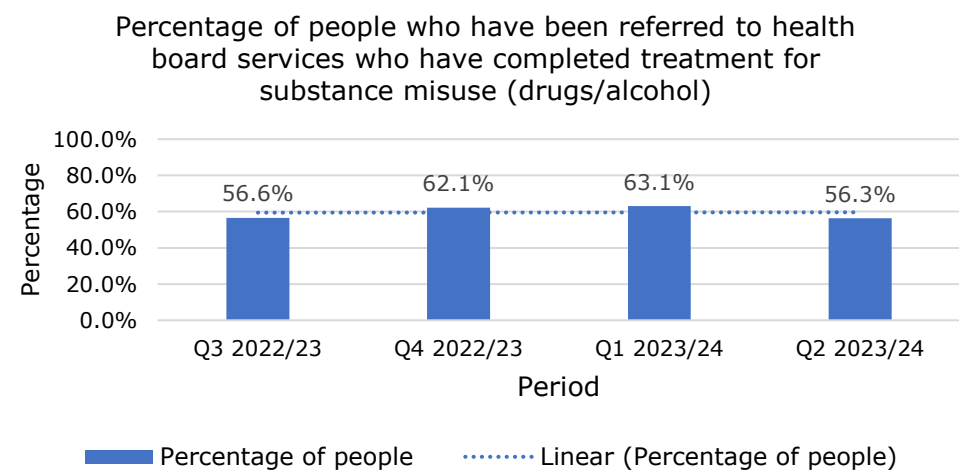
Access & Activity      NHS Performance Measure – 2      Powys as a provider

**Substance Misuse** – Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)

New measure for 2023/24

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	56.3%	All Wales benchmark	5 <sup>th</sup> (60.5%)
Target	4 quarter improvement trend		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



**What the data tells us**

This is a new measure for 2023/24 NHS Performance Framework. The measure aims to treatment services that are delivered by NHS teams and does not include voluntary or local authority services.

Reported performance in Q2 2023/24 has not met the required target of a 4-quarter improvement trend.

The health board benchmarks 5<sup>th</sup> in Wales with an All-Wales position of 60.5%

**Issues**

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**      **Recovery by**      **Awaiting interpretation of service for PTHB**

Area planning board (APB) commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from HIW review.

PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023.

Dual Diagnosis worker in Mid-Powys appointed, recently recruited to North Powys role. Service Provider part of interview process

**Mitigations**

The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.

Regular commissioning monitoring meetings with provider in place to monitor community demand.

Complex Needs portfolio – agreed that PCC lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – MH Partnership Priority.

Recruitment campaign for remaining vacant Dual Diagnosis post.

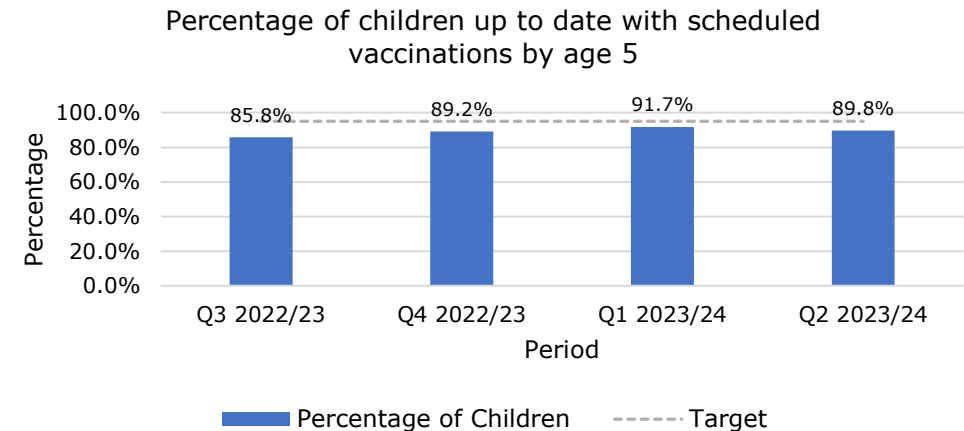


Vaccinations – Percentage of children up to date with scheduled vaccinations by age 5

New measure for  
2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	89.8%	All Wales benchmark	2 <sup>nd</sup> 87.7%
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



**What the data tells us**

Reported uptake performance has fallen in Q2 2023/24 to 89.8%, this remains below target (95%) but slightly above the same position for Q2 2022/23 (89.3%). This relates to 35 children requiring immunisation.

The health board has fallen to 2<sup>nd</sup> in Wales but remains higher than the All-Wales benchmark of 87.7%.

Issues

- 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, so information flows means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status, and people who reside in Powys.
- Vaccination uptake in under 5-year-olds decreased during the pandemic
- Workforce challenges: Some practices have queues due to staffing and working pressures resulting in delayed in timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.
- Data is showing variation in uptake across Powys at cluster level, with the north cluster having the lowest uptake during the quarter.

Actions	Recovery by	Q2 23/24
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- Lessons learnt from the Polio/MMR catch up campaign are being implemented which include:
  - Data cleansing
  - Enhanced monitoring of practice queues lists
  - Rolling enhanced monitoring pre-school project
  - Encouraging GPs to offer unscheduled vaccinations for other missed vaccinations
  - Supporting Health Visitors to follow up where children have missed their vaccinations – SOP written to support this.
  - Reviewing GP immunisation reporting lists which should increase reporting accuracy, and uptake of all childhood immunisations – SOP written to support Primary Care.
- SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations.
- An equity review is being undertaken to identify areas of low uptake and any barriers to vaccination to inform targeted actions.

Mitigations

- Ongoing support with Primary Care with queues list monitoring and prompting
- Rolling enhanced surveillance of pre-school vaccination
- Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
- Health Visitor SOP developed for Health Visitor Caseload: Follow up of Preschool Children Outstanding Routine Immunisations.

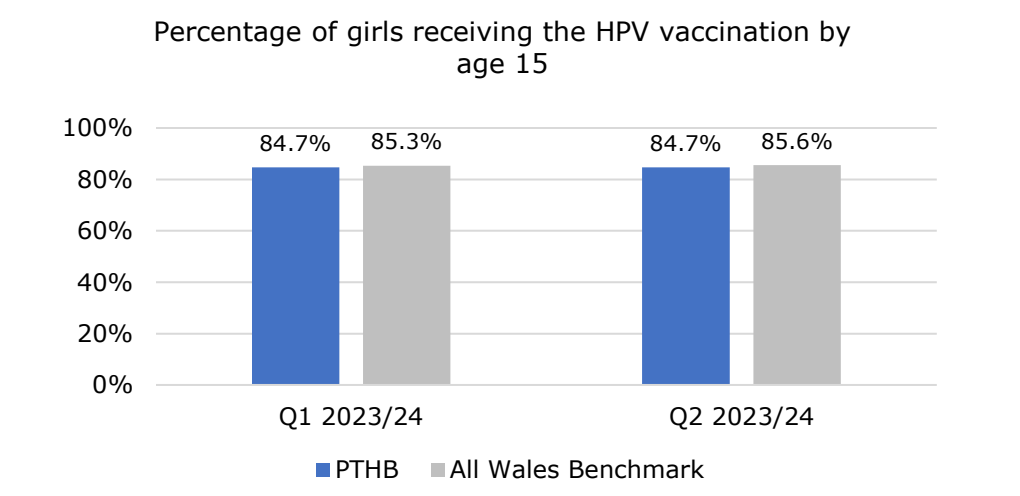
Healthier Wales Quadruple Aim 1

Vaccinations – Percentage of girls receiving HPV vaccination by age 15

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	84.7%	All Wales benchmark	4 <sup>th</sup> (85.3%)*
Target	90%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



**What the data tells us**

This is a new measure for the 2023/24 NHS Performance Framework.

The health board reports 84.7% against the new 90% target for HPV vaccinations by age 15, this performance is slightly below the All Wales benchmark of 85.6% (ranked 5<sup>th</sup>).

Previous HPV reporting has been for all children ages and routinely Powys have been around the 75 to 80% uptake, usually achieving higher than the Welsh benchmark.

Issues

- Recent press reports around the change of the vaccination schedule and some of the negative press relating to the HPV vaccine.

Actions

Recovery by

Awaiting further data

- 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

Mitigations

- New single dose vaccine is being implemented from academic year 2023/24 which should improve uptake further.

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

New measure for  
2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Nov-23		
Reported performance	64.0%	All Wales benchmark	5 <sup>th</sup> 65.1%
Target	75%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

Issues

Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.

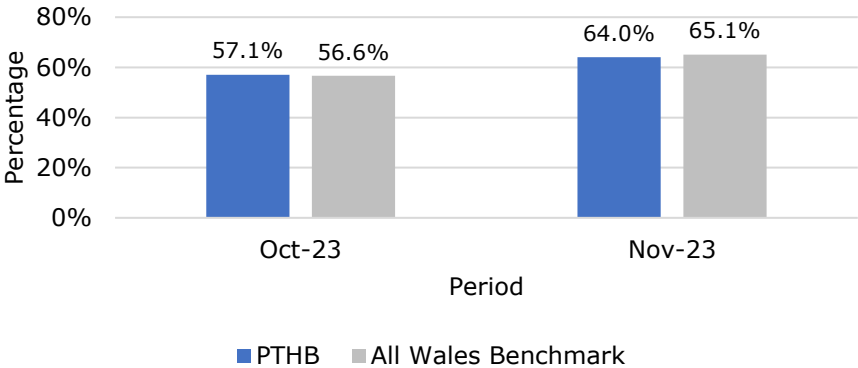
Actions	Recovery by	N/A
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- GP led clinics organised across Powys for eligible residents by GP Practices.
- Pharmacy flu clinics also available in many communities across Powys.
- PHW led comms campaign, supported by local comms through HB channels, amplified through local networks.
- Flu vaccine offered through Vaccination Centres from January 1<sup>st</sup> onwards.
- Additional targeted support provided to GP Practices including booking support to increase uptake further.

Mitigations

Continued monitoring of uptake, and engaging with those GPs to encourage further sessions, drop-ins and mop up clinics.

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



What the data tells us

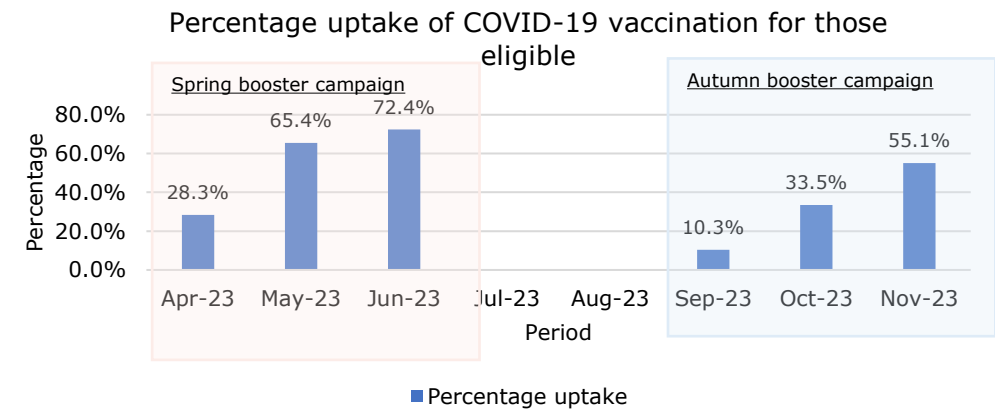
The reported position in November for the uptake of influenza vaccine has increased by 6.9% to 64.0% for PTHB. To note this is a cumulative measure and to match 2022/23 uptake a further 5% of eligible population require vaccination.

PTHB ranks 5<sup>th</sup> against the All-Wales benchmark of 65.1%

Vaccinations – Percentage uptake of COVID-19 vaccination for those eligible

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority
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Latest available	Nov-23		
Reported performance	55.1%	All Wales benchmark	1 <sup>st</sup> (45.4%)
Target	75% by end of autumn campaign		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		



- Issues
- Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total eligible population, this doesn't take into account those who have opted out of vaccination, and therefore would not be eligible for booster (as have not received their primary course)
  - There was a National delay in carrying out data cleansing exercises for the Immunosuppressed cohorts (delayed from 8<sup>th</sup> May until 16<sup>th</sup> June 2023). This led to complexity around invitations for the immunosuppressed groups in the Spring Campaign.
  - Vaccination Service underwent an OCP process between February and May 2023, which directly impacted the workforce. Workforce on Fixed Term contracts until March 2024, impacting on recruitment challenges.
  - Vaccination Service OCP and reduction in funding has led to a reduction from 3 vaccination centres to 2, meaning that there is a need for the population to travel further to receive their vaccination.
  - Four nation concern over new BA.4.86 variant impacted on late change and logistical implications in Health Boards delivery plans for the Autumn/Winter 2023/24 Campaign.

Actions	Recovery by	Q4 23/24
<ul style="list-style-type: none"><li>• Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.</li><li>• Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.</li><li>• Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.</li><li>• Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.</li><li>• Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.</li><li>• Active offers to eligible citizens who have not completed their primary course to increase the number of citizens in each cohort who will be eligible for a booster vaccination.</li><li>• Re-invitation of those citizens who are eligible in this campaign, but who have not yet received their primary course.</li><li>• Thorough screening of citizens who have previously "opted out" of vaccination to ensure that citizens are getting an opportunity to be vaccinated if they want to be.</li></ul>		

What the data tells us

Autumn booster campaign

Powys Teaching Health Board (PTHB) is again leading Wales in the vaccination of eligible citizens during the Autumn/Winter 2023/24 COVID-19 booster campaign. The campaign started on 11<sup>th</sup> September 2023 and runs until 31<sup>st</sup> March 2024. Health Board performance is currently 55.1% (November) and will increase month on month until the end of the current campaign.

The All-Wales benchmark for the same period is 45.4% and PTHB ranks 1<sup>st</sup>.

Spring booster campaign

Powys Teaching Health Board lead Wales in the vaccination of eligible people for the Spring COVID-19 booster campaign. As of June 2023, 72.4% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

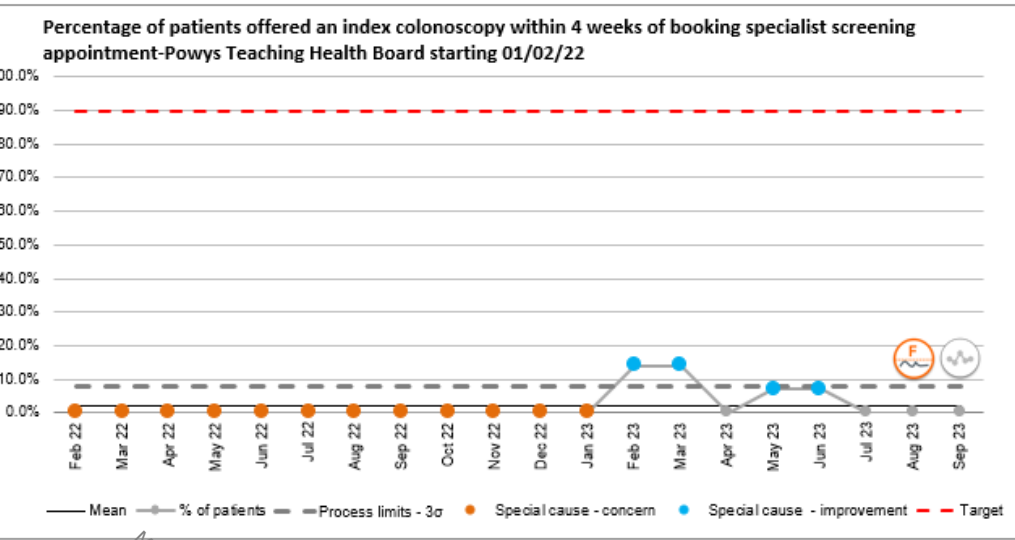
- Mitigations
- Primary course is being reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will allow us to invite a larger proportion of the population for a booster during the Autumn Campaign.

**Screening** – Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment

New measure for 2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Officer lead	Senior Manager Planned Care	Strategic priority
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Latest available	Sep-23
Reported performance	0.0% All Wales benchmark 6 <sup>th</sup> (20.6%)*
Target	90%
Variance	Common cause Escalated
Data quality & Source	Welsh Government Scorecard



**What the data tells us**

Powys performance against this measure is challenged reporting 0.0% in September 2023, All Wales performance is also significantly challenged against this measure.

Due to poor performance compliance this metric has been escalated by the Powys Performance team.

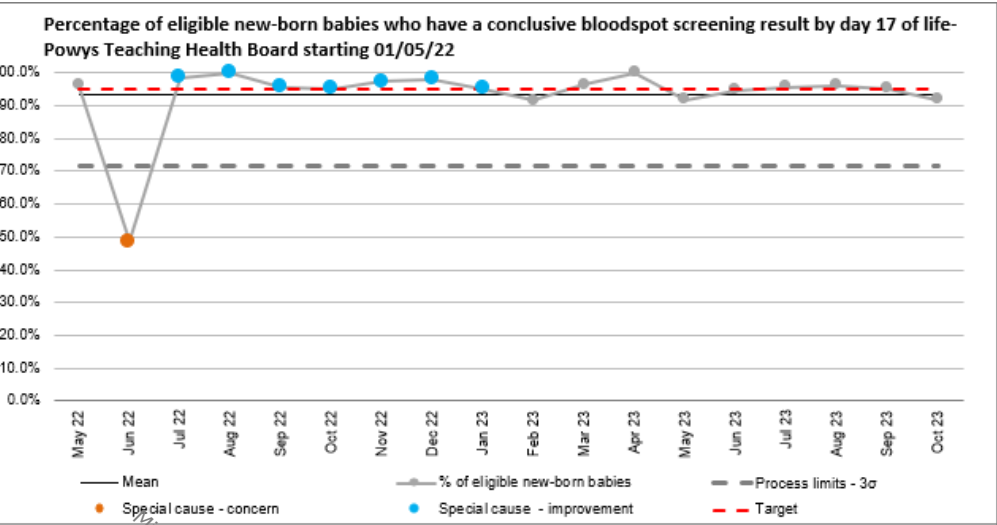
Issues
<ul style="list-style-type: none"><li>Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.</li><li>As a large area Powys residents will attend screening outside of PTHB including cross border in England.</li><li>Powys is contracted to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.</li><li>No health board in Wales meets required targets.</li><li>Team leader recruitment under re-assessment following several unsuccessful recruitment rounds.</li></ul>

Actions	Recovery by	Timescale requested PHW
<ul style="list-style-type: none"><li>Regular meetings between local operational leads and the Public Health led Wales screening team (BSW).</li><li>Interim assistant medical director planned care working in partnership with Public Health Wales and clinical leads to review selection criteria and standard operating protocols for endoscopy including bowel screening.</li><li>Requested capacity for bowel screening from commissioned health providers via the CQPRM.</li><li>The Powys Performance team have escalated this new measure, with a remedial action plan requested. This plan will engage with both the provider and commissioner aspects of bowel screening in Powys.</li></ul>		

Mitigations
<ul style="list-style-type: none"><li>Successfully recruited to 2x band 6 bowel screening specialist nurses.</li><li>Work ongoing with regional partners around the provision of sustainable services going forward.</li><li>Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.</li></ul>

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s Services	Strategic priority	
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Latest available	Oct-23		
Reported performance	91.9%	All Wales benchmark	5 <sup>th</sup> (95.5%)
Target	95%		
Variance	Common cause variation		
Data quality & Source		Welsh Government Scorecard	



What the data tells us

Powys Performance reported 91.9% in October against the national target of 95%. The health board ranks poorly reporting 5<sup>th</sup> in Wales against an All-Wales position of 95.5%. It should be noted that the health board is normally compliant.

Issues
<ul style="list-style-type: none"><li>The data collected includes babies that would have been on neonatal units at the time of collection.</li><li>The data will also include Powys residents that might be cared for by another provider.</li><li>Small numbers of cases can cause fluctuations in data.</li><li>Sample processing time in non-Powys laboratories, and shipment of samples can result in delays beyond target.</li></ul>

Actions	Recovery by	N/A normal performance above target
<ul style="list-style-type: none"><li>Utilisation of courier service enhancing timely collection and deliveries to non-Powys laboratories.</li><li>Ongoing engagement with Public Health Wales to ensure correct provider reporting rather than by residency basis (e.g., samples that would be done in an acute setting outside of PTHB control)</li></ul>		

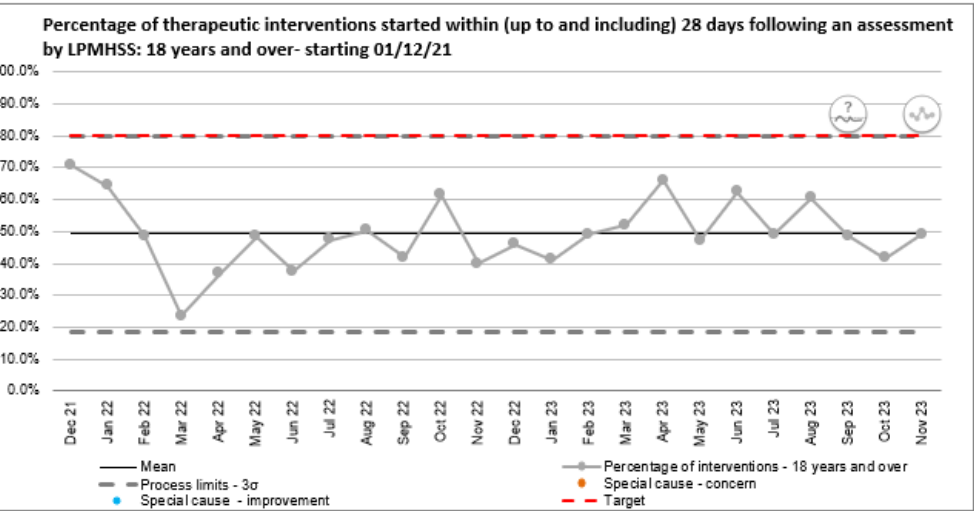
Mitigations
<ul style="list-style-type: none"><li>Courier service improved to transport samples to the laboratory on Monday, Wednesday and Friday to prevent delays through routine postal services.</li><li>The days of collection have been amended since July 2023 to have a more evenly spread over the week.</li><li>Timely collection of samples (Indicator NBSW-0031) on day 4-6 of life was 98.6% (standard &gt;95%) for the same data period.</li><li>Local consideration of data has suggested that most common days of sample collection are day 4 and 5.</li></ul>



**Mental Health Interventions** - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Nov-23		
Reported performance	49.2%	All Wales benchmark	*6 <sup>th</sup> (75.4%)*
Target	80%		
Variance	Common cause		Escalation
Data quality & Source		PTHB Mental Health Service	



- What the data tells us**
- Health board performance for adult interventions has not met the required target of 80% reporting 49.2% in November.
  - This is an increase on the 41.7% reported in October.
  - This measure remains challenging with reported common cause variation, it is unlikely that this measure will routinely meet the national target without intervention and has been **escalated**.
  - PTHB ranks poorly, 6<sup>th</sup> against the All-Wales position of 75.4% for the October benchmark snapshot available.
  - Data quality and timeliness continue to be challenges for the Mental Health submissions with regular retrospective change/validation.

- Issues**
- Inconsistent data capture across the teams has led to problems with accuracy but this has now been resolved.
  - Data entry is duplicated on WCCIS and WPAS with some teams delaying entry on the one system, this backlog causes inaccurate data capture. Deficits in admin capacity in South Powys LPMHSS due to sickness needs to be resolved.
  - Work to ensure practices are fully standardised across Powys are ongoing and alignment with Matrics Cymru stepped care model is a longer-term action within the remedial plan

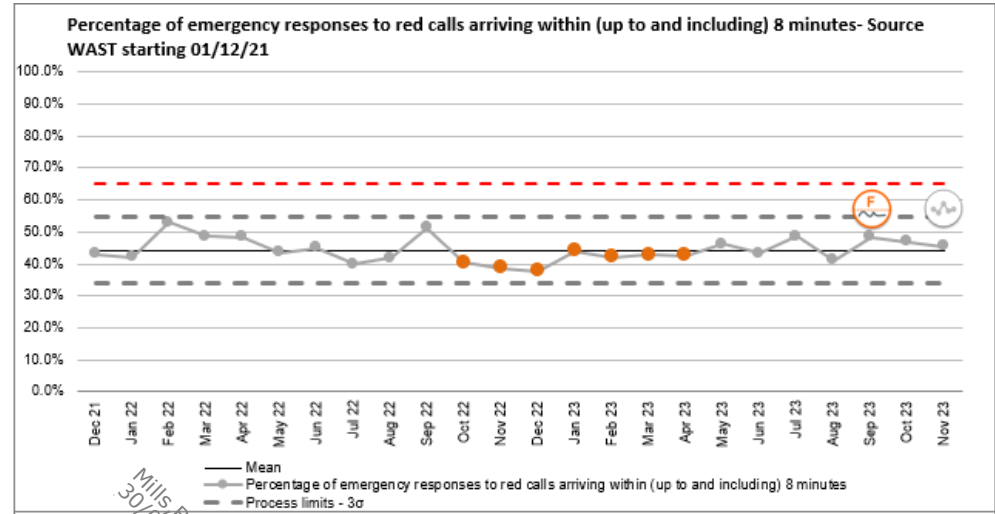
- | Actions | Recovery by | By end 2024/25 |
|---------|-------------|----------------|
|---------|-------------|----------------|
- Recovery and Development Plan being implemented; Actions include;
    - A standard operating procedure (SOP) has been put in place to ensure consistent data capture and align capture of workflow across all areas with weekly touch points arranged to monitor consistency of reporting. This establishes clear Referral to Treatment (RTT) criteria - Tier 1 (part 1b; 28-day RTT) vs Tier 2 (part 2; 26-week RTT) criteria to ensure clients are placed on the appropriate RTT waiting list
    - Implement clear cancellation and DNA Policy and CBP/DNA rates (north and south)
    - Introduction of centralised W/L and allocation process with treatment in turn in south Powys
    - Build resilience and flexibility in existing model
    - Improve case management processes including sessional limit and introduction of job plans.
  - This measures has been escalated following the internal Integrated Performance Framework performance and engagement meeting with key service leads and clinical staff. A service recovery plan is in place and will be converted into a remedial action plan for Executive review and engagement.

- Mitigations**
- We expect our Part 1b performance to improve but this may be temporarily affected by the implementation of the Standard Operating Procedures (SOP).
  - As mentioned under issues section above, the remedial plan includes a review of current service model against Matrics Cymru stepped care approach, longer term plans to implement actions from review of use of 3rd sector, Silvercloud (inc blended), Psychology and alternative sources of mental health support / talking therapies and explore feasibility of pan-Powys online psychological groups
  - A Service Manager position has been put in place to cover LPMHSS and psychology service Pan Powys (FTE to end of March)

**Red Calls-** Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Nov-23		
Reported performance	45.4%	All Wales benchmark	4 <sup>th</sup> (49.5%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source		WAST	



What the data tells us

- The reported performance in November has dropped to 45.4% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation remaining above mean in October 2023.
- PTHB ranks 4<sup>th</sup> but the All-Wales position for the same period is also poor at 49.5%

Issues

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.
- Handover delays at A&E sites especially Wrexham Maelor, Morriston, Glangwili, Prince Charles Hospital, and the Grange are increasing the time ambulance crews are spent static as opposed to quick turnaround times
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions	Recovery by	TBC
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- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved
- All Wales urgent care system escalation calls being held daily (often more than once per day)
- Health Boards asked to review Local Options Frameworks. Most Health Board 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.

Mitigations

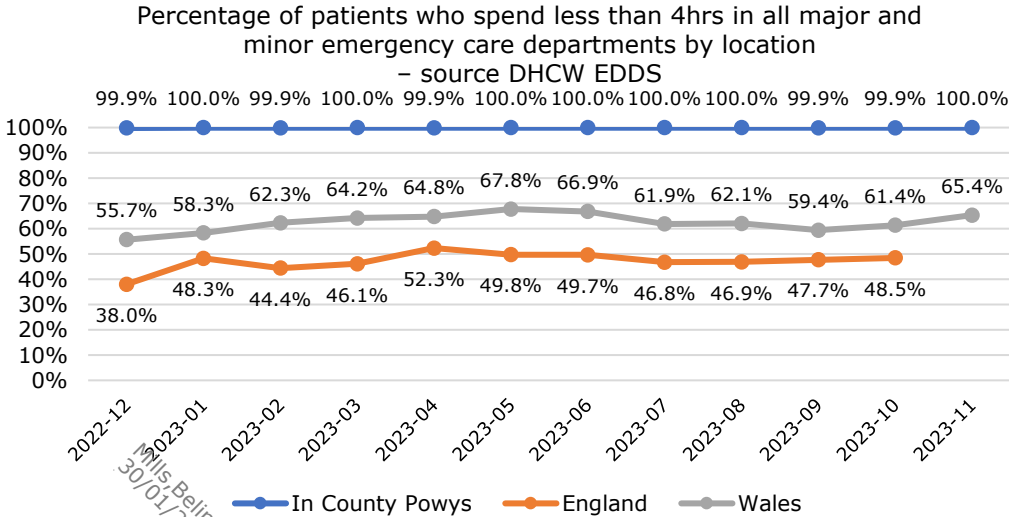
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.



**Emergency Access** - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Nov-23 (Oct-23 England)		
Reported performance	Pow – 100%	All Wales benchmark	1 <sup>st</sup> as provider (68.7%)
	Wal – 65.4%		
	Eng – 48.5%		
Target	Wales & England- 95%		
Variance	Powys – Common cause variation		Exception
Data quality & Source		DHCW EDDS	



What the data tells us

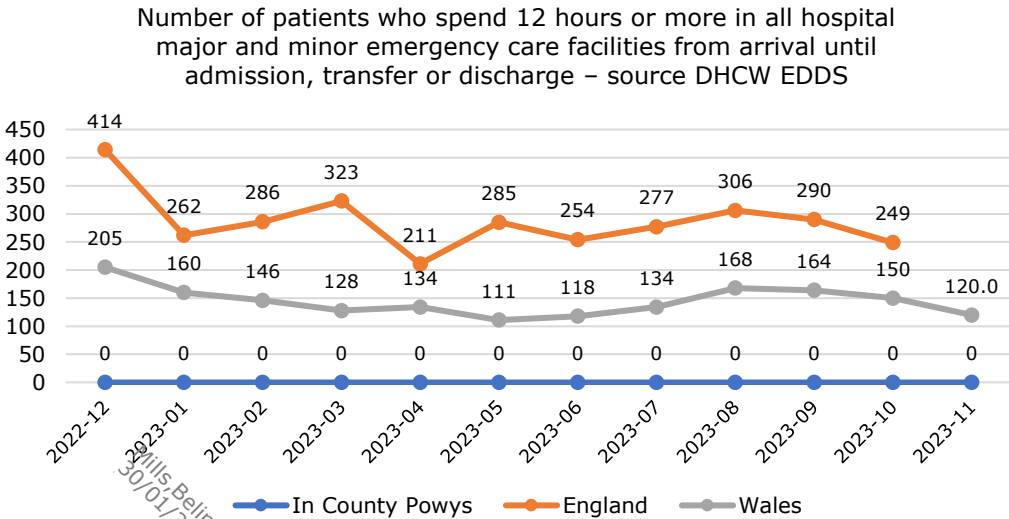
- Powys Teaching Health Board (PTHB) as a provider of care via MIU’s continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- PTHB residents in Welsh emergency units have had 65.4% compliance against the 4hr target in November.
- PTHB residents attending English emergency units see the longest wait with 48.5% (October 2023) meeting the 4hr target.
- PTHB ranks 1<sup>st</sup> in Wales against a 68.7% benchmark, however this is not comparable with no acute units within the provider.

Issues		
<ul style="list-style-type: none"><li>• No issues with the Powys MIU’s currently reported.</li><li>• Powys residents attending English emergency departments generally wait longer to be seen.</li><li>• Key issues for acute care providers include high levels of demand with variance across sites.</li><li>• Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.</li></ul>		
Actions	Recovery by	PTHB target met N/A
<ul style="list-style-type: none"><li>• Reinstatement of Delivery Coordination Group from Q2 2023/24 to focus on key areas of challenge because of increasing pressure.</li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>• Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.</li><li>• The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.</li></ul>		

**Emergency Access** - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Nov-23 (Oct-23 England)		
Reported performance	Pow – 0	All Wales benchmark	1 <sup>st</sup> as provider (9,934)
	Wal - 120		
	Eng - 249		
Target	Zero		
Variance	N/A		Exception
Data quality & Source			



What the data tells us

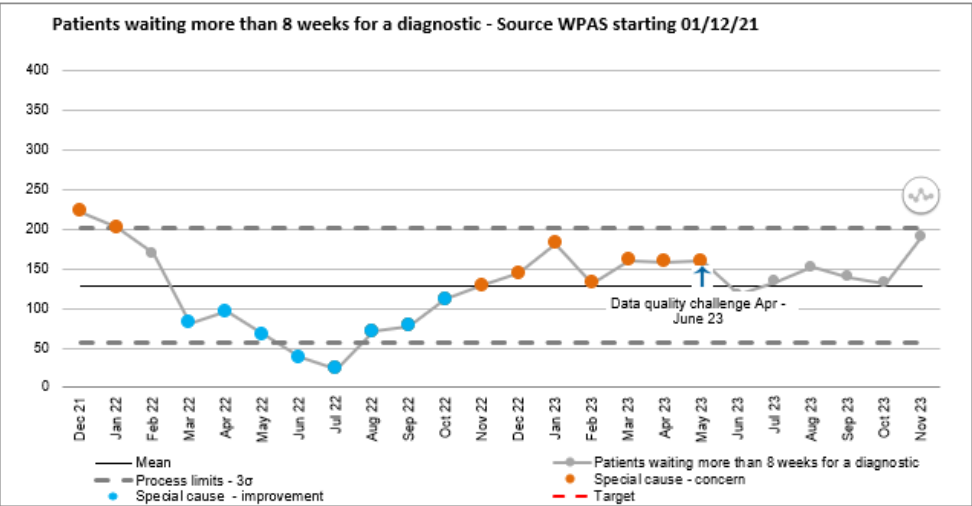
- Powys Teaching Health Board (PTHB) as a provider of care via MIU’s continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Welsh emergency departments are reporting an improvement when compared to 2022/23 but remain challenged with breaches reducing again slightly for the November snapshot.
- English emergency departments are reporting a slight decrease in October in the number of 12hr breaches.
- PTHB ranks 1<sup>st</sup> in Wales against a 9934 total breaches benchmark, however this is not comparable with no acute units within the provider.

Issues		
<ul style="list-style-type: none"><li>• No issues with the Powys MIU’s currently reported.</li><li>• Significant performance variance by provider/unit attended.</li><li>• Key issues for acute care providers include high levels of demand with pressure currently building into autumn.</li><li>• Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.</li></ul>		
Actions	Recovery by	PTHB target met
<ul style="list-style-type: none"><li>• Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.</li><li>• The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.</li></ul>		
Mitigations		

Diagnostics - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov-23		
Reported performance	190	All Wales benchmark	1 <sup>st</sup> (47,813)*
Target	PTHB trajectory target <80		
Variance	Common cause		Escalated
Data quality & Source		WPAS	



What the data tells us

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

- The health board has reported 190 breaches in November 2023, 83 breaches are for Echo Cardiograms, 42 within Endoscopy, and a 65 reported for Non-Obstetric Ultrasound.
- This measure has not met the PTHB submitted trajectory and remains **escalated**.

Please note detail on Endoscopy detail is available on the next slide

Issues

- Non-Obstetric Ultrasound (NOUS)**
- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity as a result of only being able to provide alternate specialty for "lumps & bumps" vs Muscular Skeletal (MSK)
  - South Powys have a similar challenge with SBUHB effecting capacity type and resulting breaches.
- Cardiology**
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility (Aneurin Bevan University Health Board) and **increasing demand**
  - [Data quality is flagged amber due to reporting challenge please see notes slide for further detail.](#)

Actions	Recovery by	All diagnostics specialties plan to recover by end Q4
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- Non-Obstetric Ultrasound (NOUS)**
- Remedial action plan undertaken 6/9/23, recovery on-track but still fragile for Q3/Q4.
  - Use of agency for breaching patients
  - Urgent referrals are routed to acute providers
  - Demand and Capacity workstream to assess system efficiency and implement improvements
  - PTHB have appointed own Sonographers
  - Training of sonographer underway for "lumps and bumps".
- Cardiology – (Echo Cardiogram)**
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM)
  - Development of clinical waiting list validation within reach clinical team – On-going
  - Roll –out of GPSI cardiology transformation programme into South Powys, implementation plan in place – start TBC
  - Remedial action plan in place but capacity has not yet been identified to recover position.

Mitigations

- Non-Obstetric Ultrasound (NOUS)**
- Continuous monitoring of waiting list
- Cardiology**
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal

**Diagnostics** – Number of patients waiting more than 8 weeks for a specified diagnostic (Endoscopy specific narrative)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

When looking at Endoscopy specifically breaches have increased from the previous month (36) with 42 patients now breaching target in November.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing
- **Bowel screening (BS) FIT test changes from Oct-22 have increased demand.**
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Staff challenges including senior clinical lead for theatres vacancy since June 2022 (now recruited too)

Actions	Recovery by	Backlog recovery potential by Mar-24 if insource capacity confirmed.
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- Additional capacity has recommenced via insource from November 2023 to support backlog clearance for both outpatients and diagnostic general surgery.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).
- Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).
- Mutual aid and offer of repatriation still open for gastro patients from Wye Valley NHS Trust to Llandrindod Wells Hospital (ongoing with ABUHB support).
- Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells has been delayed to Q4 2023/24, awaiting ratification of clinical protocols.
- Start of sponge capsule (cytosponge) from 2<sup>nd</sup> October in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.
- Remedial action plan in place and under regular review to enhance scrutiny and support of challenge, this action plan however is for general surgery specialty which is key demand driver/in-reach specialty for endoscopy in south Powys.
- Review of standard operating procedures (SOP's) and related documentation with an aim for service improvement & efficiencies.

Mitigations

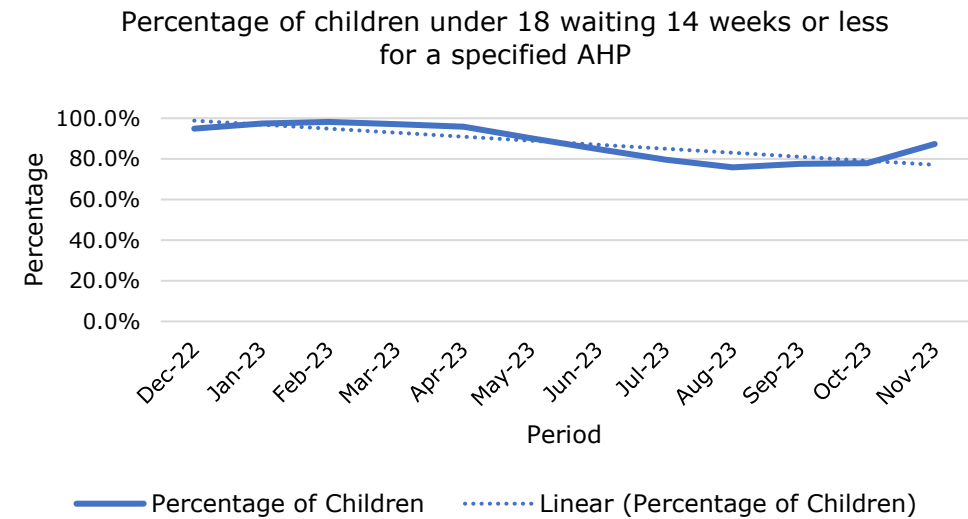
- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.
- PTHB has improved capacity for Gastroscopy following training of JAG accredited clinical endoscopists.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP's with the aim of improving service methods and efficiencies.

Percentage of children under 18 waiting 14 weeks or less for a specified Allied Health Professional (AHP)

New measure for  
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov-23		
Reported performance	87.2%	All Wales benchmark	3rd (84.4%)
Target	12-month improvement trend		
Variance	N/A		Escalated
Data quality & Source		PTHB Information team (IFOR)	



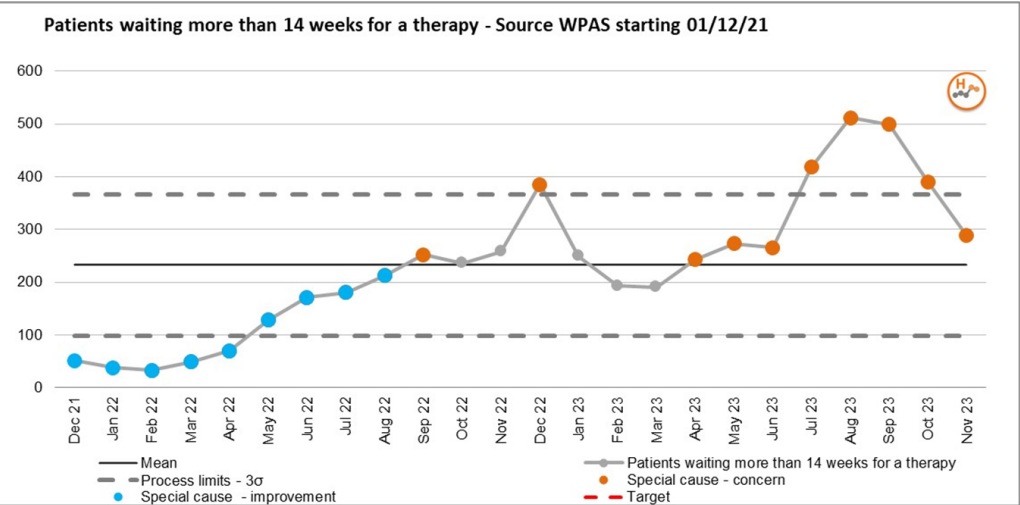
What the data tells us
<ul style="list-style-type: none"><li>The percentage of young people (&lt;18s) who are waiting under 14 weeks for a specified allied health professional (AHP) has improved but does not meet the 12-month improvement trend reporting 87.2% in November.</li><li>This measures has been <b>escalated</b> from Month 6 as part of the larger therapies escalation as confirmed by service leads.</li></ul>

Issues		
<ul style="list-style-type: none"><li>Majority of breaches are within speech and language therapy linked to the key challenges;<ol style="list-style-type: none"><li>Significant staffing vacancy</li><li>Unrecognised backlog of long waiting patients</li><li><b>3. High caseload demand</b></li></ol></li><li>General challenge of staffing and sickness across all therapy's specialties.</li><li><a href="#">Data quality is flagged amber due to reporting challenge please see notes slide for further detail.</a></li></ul>		
Actions	Recovery by	March-24
<ul style="list-style-type: none"><li>Remedial action plan undertaken by services for escalation as required.</li><li>New standard operating procedure in place (SOP) to improve service processes.</li><li>Demand and capacity work is being undertaken to improve flow.</li><li>Recruitment plans underway:<ol style="list-style-type: none"><li>3x 1.0 Whole time equivalent (WTE) band 5 staff now commenced</li><li>1.2 WTE band 3 staff has started and are supporting delivery of therapy.</li><li>Team working in more defined episodes of care to reduce cases open for extended periods of time.</li></ol></li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>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.</li></ul>		

Number of patients waiting more than 14 weeks for a specified therapy (Inc. Audiology)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov-23		
Reported performance	288	All Wales benchmark	2 <sup>nd</sup> (11,452)*
Target	PTHB Trajectory – 0 (Nov-23)		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 288 patients breached the 14-week target in November, this is a significant reduction in the number of breaches.
- The SPC chart continues to flag special cause concern for the last 7 months.
- As the measure is has not met the required target since December 2021 it remains **escalated** to Service & Executive lead.
- This measure does not meet the submitted trajectory of no breaches failing the ministerial priority target set by the health board.
- Key breaching specialties include adult audiology, adult physiotherapy, routine podiatry, and speech and language therapy.

Issues

- Musculoskeletal (MSK), Podiatry, and Speech and Language Therapy (SALT) all have severe challenges to workforce and resultant capacity. These workforce problems are caused by both vacancies and long-term sickness in key subspecialties.
- MSK pelvic health service provided by 2 clinicians (pan Powys) 1 clinician is currently unavailable due to long term sickness. Locum in place for virtual consultations
- Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service.
- Speech and Language unable to recruit or resource to support transgender/voice speech and language specialty
- Follow-up (FUP) caseload backlog impacting on new booking capacity
- Challenges with core reporting support escalated with Digital Transformation team.
- [Data quality is flagged amber due to reporting challenge please see notes slide for further detail.](#)

Actions

Recovery by

Mar-24 (details in mitigations)

- Weekly management of waiting lists by Heads of Service.
- Remedial action plan templates completed for all challenge specs for escalated with significant improvement expected by March 2024.
- Additional locum to support MSK physiotherapy, and new graduate (now commenced September 2023)
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Podiatry (clinical) has increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas
- SALT – Head of service reviewing on weekly basis. SALT –maternity leave in team, locum in place to cover; all long waits booked.

Mitigations

Improvement planned for full recovery by \*Mar-24

- MSK physiotherapy planned Q3 23/24
- Podiatry planned Q4 23/24
- Speech and language therapy Q4 23/24

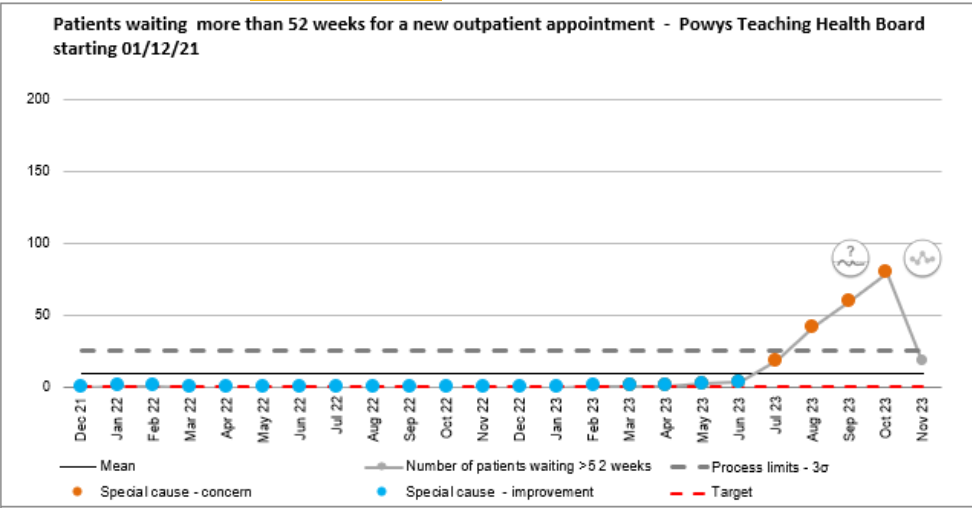
\*Projections are based on recruitment plan/return to work, and that no other incidents of long-term sickness or maternity leave occur which results in capacity challenge/gaps in service.



New Outpatient – Number of patients waiting over 52 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov-23		
Reported performance	18	All Wales benchmark	2 <sup>nd</sup> (52,172)*
Target	PTHB Trajectory – 0 (Nov-23)		
Variance	Common cause		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider has improvement against this measure and its target, November reports a significant reduction with 18 pathways waiting over 52 weeks for a new outpatient appointment.
- This measure reports common cause variation for November with breaches reducing within the upper control limit.
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks and remains **escalated**.

Issues

- Specific issues for the Rheumatology breaches include **increased demand** from long COVID-19, consultant availability as a result of short notice in-reach fragility (patient was not suitable for alternative e.g., specialist nurse attendance or virtual solution)
- Ongoing risk of fragile in-reach consultant led pathways within the provider, General Surgery is particularly fragile with significant capacity deficit.
- **Increased demand** of urgent and urgent suspected cancer referrals impacting on routine referrals especially in General Surgery, this short fall of capacity will cause significant challenge in meeting planned care measures.
- [Data quality is flagged amber due to reporting challenge please see notes slide for further detail.](#)

Actions

Recovery by

Backlog recovery planned by Mar-24 if insource capacity confirmed.

- Additional capacity has recommenced via insource from November 2023 to support backlog clearance for key challenge specialties.
- Review of inter provider pathways with CTMUHB around general surgery, endoscopy and USC pathways commenced Q1 2023/4
- In reach service fragility and capacity issues flagged via CQPRM
- Progressing additional in reach support with Commissioning
- Baseline assessment review of PTHB services against GIRFT OP recommendations undertaking with implementation plan under development
- OPD reviewing use of virtual Age-Related Macular Degeneration (AMD) group clinics
- Remedial action plan templates created for senior escalation on key challenged specialties.

Mitigations

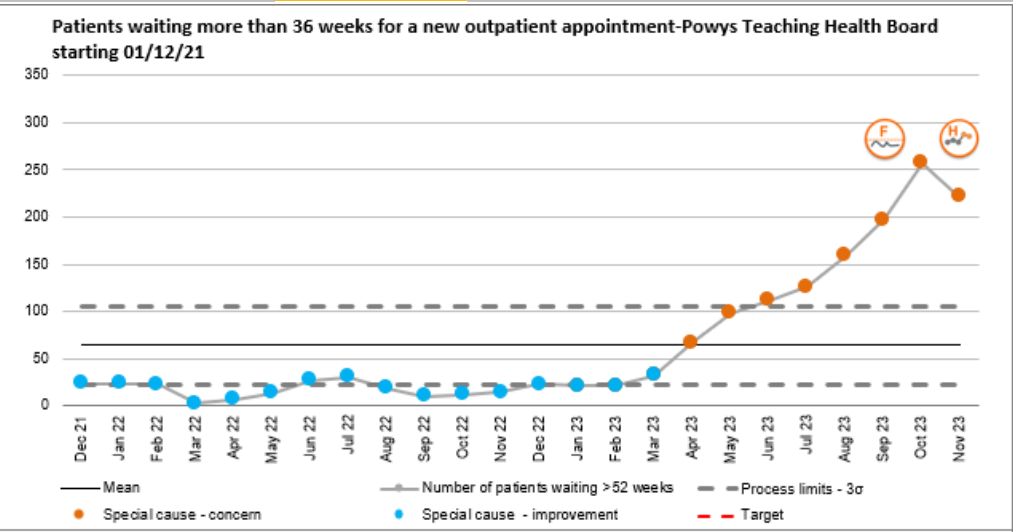
- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient-initiated follow-ups (PIFU) across specialties.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP's with the aim of improving service methods and efficiencies.

New Outpatient – Number of patients waiting over 36 weeks for a new outpatient appointment

New measure for  
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Nov-23		
Reported performance	222	All Wales benchmark	1 <sup>st</sup> (107,919)*
Target	PTHB trajectory – 15 (Nov-23)		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- Reported performance in November has seen limited improvement with the number of patients waiting over 36 weeks for a new outpatient appointment reducing slightly to 222.
- This measures is flagging as **escalated** and is of special cause concern, it fails to meet the ministerial priority target of 15 or less breaches and the data shows a system out of control without intervention.

- Issues
- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
  - General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
  - Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
  - Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to **increased demand**/reduced capacity due to in-reach fragility or diagnostic requirements.
  - In-reach Anaesthetics is a particular challenge with cover provided by in-source
  - Fragility of PTHB staffing and recruitment challenges nationally.
  - [Data quality is flagged amber due to reporting challenge please see notes slide for further detail.](#)

- | Actions   | Recovery by | Backlog recovery planned by Mar-24 if insource capacity confirmed. |
|---|-------------|--|
| <ul style="list-style-type: none"><li>Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology &amp; pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).</li><li>Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.</li><li>Job description reviewed &amp; banding uplift for Senior Clinician Theatres/Endoscopy with recruitment be undertaken in Jul/Aug 2023, successful appointment made candidate to commence 16th Oct 2023</li><li>Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week for 3 months whilst substantive position is re-advertised.</li><li>Measure has been escalated and waiting list challenges raised via the revised Performance &amp; Business group with remedial action plans created.</li></ul> |             |  |

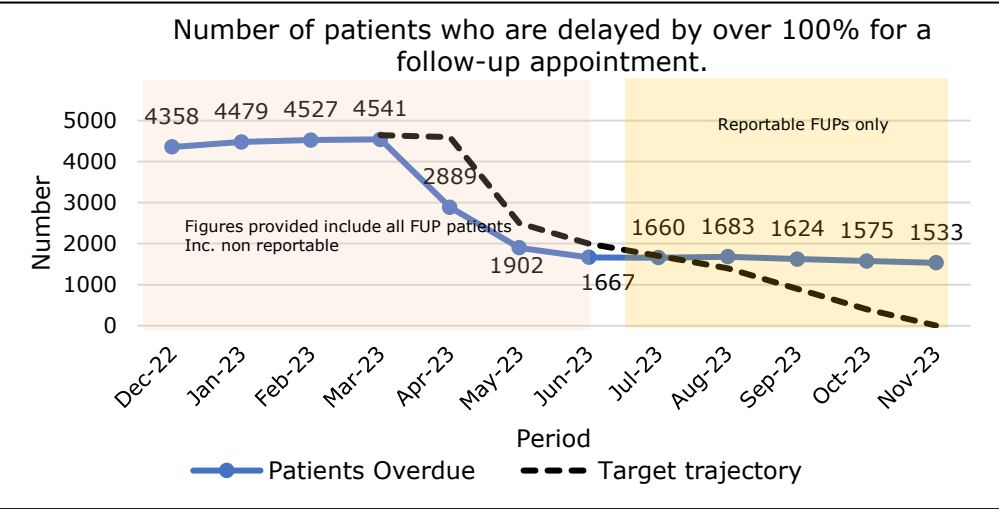
- Mitigations
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
  - Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.



Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health*	Officer lead	Assistant Director of Community Services*	Strategic priority	5
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Latest available	Nov-23		
Reported performance	1533	All Wales benchmark	1 <sup>st</sup> (247,276)
Target	PTHB set trajectory target equal or less than 0 (Nov-23)		
Variance	N/A		Escalated
Data quality & Source		WPAS	



**What the data tells us**

- PTHB is reporting “reportable” only FUP’s to Welsh Government (WG) from April as required by the national measure. Prior to this figures reported to board included all FUP pathways overdue.
- It should be noted that the recovery trajectory was set for 2023/24 included all FUP’s within the calculation.
- This measure remains in an **escalated** state as not meeting the submitted trajectory of 400 or less for October and until the data quality issues are satisfactorily resolved.

\* This measure and they follow-up investigation, validation and recovery is currently led by the Interim Director of Performance & Commissioning and Director of Finance and ICT and Interim Deputy Chief Executive.

- Issues**
- Reporting was updated to use National teams digital reporting stored procedure which returned significantly more pathways 2021/22.
  - Digital & Transformation (D&T) team capacity limitations required Performance & Ops service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later, ongoing phases of validation underway with services.
  - Ongoing incorrect reported volumes result in challenges for service demand planning.
  - Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
  - Clinical teams do not consistently use see on symptoms (SOS) and patient-initiated pathways (PIFU) which can result in overdue standard FUP pathways.
  - Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this is an ambitious target and will not be achieved by March.
  - Capacity challenges in planned care result in prioritisation of USC, urgent appointments with routine and FUP appointment timeliness impact.

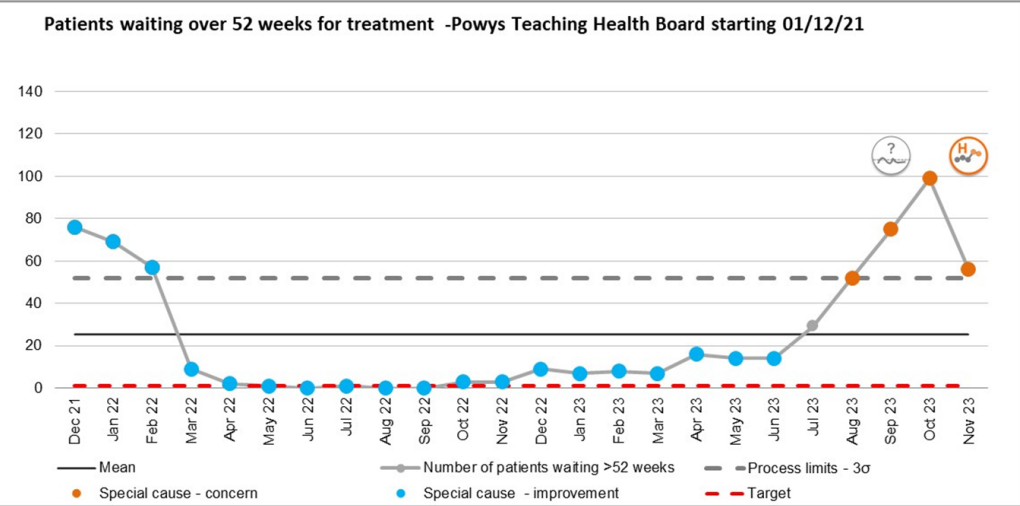
Actions	Recovery by	Nov-23
<ul style="list-style-type: none"><li>D&amp;T team continue to progress with Phase 4 (183 records have been cleansed of 211 flagged). Phase 5 validation is currently underway with a further 196 records flagged for validation.</li><li>Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.</li><li>Operational services continue to support the validation of records and provide challenge identification for the D&amp;T team to investigate.</li></ul>		

- Mitigations**
- Reportable waiting lists are clinically validated, and risk stratified in addition to administrative waiting list validation, this is carried out to reduce the risk to pathways.
  - Work with services during 2023/24 to implement the correct use of see on symptoms (SOS) and patient initiated FUP (PIFU) pathways to reduce the incorrect usage of a “standard” FUP pathway resulting in +100% waiters who are actually a PIFU.
  - Investigatory group for FUP validation meeting regularly with deep dive in quarter 4.

Referral to Treatment – Number of patients waiting more than 52 weeks for treatment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov-23		
Reported performance	56	All Wales benchmark	1 <sup>st</sup> (134,456)*
Target	PTHB Trajectory - 0		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- The health board has failed to meet the submitted trajectory of zero or less breaches in November although a reduction to 56 patients waiting over 52 weeks for treatment has been reported.
- The measure still reports special cause concern and performance remains above the upper control limit.
- As a ministerial priority that is not meeting the PTHB set trajectory it remains **escalated**.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as USC prioritised to all available clinic/diagnostic slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to **increased demand**/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source
- Fragility of PTHB staffing and recruitment challenges nationally
- [Data quality is flagged amber due to reporting challenge please see notes slide for further detail.](#)

Actions

Recovery by

**Backlog recovery potential by Mar-24 if insource capacity confirmed.**

- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Capacity requirements provided for insourcing consideration corporately Q1 2023/4
- Recruitment to Clinical Director Planned Care new medical leadership post revised timeline now Q4 2023/24
- Measure has been escalated and waiting list challenges raised via the revised Performance & Business group with remedial action plans created.

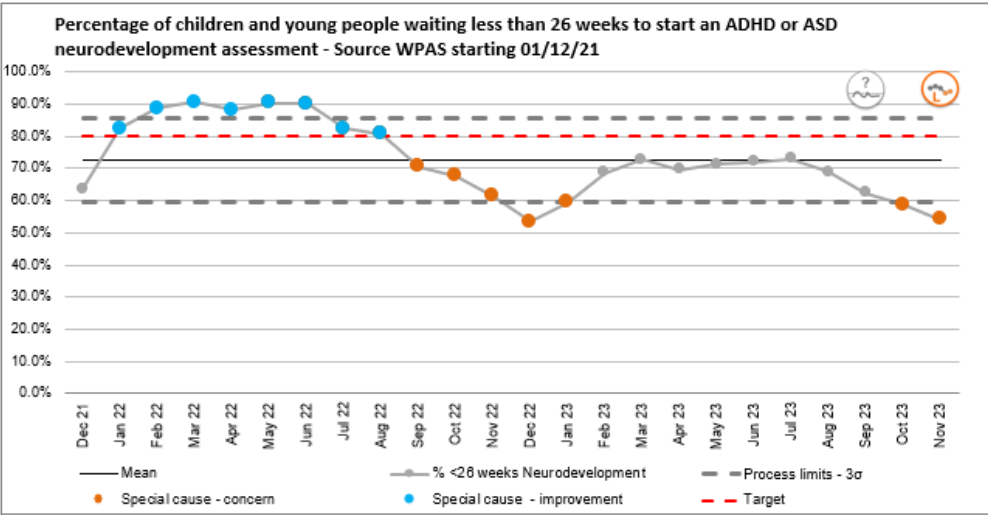
Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP's with the aim of improving service methods and efficiencies.

**Neurodevelopment (ND) Assessment** – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s	Strategic priority	10
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Latest available	Nov-23		
Reported performance	54.2%	All Wales benchmark	1 <sup>st</sup> (29.9%)*
Target	80%		
Variance	Special cause - concern		Escalation
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment has fallen to below the lower control limit in November (54.2%), as noted per month 7 snapshot without recovery the service performance has been escalated in line with the Integrated Performance Framework process following discussion with service lead.
- Performance is flagged as special cause concern
- PTHB continues to benchmark positively against the All-Wales position.

Issues

- **Key demand challenge on service, significant increase in referrals post COVID**
- The average referral rate of 20 per month pre COVID has drastically increased again during Qtr2 to 69 per month in 2023/24 thus far. This peaked to 108 in July 2023.
- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-26) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the **overwhelming referral demand** and deficient workforce.
- Given the consistent **increase in referral demand** since June 2021, ND waiting lists have not been addressed to a satisfactory position as of 31<sup>st</sup> December 2023.

Actions

Recovery by

Linked to business case approval






















- As a result of continued demand pressure, the Neurodevelopment service is prioritising patients waiting for first appointment, and those patients whose assessment is in progress.
- As part of the Powys Integrated Performance Framework approach the Womens & Childrens services will be engaged via Performance and Business meetings to support service recovery from Q4 2023/24.
















Mitigations

- The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service.
- **However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts.**
- The ND Remodel business case is being reconsidered by IBG Scrutiny Panel in January 2024, and temporary staff positions have been extended until at least March 2025.

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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	Nov-23	No. long waits by cohort, with latest SPC variance						Total Waiting
Welsh Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		
Aneurin Bevan Local Health Board	64.6%	615		380		73		2561
Betsi Cadwaladr University Local Health Board	44.7%	286		194		53		723
Cardiff & Vale University Local Health Board	51.8%	146		95		13		392
Cwm Taf Morgannwg University Local Health Board	62.3%	184		103		11		647
Hywel Dda Local Health Board	54.5%	499		276		47		1479
Swansea Bay University Local Health Board	59.3%	563		332		84		1944
Total	58.6%	2293		1380		281		7746

	Sep-23	No. long waits by cohort, with latest SPC variance						Total Waiting
English Providers	% of Powys residents < 26 weeks for treatment (Target 95%)	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks		
English Other	70.9%	41		14		0		265
Robert Jones & Agnes Hunt Orthopaedic & District Trust	60.2%	845		383		11		3301
Shrewsbury & Telford Hospital NHS Trust	67.9%	685		203		0		3862
Wye Valley Trust	63.8%	789		256		0		3626
Total	64.3%	2360		856		11		11054

What the data tells us

Commissioned services in Wales are reporting slow improvement across the long wait metrics of +104, over 36 weeks, and new OP 52+ weeks.

The table below is for Welsh providers and can be used to view relative improvement of waiting lists.

Wales Measures	Nov-22	Nov-23
Total pathways over 36 weeks	2514	2293
Pathways waiting +52 new outpatient	652	317
Pathways waiting 104+ weeks	580	281

English providers still report an improved position when compared to waiting pathways in Wales. Very long waits 104+ weeks are limited to RJAH consisting of complex spinal cases. It should be noted that Wye Valley Trust pathway size are flagged as special cause concern because of growth in the 36+ and over 52 week wait bands totals.

English Measures	Sep- 22	Sep-23
Total pathways over 36 weeks	2446	2360
Pathways waiting 104+ weeks	12	11

Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts providing a better service for residents in the North & East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.

Return to provider RTT slides

Powys resident – Commissioned referral to treatment waits (RTT)

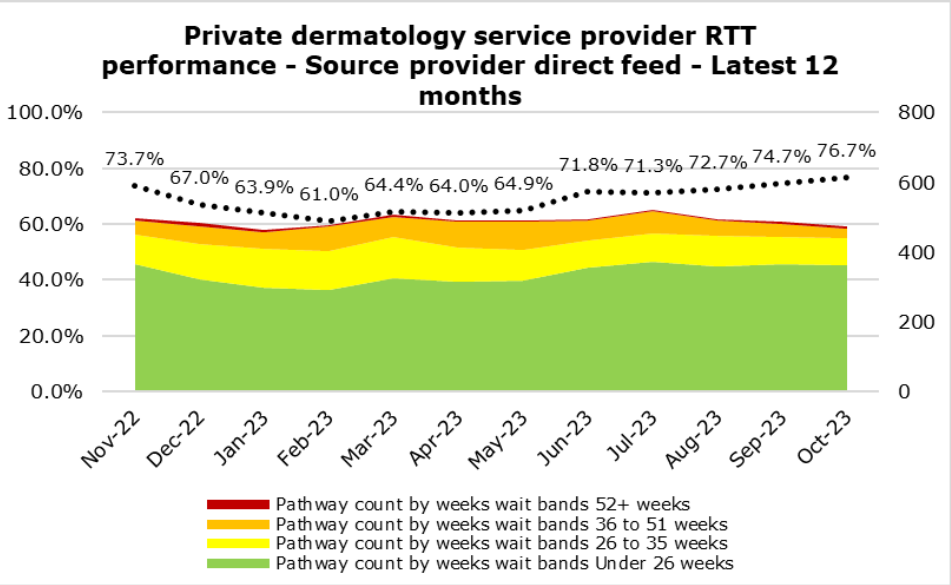
Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Issues		
<ul style="list-style-type: none"><li>• PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with <b>increased demand</b>, and staffing fragility impacting through put.</li><li>• English and Welsh providers reporting workforce challenges including clinical staff retirements, recruitment, industrial action.</li><li>• Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North &amp; East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.</li><li>• Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.</li></ul>		
Actions	Recovery by	Commissioned service trajectories – awaited from providers
<ul style="list-style-type: none"><li>• Welsh &amp; English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.</li><li>• Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.</li><li>• Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.</li><li>• The health board continues to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.</li><li>• Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.</li><li>• Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment. PTHB developing proposal to secure additional insourced capacity.</li><li>• 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.</li><li>• PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.</li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>• All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.</li></ul>		



Insourcing/Outsourcing - Private dermatology service provider – Referral to Treatment (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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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	
Nov-22	73.7%	367	83	41	7	498
Dec-22	67.0%	323	101	48	10	482
Jan-23	63.9%	297	113	47	8	465
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506
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

What the data tells us

In October 2023, the provider RTT performance has shown further improvement to 76.7% of the waiting list being under 26 weeks. Patients that wait over 36 weeks has reduced from 44 (September) to 32 in October with a corresponding reduction of pathways over 1 year (4).

Issues

- Patients waiting > 52 weeks.
- Reduced NHS contract capacity for routine (Wye Valley NHS Trust). Currently exploring alternative providers including capacity commissioned from private provider.

Actions	Recovery by	Under discussion with provider
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- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.
- Scoping exercise being undertaken to identify additional capacity requirements (routine).

Mitigations

- None reported

Please note that the RTT data has been updated for the 2023/24 financial year. Non-Powys responsible patients were included within the return and have now been validated and removed. This has improved the compliance for every single month from April for both percentage under 26 weeks and long waiters.

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% - Source DHCW												
Provider	2022-12	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11
Aneurin Bevan Local Health Board	48%	56%	82%	85%	69%	55%	56%	69%	67%	55%	65%	33%
Betsi Cadwaladr University Local Health Board	53%	29%	20%	29%	100%	63%	57%	25%	100%	0%	100%	50%
Cardiff & Vale University Local Health Board	0%	0%										
Cwm Taf Morgannwg University Local Health Board	50%	20%	25%	33%	29%	75%	0%	50%	33%	67%	43%	50%
Hywel Dda Local Health Board	57%	20%	57%	20%	56%	17%	13%	63%	100%	50%	43%	46%
Swansea Bay University Local Health Board	100%	38%	67%	50%	33%	50%	25%	100%	50%	80%	17%	33%
Total number treated within target (numerator)	26	19	20	29	17	16	15	20	18	16	19	12
Total pathways that started treatment (denominator)	50	51	37	46	32	31	39	33	30	27	38	29
Total monthly percentage compliance	52%	37%	54%	63%	53%	52%	38%	61%	60%	59%	50%	41%

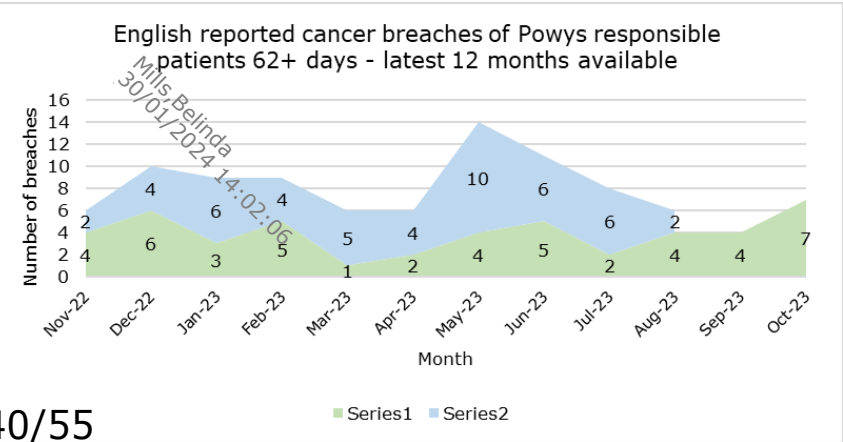
Data Quality & Source

DHCW -  
Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

What the data tells us

Wales

- Performance in Wales remains challenging for cancer pathways, provisional data for November 2023 shows 62-day cancer compliance at 41% with 17 of 29 pathways treated within target.
- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to outpatient capacity (e.g., timely first outpatient), diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62 day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- The current latest All Wales position is the October snapshot, this reports 56% compliance (further detail on slide 42).



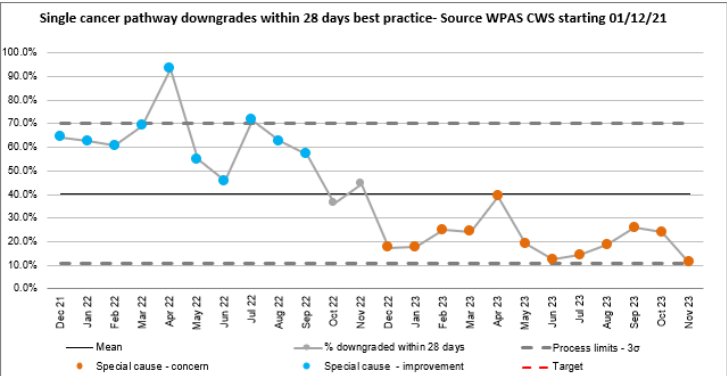
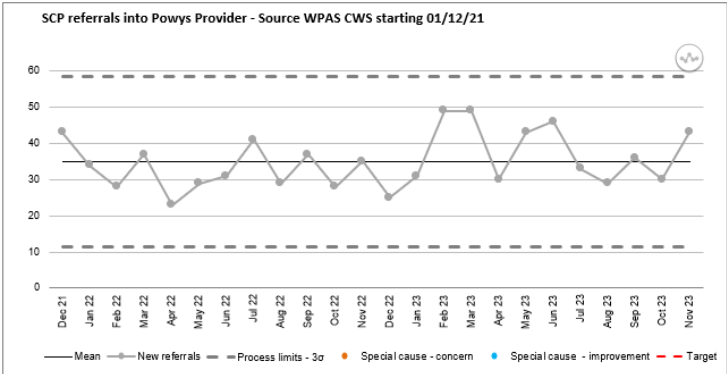
What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 7 breaches for Powys residents of their cancer pathways that breached in September. All breaches were patients waiting over 104 days, and all breaches were because of inadequate capacity in outpatient, diagnostic including reporting and tertiary complex diagnostic delays or surgical capacity. SATH have confirmed via recent meeting with the Commissioning team that as at the end of November they are ahead of their cancer recovery trajectory.
- Wye Valley NHS Trust (WVT) reports 2 breaches of their cancer pathway for Powys residents in August 2023. Both were reported over 104 days, and all reasons are linked to inadequate capacity in outpatient and or diagnostic including reporting.
- Please note that the timeliness of WVT cancer breach reporting has been escalated via the health boards Commissioning, Quality, Performance, and Reporting (CQPRM) process. To date (16/01/2024) no further update has been received.**

**SCP** - Powys provided cancer pathways (Powys does not provide treatment, but the health board is required to submit and validate downgrades)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. November reported 43 referrals into PTHB pathways. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has reported very poor performance of 11.1% in November.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even with private insource does not meet demand, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
- Colonoscopy capacity is not sufficient without supplementary insource.
- Bowel screening (BS) FIT test changes from Oct-22 have increased demand.**
- Delays in DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Powys local red-card process is not compatible with CTMUHB in-reach clinical processes and capacity (e.g., some patients are clinical downgrades/discharged but their pathway remains “digitally” open until red card is completed, this adversely effects downgrade performance).

Actions	Recovery by	N/A
<ul style="list-style-type: none"><li>Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology &amp; pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).</li><li>Q4 2022/23, PTHB trains first JAG accredited clinical endoscopist for gastroscopy increasing capacity and resilience (limited capacity risk for gastroscopy in the provider).</li><li>Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).</li><li>Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells has been delayed to Q4 2023/24, awaiting ratification of clinical protocols.</li><li>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.</li><li>Quality and Safety undertaking an audit on provider cancer pathways</li></ul>		

Mitigations

- Rolling programme of clinical and administrative waiting list validation.
- Additional in-sourcing capacity provided from November
- Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.
- Regional working on-going as part of National Diagnostic workstream
- Cancer tracking post appointed to in operations from August 2023 – improving local tracking significantly.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP’s with the aim of improving service methods and efficiencies.



Single cancer pathway All Wales summary - dashboard exerts October 2023 – [source DHCW SCP dashboard](#) (Welsh providers only)

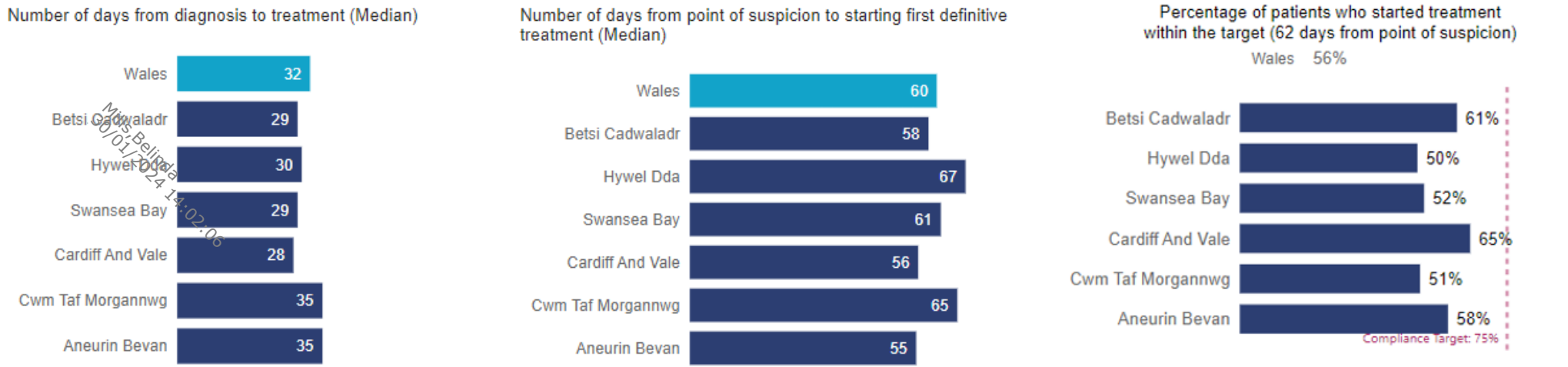
Median pathway waits for first appointment and to diagnostic test from point of suspicion in days October 2023



**Comments**

- Powys provider during Oct-23 reported slightly longer median waits for first appointments (although not directly comparable to the acute providers who cover more tumour sites). It should be noted that suspicion to diagnostics performance also includes tests carried out and reported in acute providers (CT/MRI etc). The average wait for a colonoscopy in Powys is 22.8 days which is comparable or better when compared to Wales LGI diagnostics in other acute providers.
- Powys is not included in the treatment performance (below right) as a non-acute provider. It should be noted that Powys responsible patients have treatment pathways in all Welsh health boards reported. Of those patients whose pathway closed in October (treated) 50% were treated within 62 days.

Median pathway waits from diagnosis to treatment (all patients in Wales), suspicion to treatment, and percentage compliance against 62-day target for treatment providers October 2023

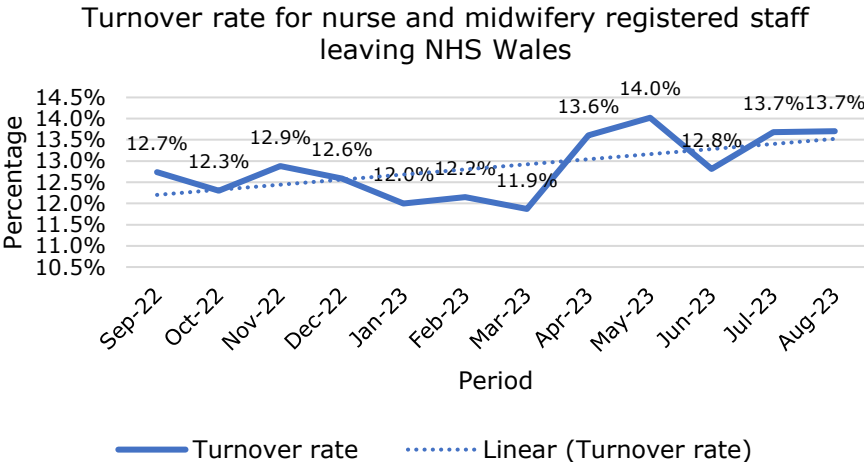


Workforce – Turnover rate for nurse and midwifery registered staff leaving NHS Wales

New measure for  
2023/24

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Aug-23		
Reported performance	13.7%	All Wales benchmark	9th (7.5%)
Target	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This metric focuses on the measurement of staff leaving employment, and the identification of key causes and how best to tackle them. High staff turnover results in both high costs and a negative effect on services. It should be noted that this performance data is sourced from Welsh Government performance, and the data is classed as “experimental”.
- Performance is declining over the last 12 months , and July reported another high 13.7% turnover rate.

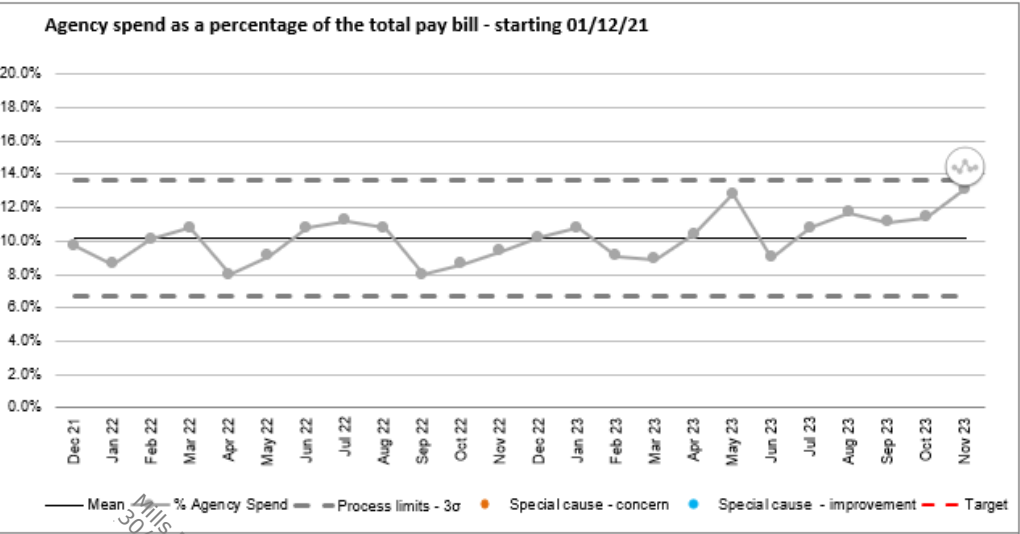
Issues		
<ul style="list-style-type: none"><li>Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.</li><li>HEIW have noted that " <i>current data has some anomalies and we will be going to organisations to discuss the raw data to iron these out</i>"</li></ul>		
Actions	Recovery by	Plan development 2024/25
<ul style="list-style-type: none"><li>Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.</li><li>The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.</li><li>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.</li><li>HEIW have confirmed funding for health boards to utilise to support the delivery of the Nurse Retention plan.</li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>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.</li></ul>		

There has been a change in the method of headcount calculations resulting in some slight changes to turnover figures since the August 2023 report was produced. This new methodology will be used going forward.

Agency Spend – Agency spend as a percentage of the total pay bill

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	13
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Latest available	Nov-23		
Reported performance	13.1%	All Wales benchmark	12 <sup>th</sup> (4.6%) (Sep-23)
Target	12-month reduction trend		
Variance	Common cause		Exception
Data quality & Source		PTHB Finance	



What the data tells us

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction is not achieved and reported spend increased to 13.1% (November), this is above average for the 24 months.
- Variation remains common cause.
- At the latest All Wales benchmark snapshot (September) Powys is the only health board or trust in Wales not meeting the reduction target.

Issues
<ul style="list-style-type: none"><li>• Limited substantive Professional workforce availability</li><li>• Rurality</li><li>• COVID &amp; impacts of short-term Sickness absence</li><li>• Patient acuity &amp; dependency</li></ul>

Actions	Recovery by	Plan development 2024/25
<ul style="list-style-type: none"><li>• Reviewing operational footprint to further reduce reliance on temporary staffing</li><li>• Negotiating with on-contract agencies for additional recruitment and long-lining of staff</li><li>• refresh of actions from establishment review</li><li>• 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</li></ul>		

Mitigations
<ul style="list-style-type: none"><li>• Further tightening of operational processes including;</li><li>• Earlier roster planning</li><li>• Improved roster compliance and sign off</li><li>• Targeting of Bank over agency</li><li>• Targeted recruitment campaigns</li><li>• Long lining of on contract agency</li><li>• Establishment review</li><li>• On streaming of further overseas Nurses</li><li>• Roster scrutiny and accountability.</li><li>• Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.</li><li>• Restrictions on sign off for on-contract agency use</li><li>• Conversion of agency to substantive in one setting</li><li>• Conversion of Thornbury nurses to on framework agency in high-cost area.</li><li>• Bi-weekly cross organisation group for scrutiny and challenge</li><li>• Deep dive focus on Mental Health agency utilisation – improved position for December.</li></ul>

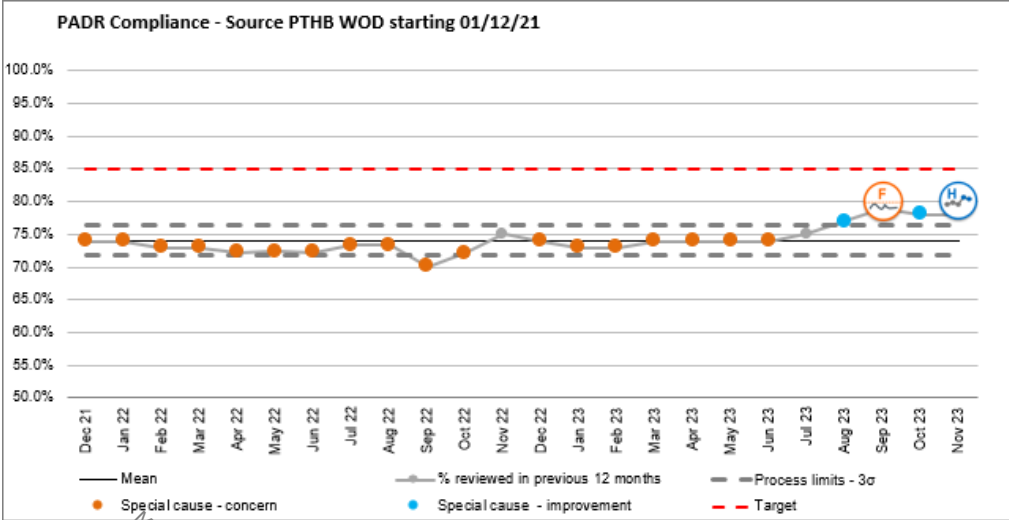
Healthier Wales Quadruple Aim 3



**PADR Compliance** - Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Deputy Director of Workforce and OD	Strategic priority	14
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Latest available	Nov-23		
Reported performance	78.0%	All Wales benchmark	3rd (71.0%) (Sep-23)
Target	85%		
Variance	Special cause- improvement		Exception
Data quality & Source		PTHB WOD	



What the data tells us

- THB PADR compliance is reported at 78.0% for November 2023, 7% below the national target of 85%.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 24 months.
- The health board benchmarks positively when compared the All-Wales position of 71.0% (September 2023).

Issues

- Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
- As of November 2023, there were 6 out of 18 (33%) service areas/Directorates whose performance was above the national target of 85%.

Actions	Recovery by	Plan development 2024/25
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- Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services.
- Low compliance is addressed with individual managers and signposting to guidance also takes place.

Mitigations

- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g., Group PADRs and delegated responsibility.
- Managers toolkit on Pay progression has been developed and implemented.
- Frequently asked questions and guidance has been developed and shared

Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 42

Powys as a provider

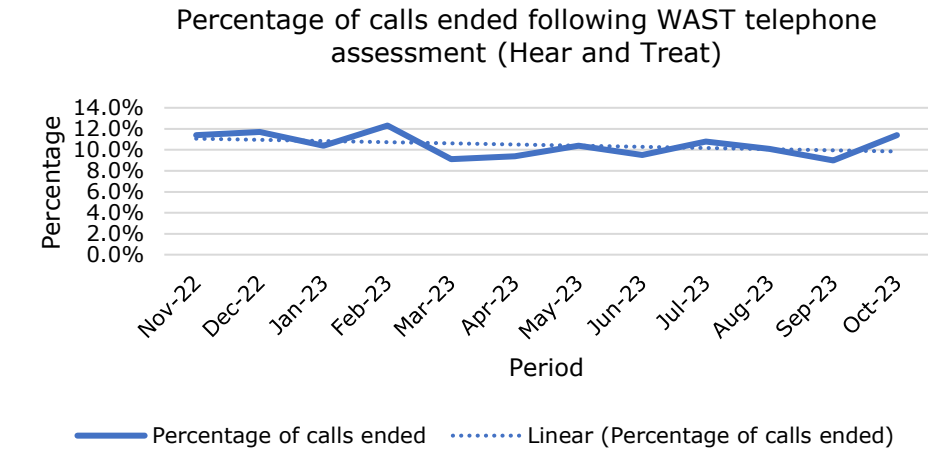


New measure for 2023/24

Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority
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Latest available	Oct-23		
Reported performance	11.4%	All Wales benchmark	7 <sup>th</sup> (14.3%)
Target	17% or more		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		



Issues

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.

Actions    Recovery by    TBC

Mitigations

- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

What the data tells us

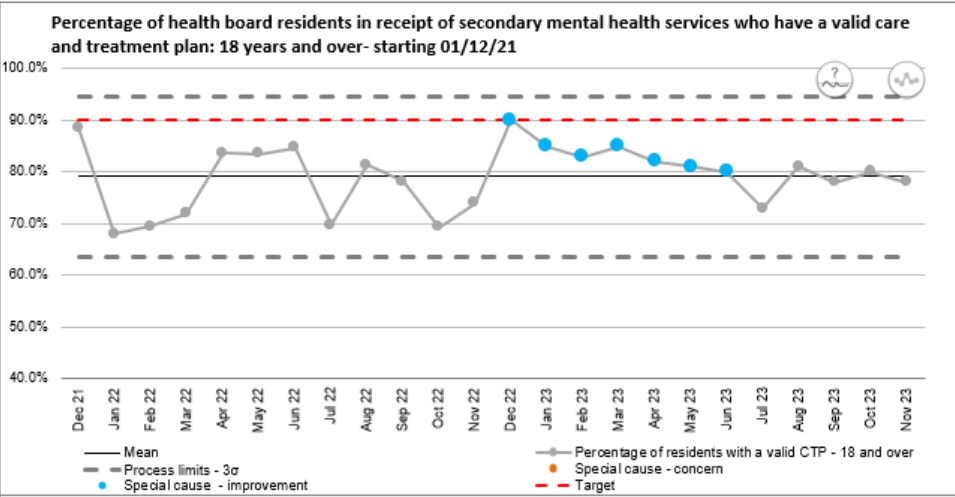
This is a new measure for the 2023/24 NHS Performance Framework. Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.

Powys has not met the national target in October with 11.4% reported against the 17% target. It should be noted that the health board area ranks 7<sup>th</sup> against the All-Wales position of 14.3%.

**Mental Health CTP, 18 years+** Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Nov-23		
Reported performance	78.0%	All Wales benchmark	5 <sup>th</sup> (75.9%)*
Target	90%		
Variance	Common cause		Escalated
Data quality & Source		PTHB Mental Health Service	



What the data tells us

- Adult and older CTP compliance has measured at 78.0% and reports common cause variation, falling slightly from October.
- In October PTHB benchmarked 5<sup>th</sup> against an All-Wales position of 75.9%.
- This measure has been **escalated** because of poor compliance with service agreement.

Issues

- North Powys vacancies and sickness absence continue to impact.
- The service is significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Data quality challenge including post submission revisions.

Actions

Recovery by

By end of 2024/25 linked to remedial action plans

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council’s responsibilities in Community Mental Health Teams. Workshop held 10/1/24 for PTHB/PCC Mental Health Senior Leadership Team to define future operating model including a change to the duty and assessment model to be scoped with investment from 6 goals to mitigate for the impact this has placed on capacity for urgent care.
- Continue to advertise recruitment positions.
- A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
- Remedial action plan is to be put into place by mid-November 2023

Mitigations

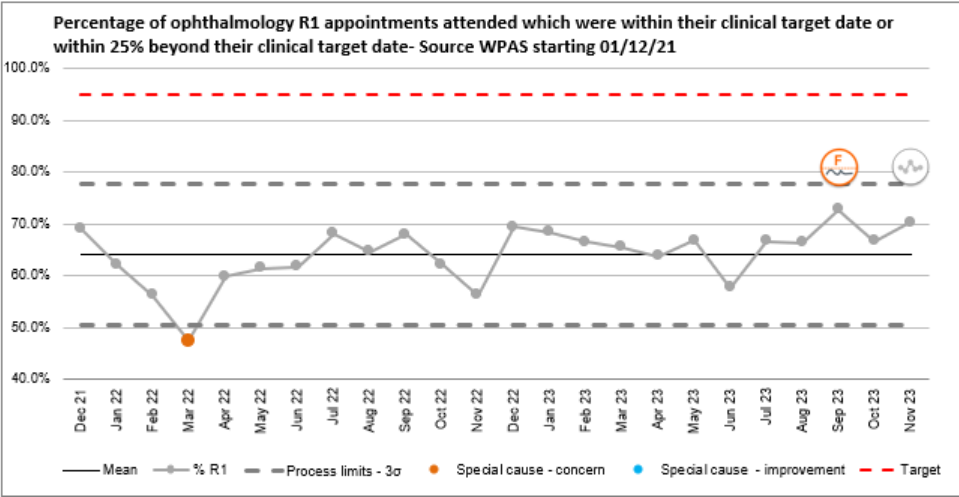
- Clinical assessment and prioritisation of caseloads.
- Prioritising data cleansing and data accuracy.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a ‘MH Measure’ data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.
- Change to Service Manager model to create portfolios that will focus on specific services i.e. one service manager for all Adult CMHTs



**Ophthalmology** - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov- 23		
Reported performance	70.3%	All Wales benchmark	3 <sup>rd</sup> (62.9%)*
Target	95%		
Variance	Common cause		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target improving to 70.3% in November, performance remains common cause variation. The health board ranking has fallen as well to 3<sup>rd</sup> in Wales.
- All Wales performance is 62.9% for October.

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4 (NHS England Industrial Action is having a particular impact on eyecare as majority of provision is from WVT).
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting outcome of DHCW Review of National Digital Eye Care Programme anticipated November 2023

Actions	Recovery by	Plan development 2024/25
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- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway
- Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.

Mitigations

- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- 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 2<sup>nd</sup> 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



# Appendix 1

Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management	Executive Director of Public Health	Consultant in Public Health	1	% Attempted to quit smoking		5% annual target	Q1 2023/24	0.68%		1.29%	4th	1.24%
	Interim Executive Director of Operations / Director of Executive Director of Public Health	Assistant Director of Mental Health	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend	Q2 2023/24	59.0%	63.1%	56.3%	5th	60.5%
	Executive Director of Public Health	Consultant in Public Health	3	% of children up to date with scheduled vaccinations by age 5		95%	Q2 2023/24	89.3%	91.7%	89.8%	2nd	87.7%
			4	% of girls receiving HPV vaccination by age 15		90%	Q2 2023/24			84.7%	4th	85.3%*
			5	Flu Vaccines - 65+		75%	Nov-23		57.1%	64.0%	5th	65.1%
	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Senior Manager - Planned Care	6	% uptake of COVID-19 vaccination for those eligible		75%	Nov-23		33.5%	55.1%	1st	45.4%
			7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	Sep-23	0.0%	0.0%	0.0%	7th	20.9%
			8	% of well babies completing the hearing screening programme within 4 weeks		90%	Sep-23	88.6%	94.8%	92.3%	7th	97.3%
	Interim Executive Director of Operations / Director of Community and	Assistant Director of Women's and Childrens Services	9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%	Oct-23	95.1%	95.3%	91.9%	7th	95.5%

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# Appendix 1

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Assistant Director of Primary Care	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
			11	% of primary care dental services (GDS) contract value delivered (new,new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by	Oct-23		37.8%	44.3%	4th	45.2%
			12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 120	Nov-23	142	82	83	1st*	6,397
	Medical Director	Chief Pharmacist	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Oct-23	257	374	439	7th	6,836
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	14	Assessments <28 days <18	✓	80%	Nov-23	88.9%	100.0%	100.0%	1st*	91.2%
			15	Interventions <28 days <18	✓	80%	Nov-23	88.0%	89.2%	88.1%	2nd*	49.1%
			16	Assessments <28 days 18+	✓	80%	Nov-23	79.0%	87.5%	89.1%	4th*	71.3%
			17	Interventions <28 days 18+	✓	80%	Nov-23	40.0%	41.7%	49.2%	6th*	75.4%
	Interim Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Nov-23	38.7%	46.9%	45.4%	6th	49.5%
			19	Median emergency response time to amber calls	✓	12 month improvement trend	Nov-23	00:57:34	00:50:58	00:37:36	1st	01:13:26
			22	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	✓	Improvement compared to the same month in 2022-23, towards the national target of	Nov-23	99.7%	99.9%	100.0%	1st*	68.7%
			23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	✓	PTHB Trajectory - 0	Nov-23	0	0	0	1st*	9,934
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of < = 80	Nov-23	129	132	190	1st*	47,813
			26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Nov-23	98.4%	77.8%	87.2%	3rd	84.4%
			27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory - 0	Nov-23	258	390	288	2nd*	11,452
			28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory - 0	Nov-23	0	80	18	2nd*	52,172
			29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - 15	Nov-23	15	257	222	1st*	107,919
			30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory - 0	Nov-23	4499	1575	1533	1st*	247,276
			31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory - 0	Nov-23	0	0	0	1st*	25,669
			32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory - 0	Nov-23	3	99	56	1st*	134,456
		Assistant Director of Mental Health	33	CAMHS % waiting <28 days for first appointment	✓	80%	Nov-23	97.0%	100.0%	100.0%	1st*	91.3%
		Assistant Director of Women's and Children's	34	Children/Young People neurodevelopmental waits	✓	80%	Nov-23	61.4%	58.8%	54.2%	1st*	29.9%
		Assistant Director of Mental Health	35	Adult psychological therapy waiting < 26 weeks	✓	80%	Nov-23	95.3%	89.0%	91.8%	2nd*	64.5%

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# Appendix 1

## Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Executive Director of Workforce and Organisational Development	Head of Workforce	36	(R12) Sickness Absence	✓	12 month reduction trend	Nov-23	6.0%	5.5%	5.5%	4th (Sep-23)	6.2%
			37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Aug-23	13.0%	13.7%	13.7%	9th	7.5%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services Group	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Nov-23	9.4%	11.4%	13.1%	12th (Sep-23)	4.6%
	Executive Director of Workforce and Organisational Development	Head of Workforce	39	Performance Appraisals (PADR)	✓	85%	Nov-23	75.0%	78.0%	78.0%	3rd (Sep-23)	71.0%

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# Appendix 1

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Head of Information-Digital Transformation and Informatics	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	Sep-23	100.0%	100.0%	100%	1st	73.6%
			41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	Sep-23		80.0%	100.0%	1st	45.0%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Oct-23	9.4%	9.0%	11.4%	7th	14.3%
			43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Nov-23		60	52	2nd	1,567
		Assistant Director of Mental Health	44	% residents with CTP <18	✓	90%	Nov-23	92.3%	93.0%	90.0%	2nd*	89.1%
			45	% residents with CTP 18+	✓	90%	Nov-23	74.0%	80.0%	78.0%	5th*	75.9%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Data currently not available					
	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target	Nov-23		0	0	PTHB is not nationally benchmarked for infection rates	
			48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target	Nov-23		2.57	3.39		
			49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target	Nov-23	13.49	18	15.79		
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Nov-23	62.2%	66.7%	70.3%	3rd*	62.9%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend	Nov-23	5	4	5	3rd	259

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## Appendix 2

### Progress against Ministerial Priorities 2023/24 – (trajectories submitted to Welsh Government performance in Mar-23)

#### Submitted trajectories vs Actuals

Ministerial Priority Measures			Month												Risk of delivery R.A.G
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90	
		Actual	98	97	100	74	53	85	82	83					
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	1	3	4	19	42	60	80	18					
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0	
		Actual	67	98	112	126	159	197	257	222					
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	0	0	0	0	0	0	0	0					
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0	
		Actual	16	14	14	29	52	75	99	56					
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0	
		Actual	159	160	117	134	152	139	132	190					
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0	
		Actual	243	273	265	418	511	499	390	288					
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0	
		Actual	4,763	1902	1667	1660	1683	1624	1575	1533					

Please note that retrospective changes have been made to the reported values for those patients referred from primary care for Ophthalmology in April & June 2023 the variance was <2.



## Appendix 2

### Progress against Ministerial Priorities 2023/24 – (trajectories submitted to the Delivery Unit)

#### Submitted trajectories vs Actuals

Ministerial Priority Measures			Month												
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
% LMPHSS assessments undertaken within 28 days from the date of receipt of referral - Under 18	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%	
		Actual	98.0%	100.0%	100.0%	95.6%	100.0%	97.1%	100.0%	100%					
% LMPHSS assessments undertaken within 28 days from the date of receipt of referral - 18 & over		Performance Trajectory	80.0%	82.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%	
Actual		80.4%	91.6%	92.9%	91.9%	97.9%	89.7%	87.5%	89.1%						
% therapeutic interventions started within 28 days following an LPMHSS assessment - Under 18	80%	Performance Trajectory	77.5%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	
		Actual	78%	83%	88%	90%	79%	80.8%	89.2%	88.1%					
% therapeutic interventions started within 28 days following an LPMHSS assessment - 18 & Over		Performance Trajectory	66.0%	68.0%	70.0%	72.0%	70.0%	75.0%	78.0%	80.0%	80.0%	80.0%	80.0%	80.0%	
Actual		65.8%	47.2%	62.3%	49.0%	60.5%	48.5%	41.7%	49.2%						
% patients waiting less than 28 days for first appointment for sCAMHS		Performance Trajectory	98.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	
Actual		97.2%	100.0%	100.0%	100.0%	95.8%	100.0%	100%	100%						
% children & young people waiting less than 26 weeks to start ADHD or ASD ND assessment		Performance Trajectory	70.0%	71.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%	
Actual		69.7%	71.3%	72.2%	72.9%	68.9%	62.3%	58.8%	54.2%						
% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult MH		Performance Trajectory	86.0%	93.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%					
% HB residents in receipt of secondary MH services who have a valid CTP - Under 18	90%	Performance Trajectory	97.8%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	
		Actual	97.8%	98.0%	89.3%	94.5%	94.3%	96.2%	93.0%	90%					
% HB residents in receipt of secondary MH services who have a valid CTP - 18 & over		Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%	
Actual		87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78%						

# Document Notes

Challenge reference	Description	Measures impacted
1	<p><b><u>Reporting quality/accuracy risk only</u></b></p> <p>Data quality for waiting list performance including RTT, and diagnostic submissions is currently flagged as amber linked to limited data quality challenges. These challenges include limited duplication of diagnostic cardiology and RTT cardiology specialty pathways. This issue has been flagged to Welsh Government and will be resolved from the December waiting list snapshot, unfortunately prior to fix this error results in a slightly increased waiting list denominator.</p>	25, 28, 29, 30,31,32
2	<p><b><u>Reporting quality/accuracy risk only</u></b></p> <p>Challenge is linked to local Intelligence Focused Online Reporting (IFOR) system where system refresh had altered report counts post submission snapshot, unfortunately these have been used within the Integrated Performance Reports and further analysis and service report production.</p> <p>Key impacts of these system refresh post submission to the IPR include the measures.</p> <p><b><u>% of children waiting 14 weeks or less for a specified AHP.</u></b></p> <ul style="list-style-type: none"> <li>September snapshot was reported as 77.6% within the IPR, whilst the health board actual submitted performance was reported as 77.5%</li> <li>October snapshot was reported as 78.1% within the IPR, whilst the health board actual submitted performance was reported as 77.8%</li> </ul> <p><b><u>Number of patients waiting more than 14 weeks for a specified therapy</u></b></p> <ul style="list-style-type: none"> <li>October snapshot was reported as 312 breaches within the IPR, whilst the health board actual submitted performance was reported at 390 breaches.</li> </ul>	25,26,27

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<b>Board</b>		<b>Date: 31<sup>st</sup> January 2024</b>
<b>Subject :</b>	<b>Integrated Plan Development (March 2024 onwards)</b>	
<b>Approved and Presented by:</b>	Director of Performance and Commissioning	
<b>Prepared by:</b>	Assistant Director of Planning	
<b>Other Committees and meetings considered at:</b>	The development of the Integrated Plan has been a regular component of Board Development sessions throughout Autumn / Winter 2023/24.	

#### **PURPOSE:**

This report provides an update on the development of the PTHB Integrated Plan for the period March 2024 onwards.

The content in this paper will subsequently be used to form the front section of the plan.

#### **RECOMMENDATION(S):**

The Board is asked to:

- **CONSIDER** the update provided, noting any feedback – this will be used to inform the final stage of development of the plan;
- Take **ASSURANCE** that an appropriate approach is in place to develop the PTHB Integrated Plan for the period March 2024 onwards.

<b>Approval/Ratification/Decision<sup>1</sup></b>	<b>Discussion</b>	<b>Information</b>
	✓	

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

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

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

## EXECUTIVE SUMMARY:

This report provides an update on the development of the PTHB Integrated Plan for the period March 2024 onwards.

This follows previous engagement with the Board and its Committees in preparing and agreeing the Plan Approach and Priorities in the context of a challenging and complex set of circumstances for the NHS nationally, and for the health board.

The paper sets out the Strategic Context and Strategic Framework which have already been agreed by the Board as the foundation for the Plan approach, taking a five year view so that a longer term route map can be set out in addition to addressing immediate areas of action.

The paper also provides an update on the output of the Board Development session held on 12 December and the NHS Wales Planning Guidance published on 18 December. These, together with the broader evidence and insights which are also summarised, have been used to create a Draft set of Strategic Priorities and Draft Plan on a Page, which are set out in this paper.

An update on the technical work (including the financial position, workforce and activity) is given in overview (a separate more detailed update will be provided at Board Development on 8<sup>th</sup> February 2024).

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Finally, the remaining process for plan production is set out and includes key governance and engagement touchpoints, noting further work required for alignment internally and externally; and a schedule of Plan Products is noted. The Final Plan will be submitted to PTHB Board for its meeting on 20<sup>th</sup> March prior to submission to Welsh Government by the end of March 2024.

## DETAILED BACKGROUND AND ASSESSMENT:

This report provides an update on the development of the PTHB Integrated Plan for the period March 2024 onwards.

This follows previous engagement with the Board and its Committees in preparing and agreeing the Plan Approach in the context of a challenging and complex set of circumstances for the NHS nationally, and for the health board.

The paper sets out:

- the Strategic Context and Strategic Framework which have already been agreed by the Board as the foundation for the Plan approach
- an update on the output of the Board Development session held on 12 December
- a summary of the NHS Wales Planning Guidance published on 18 December
- a summary of broader evidence and insights
- a Draft set of Strategic Priorities
- an update on technical work including financial, performance and activity is given in overview (a separate more detailed update will be provided at Board Development on 8<sup>th</sup> February 2024)
- the remaining process for plan production in relation to Strategic Risk and Governance, Organisational and Stakeholder Engagement and Design and Production of the Final Products

The content that follows will subsequently be used to form the front section of the plan and therefore provides a partial First Draft of the Strategic Narrative component of the Plan.

### Strategic Context

Key considerations in relation to the context for the development of the plan are included in the NHS Wales Planning Framework which was published on December 2023 and incorporate the Ministerial Priorities for next year. (These are summarised in the next section below).

Locally, the key external drivers have also been appraised, building on the PESTLE approach taken in previous years as a means of capturing and giving due attention to the multiple and intersecting influences, constraints and opportunities that inform the plan. (PESTLE is an analysis of Political, Economic, Social, Technological, Legislative and Environmental factors).

### Update: PESTLE Factors

<p><b>Political</b></p> <p>Pandemics historically are linked to periods that follow characterised by <b>civic change</b></p> <p>Changes in UK Government with new <b>prime minister</b>; and in <b>monarchy</b> with passing of Her Majesty the Queen and new King Charles III</p> <p>Impact of <b>Russia's action in Ukraine</b> in particular humanitarian needs and refugee support; impact of sanctions / consequences of the conflict on <b>supply chain</b> (in addition to changes in supply chain in relation to <b>European Union exit</b>)</p> <p>Differences in approaches between UK and Wales governments in relation to Covid/ <b>health and care backlogs and recovery of access</b></p> <p><b>Inequalities</b> exist where there are variations in the pace of recovery</p> <p>Changes in <b>Powys County Council</b> leadership and portfolios and changes in management posts following local elections in 2022</p>	<p><b>Technological</b></p> <p>Opportunities and challenges presented by <b>new technologies</b> and significant innovation, accelerated during the pandemic</p> <p><b>Whole population vaccination</b> approach; becoming more targeted <b>endemic response</b> with surge potential although it remains difficult to model health and care demand medium and longer term whilst trends are atypical</p> <p>Legacy issues with <b>infrastructure, equipment and connectivity</b> with newer issues arising from increased scale of use</p> <p><b>Plurality of digital platforms</b> in health and care which are not inter-operable</p> <p>Need to ensure <b>equitable and value-based</b> use of high cost / resource intensive technologies / medicines, for greatest benefit and improved outcomes</p> <p><b>Syndemic impact</b> of the pandemic will require innovative evidence and value-based responses</p>
<p><b>Economic</b></p> <p>Global and UK <b>economic challenges</b>; inflation and associated interest rate increases; fluctuating position of sterling in response to UK Government changes and policy directions</p> <p>Complex factors driving <b>cost of living</b> and energy cost increases – impacts for businesses, public sector, consumers and domestic costs</p> <p>Particular impacts for <b>rural community</b> with comparatively low household incomes</p> <p>Changes in the <b>employment</b> landscape, fragility and scarcity across <b>workforce</b> for all sectors in health and care</p> <p>Emergence of <b>multiple trade union industrial actions</b> across health and care and other sectors such as transport</p> <p><b>Opportunities</b> exist in training the doctors of the future and rural health and care</p> <p><b>Value Based Healthcare</b> opportunities across health and care</p>	<p><b>Legislative</b></p> <p>Existing (pre Covid) <b>legislative requirements</b> remain and require action including the Future Generations (Wales) Act; Social Services and Wellbeing (Wales) Act; Environment Act; A Healthier Wales and National Clinical Framework</p> <p>Major legislative reform in England with <b>Integrated Care Systems</b> following implementation of Health and Care Act</p> <p>New legislation in Wales notably the Health and Social Care (Quality and Engagement) (Wales) Act (new Citizens Voice body; Duty of Candour and Quality)</p> <p>NHS Wales <b>ministerial priorities</b> include joint working and alliances across health and care</p> <p>Complex <b>system architecture</b>; new NHS Executive, Regional Fora, Regional Partnership Boards and Public Service Boards, Accelerated Cluster Development</p> <p>Emerging policy around <b>regional collaboration</b> (e.g., regional diagnostic centres / centres of excellence) presents opportunities and challenges for Powys</p>
<p><b>Social</b></p> <p>Evidence of <b>growing inequality</b> arising from the impact of Covid and cost of living</p> <p>Increases in <b>excess mortality</b> and reductions in <b>life expectancy</b> across Europe</p> <p>Evidence of <b>syndemic impact</b> for those with existing health conditions and chronic illness</p> <p>Evidence of <b>greater impact</b> for those who are already disadvantaged economically</p> <p>Certain groups experiencing specific impacts such as <b>children, young people and families</b> where education and the first 1000 days were disrupted</p> <p>Changing <b>population behaviours</b> in relation to Covid and associated prevention measures / transmission</p> <p>Complexity of <b>public perception</b> / experience with public and healthcare sector</p> <p>Changes in <b>media</b> reporting from 'heroes' to more grounded and challenging reporting</p>	<p><b>Environmental</b></p> <p>Growing urgency on <b>climate change</b> is a key focus in UK and Wales governments</p> <p>Challenging set of targets and efforts required to achieve <b>decarbonisation</b> by 2030</p> <p>Opportunities in relation to <b>sustainability and carbon zero</b> approaches</p> <p>Growing evidence base in relation to environmental <b>sustainability</b> and high impact changes</p> <p><b>Infrastructural development and investment</b> needed to support greater scale and pace of environmental changes such as electric vehicle charging</p> <p>Changes to infrastructural requirements also to be taken into account in health care settings with <b>changing Covid response</b> and changes in associated funding</p> <p>Challenge of balancing environmental impacts/ staff wellbeing / productivity and agility as <b>workplaces</b> are able to return to office-based working</p>

#### Key developments of note for this year's plan:

- Political: significant and new global conflicts; political debate on the NHS and its sustainability and funding; pre-election activity commencing
- Economic: Continued cost of living challenges; inflation stabilising but remains high; challenging public sector financial position
- Social: Impacts of the pandemic continuing to be seen with greater demand in physical and mental health services; Covid inquiry; public perceptions of government and public life
- Technological: first AI Summit held in UK November 2023; cyber security risk in context of significant global conflicts; DHCW published new Data and Digital Strategy
- Legislative: no Welsh health boards able to meet duty to breakeven this year; Implementation of Duties of Quality and Candour and Social Partnership and Procurement Act in Wales; refresh of A Healthier Wales underway
- Environmental: Extreme weather events causing flooding and transport difficulties; challenges with aerated concrete on some NHS sites (not Powys); fiscal impact on access to capital and revenue to improve estates

The information shown above demonstrates the scale, range and complexity of the environment in which the health board is operating. It also underlines the pace and significance of new developments each year.

There have been significant global and national events and developments, which have impacted on the health and care landscape.

In addition, there have been several notable legislative and structural developments in Wales and the UK, with new duties placed on health boards (in particular in relation to quality, candour and social partnership) and changes in relationships between health bodies, other partners and stakeholders.

The NHS Wales Executive is now established and has oversight of the refreshed Strategic Clinical Networks and Collaborative Programmes. A new body bringing together National Commissioning functions in Wales is being implemented and will replace existing bodies including WHSSC (Welsh Health Specialised Services Committee) and EASC (Emergency Ambulance Services Committee).

The legislative and policy drivers noted in the current PTHB Integrated Plan also remain important. The National Health Service (Wales) Act 2006 and National Health Service Finance (Wales) Act 2014 provide the legal context for planning in NHS Wales. Also important are the Well-being of Future Generations (Wales) Act 2015, the Social Services and Well-being (Wales) Act 2014 and the Public Health (Wales) Act 2017.

These emphasise the reduction of health inequalities through long-term prevention and the delivery of sustainable, outcome focused services. Other specific pieces of legislation are the Nurse Staffing Levels (Wales) Act 2016, Welsh Language Measure 2011 and the Equality Act 2010.

A Healthier Wales remains a keystone publication and sets out a long-term vision for health and social care in Wales. It proposes a whole-system approach to health and social care where services are designed around individuals and groups based on their unique needs and what matters to them, as well as quality and safety outcomes.

One of the core values described in A Healthier Wales is "Putting quality and safety above all else – providing high-value evidence-based care for our patients at all times." This publication was created prior to the Covid-19 pandemic and is currently being reviewed by Welsh Government.

A refreshed version is due to be published in the Spring 2024. It is noted in the NHS Wales Planning Guidance that collective delivery against 'A Healthier Wales' will form part of the assessment of plans by Welsh Government.

Alongside these ambitions and drivers for healthcare in Wales, it is necessary to note that the current financial and performance position of the NHS, across the UK, as well as in Wales and for Powys Teaching Health Board, is challenging, as a result of the cumulative impact of the pandemic and other global events on inflation, costs and demand for health and care.

Every Welsh Health board submitted a deficit plan for the current year and many organisations have seen additional cost pressures and increasing demand leading to deteriorating financial positions.

Additional funding was provided in year across NHS Wales by Welsh Government in recognition of the financial challenges being faced and each Health Board has been required to achieve further cost savings above their original plans. Each Health Board has been set a targeted control total (maximum deficit position) which is based on original deficit plans and adjusted for the additional funding allocated and further ask to improve the financial positions.

All health boards and other bodies in NHS Wales also submitted plans in the context of significant performance challenges. The impact of the pandemic compounded with other drivers of demand (including those present pre-pandemic) have generated significant backlogs and waiting lists across the NHS.

Financial and performance recovery are both interdependent and at times contradictory drivers, in relation to healthcare planning in this context.

The NHS Wales Oversight and Escalation Framework has been published on 23 January 2024. This includes a set of principles which emphasise: an improvement culture, transparency, a focus on delivery, proportionality and balance, accountability and earned autonomy

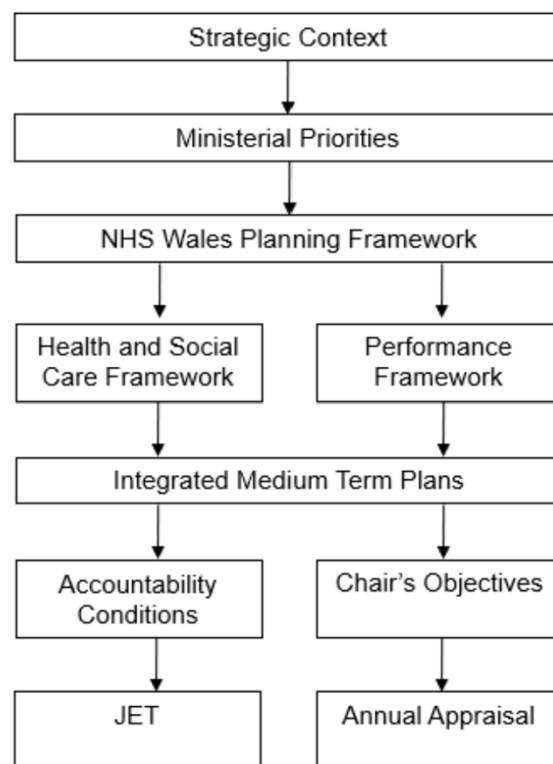
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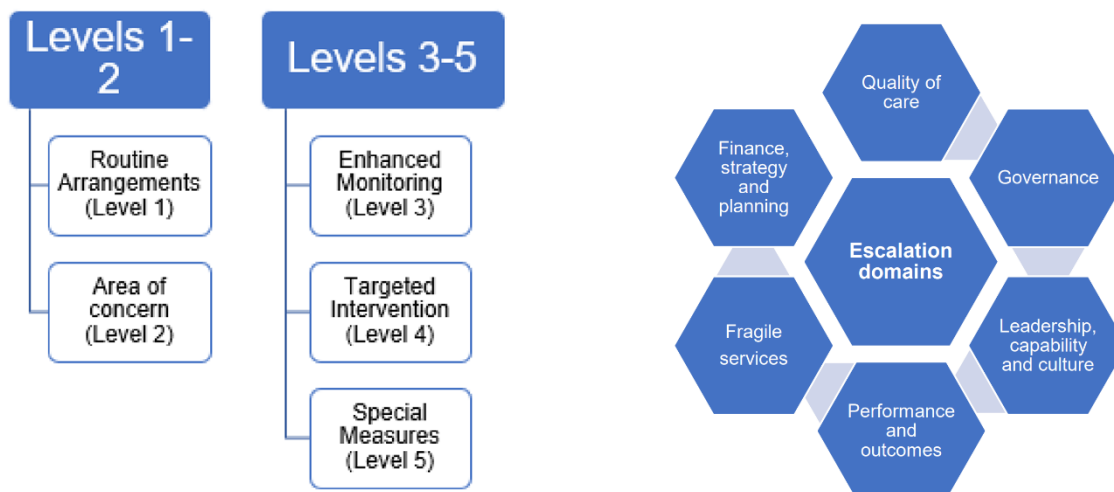
The four pillars of compassionate leadership are also noted, being effective, inclusive, collective and systems leadership.

The organisational position against the priorities and measures set out in planning and performance frameworks will be reviewed and reflected as follows:

- Annual objectives setting with Chairs of NHS Wales organisations
- Accountable Officer Letters issued by the Chief Executive of NHS Wales which outlines the responsibility for financial management and performance
- Welsh Government response to an organisational plan inclusive of accountability conditions



There are five levels of escalation and these can be applied to one or more domains:



It is noted that assessment against the framework will use information from:

- the performance framework (not yet published for next year)
- National Quality Management System
- patient safety reviews
- clinical audit

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- quality statements and NICE Standards
- conversations on quality improvement and value, digital, national programmes and clinical networks
- third parties including Llais, Audit Wales and Healthcare Inspectorate Wales

All health boards including PTHB have been placed in Enhanced Monitoring for planning, strategy and finance (with some health boards having additional escalations in other domains). The areas of enquiry for this domain include but are not limited to the following:

- Does the board have a credible strategy to provide quality, sustainable services to patients and is there a robust plan to deliver?
- Is the organisation able to deliver against plan and accountability conditions?
- Is there significant underlying deficit and/or significant gap to the financial plan?

De-escalation and sustainability criteria will be agreed with the NHS body through a formal de-escalation framework. De-escalation from level 3 (enhanced monitoring) will typically be to routine arrangements.

It is a 'no surprises' approach to support early identification of issues and concerns, so that they can be addressed before they have a material impact or cause further deterioration.

Given the known financial and performance issues the NHS faces, and the role of the health board as a provider and commissioner of services, the forward plan will include a period of non-compliance with a number of financial and performance indicators and outcomes. It will aim to demonstrate progression towards compliance alongside the need to improve output and outcomes, as well as returning the organisation to financial sustainability over the medium to longer term.

Therefore whilst the challenges are complex and not in their entirety resolvable at a local organisation level, the Plan will set out the best offer that can be made at this point in time, with both an immediate focus on delivery, and a longer term view to a sustainable approach for Powys.

This is an extra-ordinary ambition which will require transformation locally and change structurally (ie. at national and supra-national level) to achieve.

The strategic framework of the PTHB Plan should therefore be understood with the caveat that there are wider changes that will need to be taken forward in tandem which are outside the health board's control, both as a sovereign entity and singular organisation, and as a system partner.

## **Strategic Framework**

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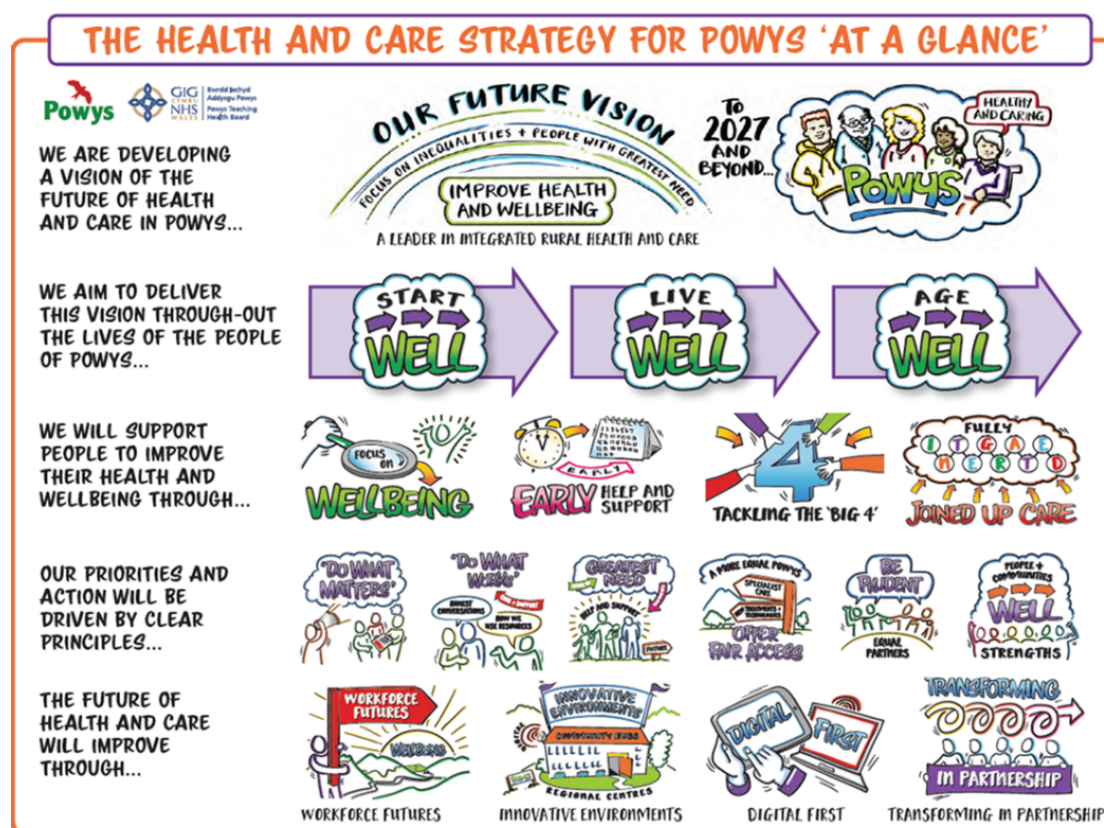


Notwithstanding the complexity noted above, there are fixed points which provide a foundation for the plan. These provide continuity from previous years, arising from locally agreed long term strategies for health and care.

Notably, the recommitment to “A Healthy Caring Powys”, the shared ten year Health and Care Strategy and the basis for the refreshed Powys Area Plan.

This strategy commenced in 2017 and spans up to 2027 although it should be noted that the Covid-19 pandemic has had an impact for a considerable portion of this timescale. All partners have reviewed the strategy via the Regional Partnership Board and re-committed to it, acknowledging that it remains relevant and appropriate. It aligns strongly with the goals set out in A Healthier Wales and the recently published NHS Wales Planning Framework and also with local mechanisms to harness and strengthen Pan Cluster planning and delivery.

The Vision, Objectives and Principles as shown below remain fundamental and will be carried forward from the current plan:



A similar refresh 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 objectives and steps for wellbeing in the County.

This incorporates local steps consistent with the 'sustainable development' principle in the Future Generations (Wales) Act and the Five Ways of Working:



**LONG-TERM** - The importance of balancing short term needs with the need to safeguard the ability to meet long term needs, especially where things done to meet short term needs may have detrimental long term effect.



**PREVENTION** - how deploying resources to prevent problems occurring or getting worse may contribute to meeting the body's well-being objectives, or another body's objectives.



**INTEGRATION** -the need to take an integrated approach, by considering how the body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies.



**COLLABORATION** - how action in collaboration with any other person (or

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WELL-BEING OBJECTIVES	STEP		
	Climate Change	Healthy Weights	Evidence and Insight
	People in Powys live happy, healthy and safe lives	●	●
	Powys is a county of sustainable places and communities	●	●
	An increasingly effective Public Service for the people of Powys	●	●

Taking the above as the launching point, a recent Board Development session held on 12 December 2024 took a deep dive into the locally agreed objectives using the ‘MOSCOW’ prioritisation technique (Must Do, Should Do, Could Do, Would or Won’t Do).

This generated a broad ‘route map’ across a five year horizon of the key draft areas of development of note for the PTHB Plan.

This included:

- A strong message to strengthen prevention
- Clarity on what prevention means, to individuals and community as well as to the organisation and its partners
- An ambition to take clear action to shift investment ‘upstream’ to enable prevention to become a greater focus
- Clarifying and understanding what the role of the health board is as a single organisation and in partnership / as an enabler in the system
- Collaboration will be key, with smaller but more robust commissioning relationships, partnership with Powys County Council, the third sector, regional and national bodies
- Use of Artificial Intelligence and technology will be increasingly important to enable more innovative, value based and effective care

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- A public conversation about outcomes, quality, access and experience is necessary to understand what works and what matters
- This conversation will inform how we build a sustainable community based model of care for the population
- Core principles and values must be upheld and any difficult choices made robustly and openly
- Reducing inequalities is a fundamental – to avoid impact on those who are disadvantaged and find it harder to access healthcare / wellbeing support
- Greater clarity on the impact of actions included in the plan will be key to all of the above – a strong focus on what difference will be made

Given the complexity and longevity of both the ambitions and the action that will be required, the Board supported a Plan approach spanning a Five Year period, with alignment to the long term plans of the Powys partnerships.

### **NHS Wales Planning Guidance and Requirements**

Part of the NHS Wales Planning Framework was received 18 December 2023 (the technical templates followed in January and the Performance Framework is due to follow at the end of February 2024). The framework comprised:

- A letter from the Minister for Health and Social Services sent to NHS Wales Chairs
- A letter from Judith Paget CBE, Director General Health and Social Services/ NHS Wales Chief Executive Health and Social Services Group
- A blank Template to be completed for each 'national programme' (ministerial priority)

The guidance notes "all health boards and NHS Trusts have a statutory duty to produce an Integrated Medium Term Plan (IMTP) that sets out how they will secure compliance with their break-even duty over a rolling three-year period, while improving the health of the people for whom they are responsible and the provision of healthcare to such people".

If the health board is unable to submit a balanced IMTP, there is a requirement to submit an Accountable Officer letter to Welsh Government by 16 February.

It is recognised in the guidance that plans are set in "the most challenging circumstances since the inception of the NHS (which are) likely to continue".

The letter from Judith Paget CBE also notes that "in support of this, I recognise that planning for the longer term helps organisations to align to their strategic objectives and provide a strong sense of direction for staff to work cohesively. This will supplement the Planning Framework."

Plans should follow the 'familiar formula' in relation to level of detail:

- Firm (*Year 1*), Indicative (*Year 2*), Outline (*Year 3*) levels of detail



- To include a narrative three year plan; Templates for each of the National Programmes (which equate to Ministerial Priorities) and technical data on workforce, finance and activity via the Minimum Data Set (MDS)
- Year One detail - milestones, actions and projections that set ambition for operational delivery, management of risk and financial sustainability
- Plans should set out what has been delivered / unable to be delivered from previous plan and demonstrate agile and dynamic planning to adapt to changing environment
- Plans should demonstrate collaboration across Health Board and Public Sector boundaries; key inclusions include quality, prevention, health inequity, children and young people

A set of National Programmes are set out in the guidance, which a further clarification email noted equate to Ministerial Priorities:

- Enhanced Care in the Community: Focus on reducing delayed pathways of care
- Primary and Community Care: Focus on improving access and shifting resources into primary and community care
- Urgent and Emergency Care: Focus on delivering the 6 Goals Programme *(NB. Further correspondence received from Welsh Government January 2024 specifically on the Six Goals programme and requiring completion of a detailed template to an earlier date).*
- Planned Care and Cancer: Focus on reducing the longest waits
- Mental Health, including CAMHS: Focus on delivery of the national programme

Other requirements are also set out, summarised below:

- Local Delivery of Value and Sustainability Board themes
  - Workforce – reduction on reliance of high-cost agency staff; 'Once for Wales' arrangements for recruitment
  - Medicines Management
  - Continuing Healthcare (CHC) / Funded Nursing Care (FNC)
  - Procurement and non-pay, and
  - Clinical Variation / Service Configuration – reduction in unwarranted variation and low-value interventions
- Focus on population health\_outcomes – impact of burden of disease and focus on prevention including weight management and diabetes

- Reduction in inequalities; emphasis on children and young people including access to specific and universal care and services (*NB. A further letter received from Welsh Government dated 15 January 2024 requiring IMTPs to include plans for Women and Children's Health*)
- Quality and value-based approaches to care required to achieve reduction in waste, harm and unwarranted variation
- Duty of Quality and Duty of Candour; Anti Racism Action Plans
- Shift to primary and community focused care required to optimise resources for population health and prevention
- Role of the NHS as an Anchor institution in the Foundational economy
- Maximise opportunities for regional working
- Increasing administrative efficiency, reduction in costs
- Future Generations Act and Five Ways of Working
- Climate change and *decarbonisation*
- Social Partnership and Public Procurement Wales Act 2023

A number of key interdependencies with expectations of local delivery against national directions or recommendations are also noted:

- Review of A Healthier Wales underway (output expected Spring 2024)
- NHS Wales Accountability Review underway
- NHS Wales Executive – Phase 2
- NHS Wales Value and Sustainability Board – themes and emerging requirements reflected in guidance as noted above
- Accelerated Cluster Development and Regional Partnership Board Plans; Further Faster
- 'Once for Wales' arrangements for digital

### **Summary of Evidence and Insights**

Financial recovery and associated escalation / intervention mechanisms are key considerations in relation to the plan from April 2024 onwards given the context set out earlier in this paper and the socio-economic challenges facing the population, the NHS and the wider public sector at this time. The work already commenced in year to identify and progress financial opportunities and value based health care remain key, in tandem with transformational work to develop a sustainable model of care.

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There is a need to balance work on immediate pressures, with longer term work to ensure sustainable solutions. The Accelerated Sustainable Model of Care Discovery phase emphasised that there is an urgent need to ensure health and care in Powys is sustainable due to unprecedented pressures. The impact of an aging population together with significant external shocks, including earlier waves of the once-in-a-century pandemic immediately followed by the invasion of Ukraine and an economic crisis with rising inflation, have resulted in backlogs in treatment, pressures on ambulances and emergency departments, people delayed in hospital, growing gaps in the workforce including support at home, and major budget deficits.

There is learning from the flagship North Powys Well-being Programme including a wealth of intelligence gathered through engagement with the public and stakeholders on a model of care for that area, with application Pan Powys.

The GIRFT (Getting It Right First Time) reviews have similarly provided clinically led evidence based recommendations, with work locally through Operational teams in tandem with the Transformation team to appraise and identify those that are of most importance and applicability to Powys.

There are significant opportunities to improve outcomes and the experience of local people, using resources wisely. This is a shared challenge, to make long lasting beneficial changes now and for future generations in Powys. A greater strategic alliance with the local authority and progression of whole system approaches via the key regional partnerships also remain important.

Notable developments in the past year have included the Regional Partnership Board developing as a Pan Cluster mechanism and progressing a collaborative approach to 'Further Faster' (a Welsh Government initiative to promote enhanced community care). The Public Services Board are leading on a whole system approach to address obesity and promote Healthy Weights. Significant strides have also been taken in developing 'Better Together', building on both the North Powys work and Accelerated Sustainable Model of Care, as a partnership approach to the transformation that will be required across the public sector in Powys to achieve a sustainable offer for the population.

In September 2023 Welsh Government published a Science Evidence Advice paper on 'NHS in 10+ years, An examination of the projected impact of Long Term Conditions and Risk Factors in Wales' (known as the 'Orford report') which sets out the Health Evidence and Policy Challenges NHS Wales will Face over the Next 10-25 years, reinforcing 'the problem we are trying to solve':

- Think about the future, not just immediate pressures
- As people live longer, so will the prevalence of certain conditions increase
- Greatest increases are likely to be for stroke, heart conditions and neurological conditions including dementia
- Some conditions will rise faster (Atrial Fibrillation; Dementia; Heart Failure; COPD; osteoporosis; inflammatory bowel disease; peripheral vascular disease; asthma; hypertension; anxiety disorders; diabetes)

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- Particular focus on multi-morbidity, frailty, reablement & rehabilitation
- There is a need to focus on interventions of greatest value and allocate resources to maximise benefit relative to population need
- This requires a shift to the “health of the public”, i.e. prevention (which is often more cost effective) and modifiable risk factors (particularly obesity)
- Doing as much as possible outside secondary care; and additional capacity in primary (including diagnostics), community and social care
- Addressing waiting times for elective treatments would likely result in increased productivity and reduce future consumption of medical care
- New technology and treatments will likely reduce time in hospital for care, but will require digital upskilling, gaps in data also need to be addressed
- There is likely to be a need for increases in staff to provide care and support required for workers to have a longer healthy work-life
- The join up between care and health remains key, with collaborative, integrated and outcome focused care required
- Inequalities are key and further work required to understand unique impacts of rural/urban and high/low deprivation.

NHS in 10+ Years					
Population Projections	Long-Term Conditions (LTCs)	Risk Factors	Supply: NHS staff, beds, social care	Economic Considerations	New Technology, Genomics and Artificial Intelligence (AI)
Ageing population: 1 in 5 age 70+ by 2038	Ageing population means a higher proportion living with LTCs	21% of people in Wales living in relative income poverty	Reductions in time spent in hospital expected	NHS Wales under significant pressure from growing patient needs and restricted capacity	Advanced tech will likely increase self-management of some LTCs
UK life expectancy growing slower than similar countries	People living with 4+ LTCs to almost double by 2035	Cost of living crisis likely to deepen existing health inequalities	Significant increase in NHS staffing needs*	Funding gap in Wales – spending per person is like England, but less than EU-14 **	Increased use of digital and tech will likely improve health surveillance
Stark differences in life expectancy between least and most deprived groups	The majority of people with 4+ LTCs will have mental ill-health by 2035	Rates of obesity are expected to rise until 2031-37	Impacts may be mitigated by changes in technology and workforce composition	UK spends 55% less on Capital Health spending than EU-14** (eg. buildings and equipment)	Improvements to medicine and public health through new genetic and genomic technologies
Potential causes: widening health inequalities, slow economic growth	More cancer cases in people aged 70+ by 2040	Adult smoking trends have been decreasing over time	Burden on GPs and community/ social care is likely to increase	Population health impacts individual and national prosperity	Adoption of AI and supporting Research and Development will drive innovation in healthcare
	Diabetes prevalence to rise, a 22% increase by 2035-36	Modifiable behaviours are risk factors for many LTCs	Number of 65+ requiring unpaid care is growing	Poor physical and mental health is associated with drop in earnings	AI needs to be regulated, ethical and transparent
	Deprivation is a risk factor for many preventable LTCs		Addressing waiting lists would have economic benefits	Onset of ill health increases likelihood of employment exit	

Given this, the PTHB Accelerated Sustainable Model has identified what will be required in Powys in the medium and longer term. This provides a depth of knowledge of ‘the solution’ as well as the problem, to inform the plan. Key to a sustainable approach in Powys will be:

- A leading edge approach to frailty (including falls)
- Adapting to working with people with multiple conditions – with joined up approaches across major long term conditions

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- A more fundamental shift to prevention, particularly in relation to obesity and diabetes – and earlier in life
- Joined-up physical and mental health
- Proactive, person centred, co-ordinated approaches based on what matters to people
- Strong horizontal relationships between people, communities and professionals and a focus on co-creating solutions
- “No wrong door” to get the help needed
- Strengthened, primary and community care (including the join up with social care)
- Better access to diagnostics at home, through primary care and in the community
- Proactive planned care
- Same Day Urgent Care as part of a tiered approach locally including step up from enhanced community care and enhanced minor injury and illness provision in Rural Regional Centres
- A “home first”, recovery, rehabilitation and reablement ethos across the system
- Rebalancing care and support
- Improved co-ordination in the last year of life
- Efficient local theatres and diagnostics in Rural Regional Centres, focused on low complexity day cases
- The development of the third rural regional centre in Newtown
- Treatments which are the best value in terms of investment and outcomes
- A tiered, shared geographical footprint so that services can be offered sustainably at the right level
- Optimisation of digital and technological solutions
- Cultural changes – true partnership, collaboration, maintaining quality as the golden thread throughout, with proactive risk taking where appropriate
- Intergenerational solutions
- New flexible support workers, particularly for those in the last year of life
- Prizing and developing generalists, competency and hybrid roles
- Understanding of how best to retain and support older workers

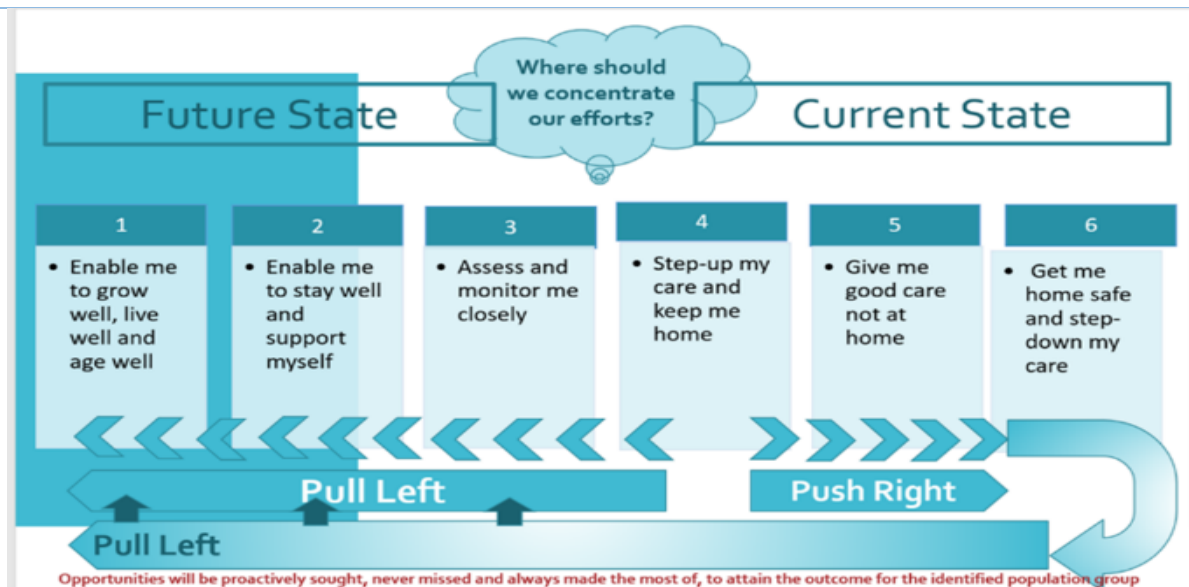
The high level design follows the Powys Health and Care Strategy by describing what should be available at home, through joined up solutions in the community and in Rural Regional Centres.

This seeks to drive a shift towards people living their best life at home in their community, connected to the things which matter most to them. At its core is the concept that we can make things better together – through people, communities and services collaborating to improve wellbeing and care.

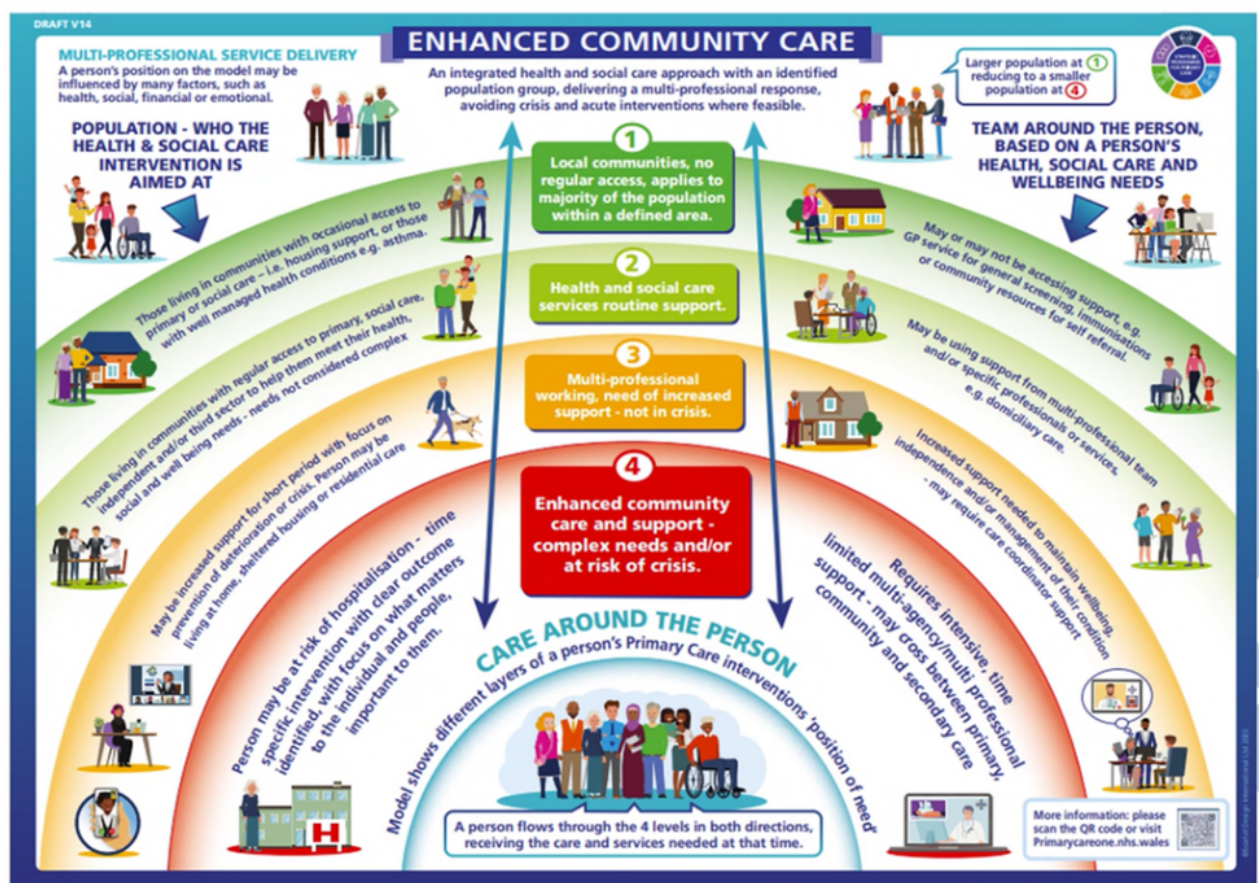
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The model requires a tiered approach to ensure sustainability. It takes into account the intensity, frequency and complexity of the response needed together with the underlying population and geography:



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## **DRAFT Strategic Priorities**

A draft set of priorities have been developed from an appraisal of the context, requirements and evidence noted above. These will be iteratively developed with feedback from the Board, Executive Team, operational leads and partners / stakeholders.

The next and final stage will iteratively refine priorities and identify SMART (Specific, Measurable, Achievable, Realistic and Timely) Actions, Milestones and Deliverables, with a particular focus on firm detail required for Year 1 and outline / indicative for Years 2 and 3, as required in the NHS Wales Planning Guidance.

This work will be completed with intensive engagement across Directorates, working with the Executive leads and their teams, to enable consideration of the Draft Strategic Plan at Planning, Partnerships and Public Health Committee on 20<sup>th</sup> February.

A Near Final Draft is scheduled for early March to enable further consideration and 'read across', with any final amendments to be made by 13<sup>th</sup> March given the requirement for board papers to be submitted on this date.

## **Supporting Technical Work – Baseline and Trajectories**

A baseline position for 2024/2025 has been created, which is in parallel, guided by the strategic parameters set out above – and also iteratively develops those parameters as it tests and checks the validity of assumptions through:

- 'Poly-angulation of finance, workforce, quality and activity data
- Alignment of financial and workforce baselines
- Creation of baselines for commissioned and provider activity

All calculations will be iteratively developed over the remaining period, to account for recent release of the Guidance and Allocation Letter (in progress); Ministerial Priorities / Operational Delivery Targets & Performance requirements; Savings Programme / ASM assumptions; commissioned providers plans (once known and high level cost and growth drivers and projections. This will enable a view beyond Year 1, across the required 3 Year IMTP horizon and extended further to a 5 Year view.

Further work in the remaining time will focus on the continued refinement of the technical alignment internally as well as with areas of strategic risk and externally with the plans of other health boards, regional fora and national bodies, notably WHSSC (Welsh Health Specialised Services Committee), EASC (Emergency Ambulance Services Committee) and the National Programmes noted in the NHS Wales Planning Guidance.

Further engagement and governance touchpoints are scheduled up to the 'cut off' point for the final plan of 13<sup>th</sup> March being the deadline for submission of the Final Plan to PTHB Board for approval at its meeting on 20<sup>th</sup> March, ahead of submission to Welsh Government to meet its deadline of the end of March 2024. These include:

- 8 February: Detailed consideration of the draft strategic priorities and technical positions (including finance, workforce, performance and activity) at Board Development
- 16<sup>th</sup> February: Submission of an Accountable Officer letter to Welsh Government if unable to produce a balanced IMTP
- 20<sup>th</sup> February: Consideration of Draft Strategic Plan at Planning, Partnerships and Public Health Committee
- 29<sup>th</sup> February: Further update on Technical positions at Delivery and Performance Committee
- Review of Near Final Draft for final amendments by Executive Team throughout final stage but with specific plenary session on 6<sup>th</sup> March and similar final opportunity for collective review / consideration of any emerging areas as required at Board Development session on 7<sup>th</sup> March
- Submission of Final Draft Plan with Board Papers – 13<sup>th</sup> March
- Board Meeting 20<sup>th</sup> March
- Submission to Welsh Government – by 29 March 2024
- Regular communications are in place with key stakeholders across the Powys and regional partnerships, peer groups and national programmes, Welsh Government and Llais

### **Production and Design of the End Product(s)**

The core products for submission to Welsh Government comprise:

- The Strategic Plan
- The 'National Programme' / Ministerial Priority Templates
- The Minimum Dataset (a comprehensive set of spreadsheets setting out the technical Finance/ Quality/ Performance / Activity data)

In addition, once the above has been approved by PTHB Board and submitted to Welsh Government, the following are produced:

- The Final Delivery Plan (which will also be submitted to PTHB Board at its meeting in May 2024 as it forms part of the Annual Monitoring cycle)
- A Welsh Language Version of the Strategic Plan
- A Plain Text Version of the Strategic Plan (to comply with accessibility requirements ie. can be read by screen readers and can be translated into other formats on request)

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## NEXT STEPS:

**As noted above:** Further engagement and governance touchpoints are scheduled. These include:

- 8 February: Detailed consideration of draft strategic priorities and the technical positions (including finance, workforce, performance and activity) at Board Development
- 16<sup>th</sup> February: Submission of an Accountable Officer letter to Welsh Government if unable to produce a balanced IMTP
- 20<sup>th</sup> February: Consideration of Draft Strategic Plan at Planning, Partnerships and Public Health Committee on
- 29<sup>th</sup> February: Further update on Technical positions at Delivery and Performance Committee
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- Submission of Final Draft Plan with Board Papers – 13<sup>th</sup> March
- Board Meeting 20<sup>th</sup> March
- Submission to Welsh Government – End of March 2024
- Post March: Production of Final Delivery Plan /Welsh Language and Plain Text Versions.

# Allied Health Professions and Health Care Science Professions Update

January 2024

Mills, Belinda  
30/01/2024 14:02:06

Subject:	Allied Health Professions and Health Care Science Professions Workforce Update
Approved and Presented by:	Claire Madsen, Executive Director of Therapies & Health Science
Prepared by:	Claire Madsen, Executive Director of Therapies & Health Science
Purpose:	Provide an annual update on workforce issues within the therapies and healthcare science directorate
Recommendations:	<p>The Board is asked to:</p> <ul style="list-style-type: none"><li>• <b>RECEIVE</b> the information in the presentation as part of the Boards ongoing programme of assurance, and</li><li>• <b>DISCUSS</b> any relevant themes impacting on the organisations strategic approach to workforce.</li></ul>
Executive Summary:	The presentation provides an update on AHP & Health Science, workforce developments, issues around professional governance, service improvements and results from a recent survey.

# Who are our AHP and HCS Family?

- ❖ Audiologist
- ❖ Dietitian
- ❖ Occupational Therapist
- ❖ Operating Department Practitioner
- ❖ Ophthalmic Scientific Practitioner
- ❖ Orthotist
- ❖ Paramedic
- ❖ Physiotherapist
- ❖ Psychologist
- ❖ Podiatrist
- ❖ Physiologists (resp. and cardiac)
- ❖ Speech & Language Therapy (SALT)
- ❖ Social Worker
- ❖ Radiographer
- ❖ Biomedical Scientist



# Workforce – New Services/roles

## Health Care Science Professions

- Musculoskeletal (MSK) Ultrasonography
- Ultrasound Governance Lead
- Radiography IT System Manager to support RISP
- Band 5 Radiographer through a Grow Our Own (GOO) Programme with HEIW
- Cardiac Physiology
- Expansion of Respiratory Physiology e.g. Sleep
- Point of Care Testing Co-ordinator
- Audiology First Contact Practitioners in Primary Care

## Allied Health Professions

- AHP Multi-Disciplinary Team (MDT) Frailty Lead roles established pan Powys
- Falls Lead post
- Perinatal OT role
- Musculoskeletal (MSK) First Contact Practitioners in Primary Care
- Speech and Language Therapy Assistant roles to support early discharge following stroke
- Multi-Professional Practice Education Facilitator – pilot funded by HEIW
- Medicines Management Dietician to support supplementary feeding
- Podiatry Healthcare Support Worker to support one-stop diabetic retinopathy clinics
- AHP Consultant Practitioner roles in MSK, Neurology and Pain Management
- Consultant Neuro Psychology post
- Development of Primary Care Mental Health Psychology
- Clinical Associate in Psychology posts (CAPS)

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# Funding sources

- ❖ Review of skill mix within existing budgets
- ❖ HEIW funded pilots and Grow Our Own posts following demonstration of need
- ❖ Welsh Government AHP funding
- ❖ Welsh Government Adferiad funding
- ❖ Health Board funding following Investment Benefits Group review, repatriating services

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# Psychology

Last two years, adult psychology has undergone a redesign, addressing longstanding issues with recruitment and retention of qualified clinical and counselling psychologists, the impact on service delivery and variable pay.

- Skill mixed to create new roles, including; Business Support Manager, Specialist Trauma Practitioner, and Clinical Associate in Applied Psychology (CAAPs) x 2,
- Supported the 'grow our own' agenda through the training, supervision and accreditation of EMDR (eye movement desensitization and reprocessing) practitioners, CBT (Cognitive Behavioural Therapy) practitioners, and CAAPs
- Recruited two qualified counselling psychologists and a lead consultant clinical psychologist (long term vacancies)
- Supported a number of assistant psychologists onto doctoral-level clinical psychology training programmes and currently three assistant psychologists in the service
- Supported more trainee clinical psychologists and trainee counselling psychologists on placement than ever before
- Converted a locum cognitive behavioural therapist and a locum qualified psychologist onto fixed term health board contracts
- Expanded our psychological therapy workforce by over 100%

This has reduced long term vacancies and thus reliance on agency staff by >50%, anticipated to continue to improve over the next 6-9 months.

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# Ways of Working

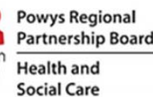
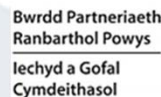
## Models of service delivery

- ❖ Integrated approach
  - ❖ Psychology and Psychological Therapies
  - ❖ Community Therapies Service
  - ❖ MDT Wax Management Service
  - ❖ Therapies Hub and MSK Single Point of Access (SPOA)
  - ❖ Competency based
- ❖ Digital offer
  - ❖ Virtual appointment
  - ❖ Virtual MDTs
  - ❖ Digital Facilitation
- ❖ AHP & HCS Professional Collaborative (Accelerated Cluster Development)
- ❖ Partnership working
  - ❖ MSK – Robert Jones & Agnes Hunt Hospital
  - ❖ Freedom Leisure
  - ❖ Third sector
  - ❖ RPB

## Workforce planning/development

- Demand & Capacity modelling with support from NHSE Demand & Capacity Team
- Competency and skill mix review
- Annex 21
- Grow our own (GOO) schemes
- Project management skills development
- Trauma informed practice
  - Decompression and Debriefing sessions to support staff wellbeing
  - Introduction of Schwartz Rounds

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# Digital

- Deputy Chief Clinical Information Officer (CCIO) post in development
- Expansion of Digital Facilitator roles in Powys Living Well Service
- Use of existing systems to support service/pathway redesign – Powys Living Well Service/Musculoskeletal (PLWS/MSK)
- Patient Reported Experience Measures (PREM) collection through Civica Membra platform
- Automation – appointment scheduling and PREMs collection
- Immersive simulations (PLWS and USW collaboration)
- Online Learning – Community Training Platform

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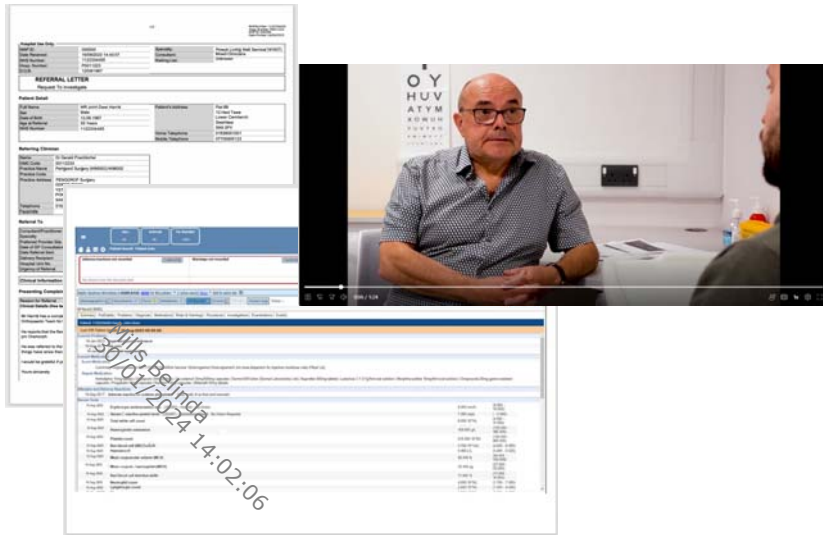
# Service Delivery – Digital Facilitators

- ❖ Unique roles to Powys Living Well Service.
- ❖ Supporting service users to gain confidence and skills needed to access virtual consultations.
- ❖ Working in partnership with Powys Library Service and Accessibility Powys to provide access to technology and connectivity through local, regional and national schemes.
- ❖ 2023 Winners of PTHB Staff Excellence Award for Partnership and Working Together.



# Service Development- Immersive Simulations

- ❖ Project in partnership with University of South Wales.
- ❖ Scenario developed by PLWS team and used in the Hydra simulation suite to follow a service user journey from GP consultation to MDT following initial consultation.
- ❖ Exercise included videos and simulated documentation from clinical systems.
- ❖ Exercise involved all PLWS staff as well as observers from WOD and Digital Services to explore the process and perceptions/misconceptions during plenaries.



# Professional Governance

- ❖ Professional Accountability
  - ❖ National guidance
  - ❖ Local Framework implemented
- ❖ Professional performance meetings
  - ❖ Monthly
  - ❖ Supports Demand & Capacity planning
- ❖ Policy review and publication
  - ❖ Clinical Supervision Policy
  - ❖ Professional Registration Policy
  - ❖ Caseload Management Standard Operating procedure
  - ❖ AHP & HCS Professional Framework



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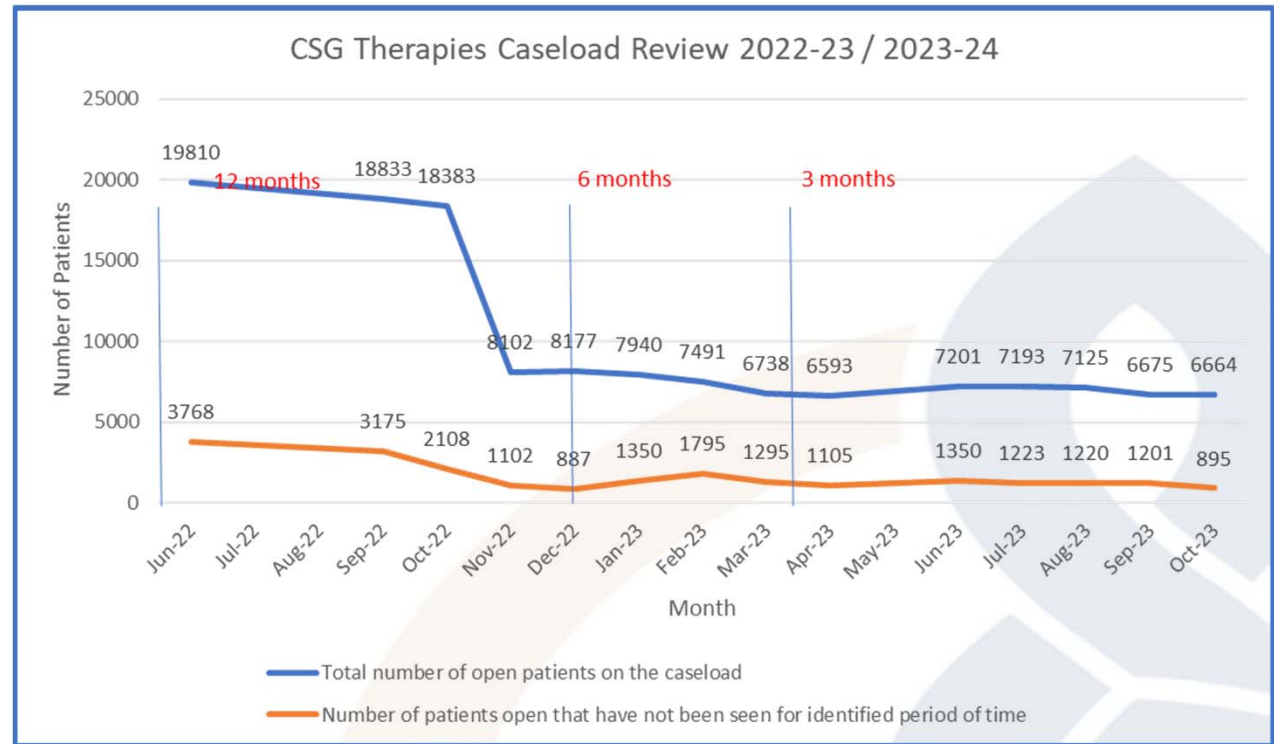


# Learning - Caseload Management/Demand & Capacity

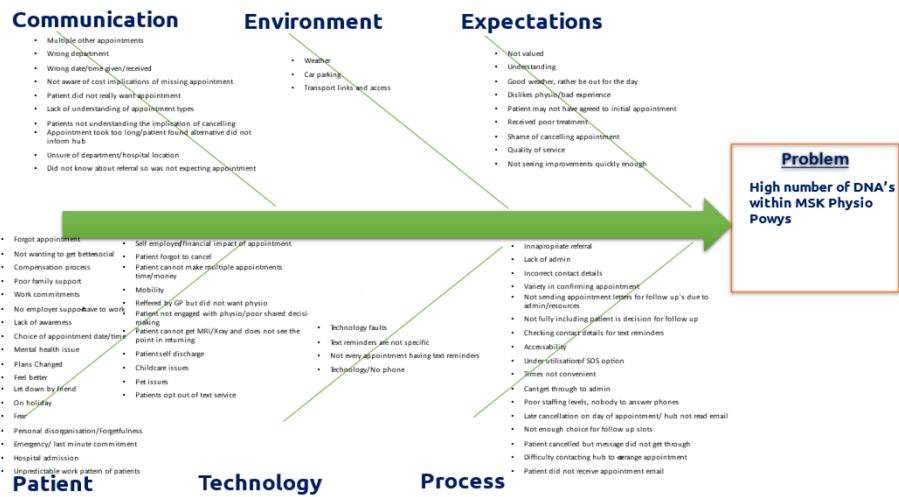
## Therapies caseload review

- Led to AHP Caseload Management Standing Operating Procedure
- Emphasised importance of clinical supervision and caseload supervision, Highlighted in Clinical Supervision Policy launch
- Supported by Therapies & Health Science (T&HS) performance meetings

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# Safer Care Collaborative : MSK DNA Project



# AHP & HCS survey results overview (our 360 review!) (1)

"

We want to learn about what you think it is like to work within the wider Therapies and Health Science professions and their support staff in Powys, what you think about our professional leadership, the opportunities available to you, representation of your role, and other aspects of working here. We are also interested to hear anything else you might want to say

"

Mills Belinda  
30/01/2024 14:02:06



# AHP & HCS survey results overview (2)

## Topics with primarily positive responses, with smaller areas for improvement

- **Good response rate** with **representation** from across professions and service groups
- Approximately three quarters of the respondees are **aware of, know how to contact** and are **confident to contact** the **professional leadership**
  - Those who **did not feel confident to contact the professional leadership**, commonly reporting the following: (1) Not personally knowing, or not knowing who the professional leadership are, or their roles & structure; (2) Would contact direct line management instead; (3) Don't know how to contact the professional leadership
- 79% felt **supported in their role**
- 85% reported that their **training needs are identified** during their Personal Annual Development Review (PADR)
- 72% felt fully satisfied they have **sufficient access to training**
- 79% felt their **profession was visible** in Powys, or that it was 'Not previously but now improving'
- 85% of the individual response items stated that respondees felt they **belong to a team**
- 67% of the response items stated that the staff members **felt acknowledged and valued**
- 66% of the response items stated respondees felt **confident to work towards their career goals or have met them / are happy in their role**
- The large majority of respondees stated 'Yes' they feel **enabled to consistency act in line with their values (83%) & PTHB values (84%)**



# AHP & HCS survey results overview (3)

## Topics with areas for improvement

- 51% of respondents reported awareness of their area's **training plan**
- Less than half reported that they felt there was a good **career structure** in place in PTHB
- Under half of the response items showed respondents felt they would be able to, had, or would likely reach their **career goals** in Powys
- 52% of response items showed the respondents either felt there was **insufficient career development information available**, or had another negative opinion of this
- Only 60% of the response items stated 'Yes' the respondents felt they had **control over their work life**

## Next Steps

- **Free text analysis**
- **Action plan in place to address areas for improvement identified**
- **'You said, we did' communication**

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30/01/2024 14:02:06



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30/6/2024 14:02:06



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Agenda item: 3.5

PTHB Board		31 January 2024	
Subject:	To receive an update on the mitigation plan for Belmont Branch Surgery (Crickhowell Medical Practice)		
Approved and presented by:	Director of Finance, IT and Information (as lead Executive Director for Primary Care)		
Prepared by:	Assistant Director of Primary Care Assistant Director (Engagement and Communication)		
Other Committees and meetings considered at:	The mitigation plan has been subject to ongoing review and assurance through meetings of the Board and a dedicated Task and Finish Group.		
PURPOSE:			
This paper updates the Board on the continued development and delivery of the mitigation plan for the closure of Crickhowell Group Practice’s Belmont Branch Surgery in Gilwern, Monmouthshire.			
RECOMMENDATION(S):			
The BOARD is asked:			
<ul style="list-style-type: none"><li>To RECEIVE the update on the mitigation plan and take ASSURANCE in relation to the progress being made on the further development and delivery of the mitigation plan.</li></ul>			
Approve/Take Assurance		Discuss	Note
Y			

### ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing		This paper specifically relates to Strategic Priority 4 (Primary Care) supporting our Wellbeing Objective of Early Help and Support
2. Provide Early Help and Support	Y	
3. Tackle the Big Four		
4. Enable Joined up Care		
5. Develop Workforce Futures		
6. Promote Innovative Environments		
7. Put Digital First		
8. Transforming in Partnership		

## EXECUTIVE SUMMARY:

Belmont Branch Surgery closed on 30<sup>th</sup> November 2023. The task-and-finish group met on 9<sup>th</sup> January 2024 to discuss whether any immediate issues for escalation or action had been identified in the period following closure.

No issues have been identified for escalation to the Board.

A further meeting of the task-and-finish group is being arranged for March to review impact and issues three months following branch closure, and an oral report will be presented to the meeting of the Board on 20<sup>th</sup> March 2024.

At this point if no significant issues for escalation or action are identified it is proposed that ongoing implementation moves to routine monitoring by the respective lead directors for PTHB and ABUHB and through our ongoing liaison with Llais.

## 1. BACKGROUND

On 24 May 2023 the Board gave conscientious consideration to an application from Crickhowell Group Practice to close their Belmont Branch Surgery premises in Gilwern.

Given that no feasible alternatives were identified that satisfactorily address the twin challenges of both staffing and premises identified in the application from Crickhowell Group Practice, the Board agreed to approve the recommendation from the Branch Practice Review Panel to accept the application from Crickhowell Medical Practice to close their premises in Gilwern, with a planned closure date of 30<sup>th</sup> November 2023.

The Board also approved a series of proposed mitigations, recognising that the mitigation plan would be further developed in continued partnership with Aneurin Bevan University Health Board (ABUHB). This included the establishment of a task and finish group, and a requirement for regular updates to the Board.

Updates have been presented to the Board on 25 July 2023, 27 September 2023, and 30 November 2023.

## 2. CURRENT POSITION

Given the strength of feeling we heard during patient and stakeholder engagement on Crickhowell Group Practice's application to close their branch surgery in Gilwern, our cross-border task-and-finish group remains in place to keep under review the mitigation actions agreed by PTHB and ABUHB, and to monitor the impact of the changes.

As reported to the Board on 29 November 2023, the majority of actions in the agreed mitigation plan have been implemented and either closed or moved into "business as usual" arrangements for continued monitoring. This January report therefore focuses on exception and highlight issues.

The task-and-finish group met on 9 January 2024, this being the first meeting since the closure of the premises on 30 November 2023.

The group continues to monitor information and intelligence from a wide range of sources, and members did not identify any issues for escalation in relation to:

- Patient concerns or complaints – PTHB, ABUHB and Llais continue to keep patient feedback, complaints and concerns under review.
- Community transport - regular meetings continue with local community transport providers.
- Practice registration and sustainability - practice numbers remain within normal expected fluctuations and do not present issues in relation to practice sustainability.
- Wider service provision – no issues were identified arising from impact on wider service provision including local pharmacy services.

Further community engagement activities are under consideration to support the ongoing conversation with the community about the future provision of health and care services in the locality, and these will build on the continuous engagement mechanisms in place for both ABUHB and Llais.

#### **NEXT STEPS:**

A further meeting of the task-and-finish group is being arranged for mid March 2024. An oral update will be provided to the meeting of the Board on 20 March 2024.

At this point if no significant issues for escalation or action are identified it is proposed that ongoing implementation moves to routine monitoring by the respective lead directors for PTHB (Executive Director of Finance and ICT as the lead director with responsibility for primary care) and ABUHB and through our ongoing liaison with Llais.

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**Board  
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## IMPACT ASSESSMENT

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

### QUALITY:

	No impact	Negative	Positive	Both	
Safe					<b>Not required:</b> This paper does not request strategic organisational decisions and a quality impact assessment is not required. Quality considerations informed Board decision-making on 24 <sup>th</sup> May 2023 in relation to the application from Crickhowell Group Practice.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

### EQUALITY:

	No impact	Negative	Positive	Both	
Age					<b>Not required:</b> This paper does not request strategic organisational decisions and an equality impact assessment is not required. Equality considerations informed Board decision-making on 24 <sup>th</sup> May 2023 in relation to the application from Crickhowell Group Practice, and have continued to inform the ongoing mitigation planning and delivery through the task-and-finish group.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

### RISK ASSESSMENT:

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

**Not required:** This paper provides assurance against the ongoing delivery of the mitigation plan agreed by the Board. Assessment of risks was undertaken as a key consideration informing Board decision-making on 24<sup>th</sup> May 2023.

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<b>Board</b>		<b>Date of Meeting: 31 January 2024</b>
<b>Subject:</b>	<b>CORPORATE RISK REGISTER (December 2023)</b>	
<b>Approved and Presented by:</b>	Director of Corporate Governance and Board Secretary	
<b>Prepared by:</b>	Senior Administrator/Personal Assistant to Director of Corporate Governance and Board Secretary	
<b>Other Committees and meetings considered at:</b>	Executive Committee – 24 January 2024	

#### **PURPOSE:**

The purpose of this paper is to provide the Board with the December 2023 version of the Corporate Risk Register for discussion and assurance. The risk register forms part of the Board Assurance Framework and provides a summary of the significant risks to the delivery of the health board's strategic objectives.

#### **RECOMMENDATION(S):**

It is recommended that the Board:

- **RECEIVE** the December 2023 version of the Corporate Risk Register included at **Appendix 1**, ensuring that it is a complete and a true reflection of the health board's current high-level risks, recognising that a broader review of the organisation's risks is currently underway.
- **NOTE** that CRR 009 (Cyber Security) and CRR011 (power outage) will be reported to the In-Committee Board due to the confidential nature of its content.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
✓	✗	✗

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

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

**BACKGROUND AND ASSESSMENT:**

The Corporate Risk Register provides a summary of the significant risks to the delivery of the health board's strategic objectives. To be included in the Corporate Risk Register a risk must:

- represent an issue that has the potential to hinder achievement of one or more of the health board's strategic objectives;
- be one that cannot be addressed at directorate level;
- further control measures are needed to reduce or eliminate the risk;
- a considerable input of resource is needed to treat the risk (finance, people, time, etc.).

The Corporate Risk Register is presented for assurance at each meeting of the Board. Development of a revised Corporate Risk Register is currently underway to ensure that the register continues to accurately reflects the organisations current strategic risks in the context of our longer term strategic objectives set out in the Strategy. The review is being led by the Director of Corporate Governance, in collaboration with Executive Leads, whilst this work is underway the extant risks have been updated for reporting to the January Board, with an anticipation that the revised CRR will be presented to the Board in line with the next 5-year plan in March 2024. Originally it was proposed the revised risks would be presented to the Board earlier, on reflection it makes more sense to align the revised risks to the new plan and the refreshed risk appetite – all in one cohesive package.



The refreshed risk register will also include more information on relevant assurances and contribute more directly to the Board Assurance Framework.

### Proposed Changes to the Corporate Risk Register

The Board is asked to **RECEIVE** the following amendments proposed by the Director of Public Health (as the Senior Risk Owner) and supported by the Executive Committee:

Current Corporate Risk	Change to Risk	Proposed new risk score
<p><b>CRR 012:</b> A national power outage results in significant disruption to services and the quality of patient care</p> <p><b>Risk Score:</b> L3 x I5 = 15</p>	<p>Risk score amended to align with CRR 009 (Cyber-attack)</p>	<p><b>CRR 012:</b> A national power outage results in significant disruption to services and the quality of patient care</p> <p><b>Risk Score:</b> L4 x I5 = 20</p>

The full Corporate Risk Register is attached to this report as **Appendix 1**. For ease of reference, updates to mitigating actions and progress is included within the risk register and included in red font.

CRR 009 (cyber security) and CRR 011 (power outage) are provided to the Board in the In-Committee meeting of the Board owing to the sensitive nature of the content.

### NEXT STEPS:

The revised corporate risk register will continue to be developed in line with the next 5 year plan 2024-29.

Senior Risk Owners, their directors and Executive Committee will continue to monitor organisational risks, considering risks for escalation to the Corporate Risk Register where appropriate, to ensure that the Corporate Risk Register

articulates the strategic risks that are deemed to impact delivery of the organisation's strategic objectives.

The second meeting of the reconvened Risk and Assurance Group was held on 7 November 2023, and will meet a minimum of quarterly going forward to enable it to play its full role in the risk management framework for the organisation.

Audit and Risk Assurance Committee will continue to see assurance in relation to the risk management framework.

Board Committees will continue to receive and review the risks that fall within the remit of each Committee.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Corporate Risk Register December 2023

Mills Belinda  
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## CORPORATE RISK HEAT MAP: December 2023

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

In-Committee Risks (Private)		CRR 009 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L4 x I5 = 20) CRR 012 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 x I5 = 20)					
Impact	Catastrophic	5				<ul style="list-style-type: none"> <li>the health board fails to manage its financial resources in line with statutory requirements – current financial year</li> <li>the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens</li> <li>the health board fails to manage its financial resources in line with statutory requirements – medium term</li> </ul>	
	Major	4			<ul style="list-style-type: none"> <li>a significant public health event/emergency impacts on provision, continuity and sustainability of services</li> </ul>	<ul style="list-style-type: none"> <li>the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities</li> <li>citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers</li> <li>failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services</li> <li>the care provided in some areas is compromised due to the health board's estate being not fit for purpose</li> </ul>	<ul style="list-style-type: none"> <li>inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens</li> <li>the demand and capacity pressures in the primary care system lead to services becoming unsustainable</li> </ul>
	Moderate	3			<ul style="list-style-type: none"> <li>ineffective partnership working, including on service change/reconfiguration, results in poorer</li> </ul>		

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					outcomes and experience for citizens of Powys		
	Minor	2					
	Negligible	1					
		1	2	3	4	5	
		Rare	Unlikely	Possible	Likely	Almost Certain	
							Likelihood

CORPORATE RISK DASHBOARD – December 2023

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 ✓/✗	Lead Board Committee	Risk Impacts on
DFIT	CRR 001a	Financial Sustainability	The health board fails to manage its financial resources in line with statutory requirements -current financial year	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIT	CRR 001b	Financial Sustainability	The Health board fails to manage its financial resources in line with statutory requirements – medium term	4 x 5 = 20	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
DFIT	CRR 002	Financial Sustainability	The health board fails to adequately allocate resources, including transformation capacity, to improve health	4 x 4 = 16	Cautious	8	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
			outcomes/experience and reduce inequalities						
DoNM/ MD	CRR 003	Quality	Citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers	4 x 4 = 16	Minimal	6	✗	Patient Experience, Quality and Safety	Organisational Priorities Underpinning WBO 1 to 4
D Ops	CRR 004	Safety	The urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens	4 x 5 = 20	Averse	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DP&C	CRR 005	Quality	Inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens	5 x 4 = 20	Minimal	12	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DWOD	CRR 006	Quality	Failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	4 x 4 = 16	Minimal	8	✗	Workforce and Culture Committee	Organisational Priorities Underpinning all WBOs

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DP&C	CRR 007	Partnerships	Ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys	3 x 3 = 9	Open	6	✗	Planning, Partnerships and Population Health	Organisational Priorities underpinning WBO 8
DFIT	CRR 008	Safety	The demand and capacity pressures in the primary care system lead to services becoming unsustainable	5 x 4 = 20	Averse	8	✗	Planning, Partnerships and Population Health	Organisational Priorities WBO 4
DFIT	CRR 009	Performance and service sustainability	A cyber-attack results in significant disruption to services and quality of patient care	4 x 5 = 20	Cautious	12	✗	Delivery and Performance	Organisational Priorities underpinning all WBOs
ADoEP	CRR 010	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	✗	Delivery and Performance	Organisational Priorities Underpinning WBO 1 to 4
DPH	CRR 011	Performance and Service Sustainability	A significant public health event/emergency impacts on provision, continuity and sustainability of services	3 x 4 = 12	Cautious	12	✓	Delivery and Performance	Health and wellbeing of the population

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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPH	CRR 012	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	✗	Executive Committee	Organisational Priorities underpinning all WBOs



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.

Executive Lead:	
CEO	Chief Executive
DFIT	Director of Finance, Information and IT
DOps	Director of Operations/Director of Community and Mental Health
DoNM	Director of Nursing and Midwifery
MD	Medical Director
DPH	Director of Public Health
DWOD	Director of Workforce & Organisational Development
DoTHS	Director of Therapies & Health Sciences
DP&C	Director of Performance and Commissioning
ADoEP	Associate Director of Estates and Property
DCG	Director of Corporate Governance

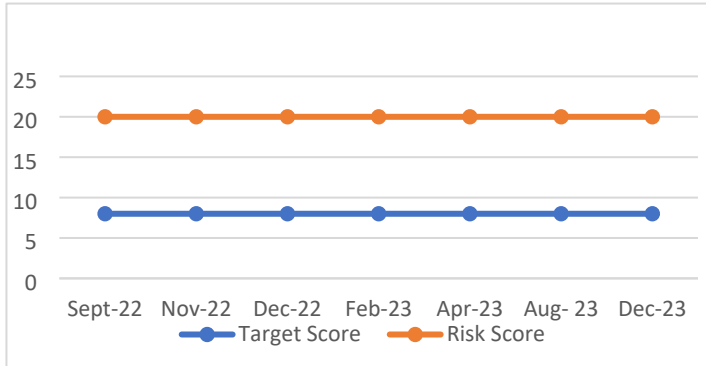
Risk Scoring

LIKELIHOOD	IMPACT				
	Insignificant	Minor	Moderate	Major	Catastrophic
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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RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

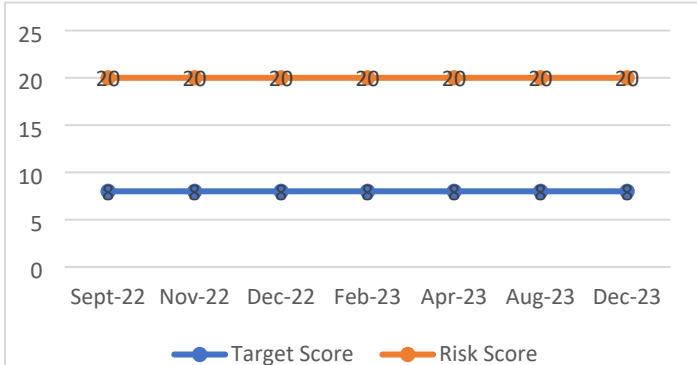
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<b>CRR 001a</b>		<b>Executive Lead:</b> Director of Finance, Information and IT																									
<b>Risk that:</b> the health board fails to manage its financial resources in line with statutory requirements – current financial year		<b>Assuring Committee:</b> Delivery and Performance																									
<b>Risk Impacts on:</b> Organisational Priorities underpinning all objectives		<b>Date last reviewed:</b> August 2023-December 2023																									
<div><div><b>Risk Rating</b> (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 5 = 20</b> Target: 2 x 4 = 8</div><div><b>Date added to the risk register</b> Risk Updated &amp; Split June 2023</div></div>	<div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr><tr><td>Apr-23</td><td>8</td><td>20</td></tr><tr><td>Aug- 23</td><td>8</td><td>20</td></tr><tr><td>Dec-23</td><td>8</td><td>20</td></tr></tbody></table></div>	Month	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Dec-22	8	20	Feb-23	8	20	Apr-23	8	20	Aug- 23	8	20	Dec-23	8	20	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Financial planning for 2023/24 has identified that the THB will have a significant deficit.</li><li>The Plan submitted to WG in March 2023 was for a deficit of £33.5m in 2023/24 with a planned underlying deficit carried forward into 2024/25 of £33.5m.</li><li>Following the receipt of The £18.3m 3.5m funding in October and the setting of a target control total of £12m deficit by WG, the Health Board instigated actions and approved a revised Financial Plan of £12m deficit. was confirmed to WG in a re-submission in May 2023 and at month 4 remains the forecast.</li><li>The THB forecasts that it can manage its capital expenditure within the capital allocation.</li></ul>	
Month	Target Score	Risk Score																									
Sept-22	8	20																									
Nov-22	8	20																									
Dec-22	8	20																									
Feb-23	8	20																									
Apr-23	8	20																									
Aug- 23	8	20																									
Dec-23	8	20																									
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Clear Financial Plan included in IMTP Submission with recurrent mitigating actions of £7.5m.</li><li>Additional control - Finance and Performance Group established as sub-group of Executive Committee is monitoring the achievement of the mitigating actions.</li><li>Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.</li><li>Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.</li><li>Service Reviews / Performance reviews to strengthen financial monitoring</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of 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. implement a modernisation programme to improve function performance and delivery</td><td>DFIIT</td><td>Actions being completed March 2024</td></tr><tr><td>Revisit the assessment of cost pressures in the Financial Plan for 2023/24.</td><td>DFIIT</td><td>Completed</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of 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. implement a modernisation programme to improve function performance and delivery	DFIIT	Actions being completed March 2024	Revisit the assessment of cost pressures in the Financial Plan for 2023/24.	DFIIT	Completed															
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Strengthening of 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. implement a modernisation programme to improve function performance and delivery	DFIIT	Actions being completed March 2024																									
Revisit the assessment of cost pressures in the Financial Plan for 2023/24.	DFIIT	Completed																									

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<p>of performance and longer-term impact on financial plan (support better decision making).</p> <ul style="list-style-type: none"> <li>Contracting Framework to monitor and forecast the impact of arrangements in 2023/24 and going forward.</li> <li>Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery.</li> <li>Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach.</li> <li>Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position.</li> <li>Value Programme Board supporting a series of Getting it Right First Time Reviews and Planned Care Programme Board implementing the findings to improve outcomes and use of resources.</li> <li><b>Revised Financial Plan approved in November 2023, including clear mitigating actions targeting a £3.2m stretch improvement.</b></li> </ul>	Consider whether saving schemes can achieve more in 2023/24.	DFIIT	Completed
	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.	DFIIT / MD	Established
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>	<p>Finance and Performance Group is focussing on delivery of recurrent £7.5m mitigating actions targeted for 2023/24.</p> <p>Recent exercise focused on financial improvement has helped to inform actions being taken to manage and off-set emerging cost pressures.</p> <p><b>Clear, risk rated mitigating actions targeting a £3.2m stretch improvement.</b></p>		

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<b>CRR 001b</b> <b>Risk that:</b> the health board fails to manage its financial resources in line with statutory requirements – medium term		<b>Executive Lead:</b> Director of Finance, Information and IT																									
		<b>Assuring Committee:</b> Delivery and Performance																									
<b>Risk Impacts on:</b> Organisational Priorities underpinning all objectives		<b>Date last reviewed:</b> <del>August 2023</del> December 2023																									
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 5 = 20</b> Target: 2 x 4 = 8  <b>Date added to the risk register</b> Risk Updated September 2022	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>20</td></tr><tr><td>Nov-22</td><td>8</td><td>20</td></tr><tr><td>Dec-22</td><td>8</td><td>20</td></tr><tr><td>Feb-23</td><td>8</td><td>20</td></tr><tr><td>Apr-23</td><td>8</td><td>20</td></tr><tr><td>Aug-23</td><td>8</td><td>20</td></tr><tr><td>Dec-23</td><td>8</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	8	20	Nov-22	8	20	Dec-22	8	20	Feb-23	8	20	Apr-23	8	20	Aug-23	8	20	Dec-23	8	20	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Financial planning for 2023/24 has identified that the THB has a significant deficit. The Plan submitted to WG in March 2023, and reconfirmed in May 2023, included an underlying deficit of £33.5m.</li><li><b>The Health Board received £18.3m additional funding in October 2023. Of this, £14.2m is recurrent conditional on the Health Board progressing towards its 2023/24 £12m deficit control target.</b></li><li><b>The Health Board is experiencing greater cost pressures than its recurrent mitigating actions can contain, which is leading to an increase in its underlying deficit.</b></li><li>The scale of this deficit against annual expenditure of circa £400m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.</li></ul>	
Month	Target Score	Risk Score																									
Sept-22	8	20																									
Nov-22	8	20																									
Dec-22	8	20																									
Feb-23	8	20																									
Apr-23	8	20																									
Aug-23	8	20																									
Dec-23	8	20																									
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Clear Financial Plan included in IMTP Submission with recurrent mitigating actions of £7.5m. <b>Plus, non-recurrent stretch actions for a further £2.8m in 2023/24.</b></li><li>Additional control - Finance and Performance Group established as sub-group of Executive Committee is monitoring the achievement of the mitigating actions.</li><li>Financial Control Procedures and Standing Orders and Standing Financial Instructions and Budgetary Control Framework, Budgetary Control Audit rated as substantial assurance.</li><li>Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Strengthening of the capability and sustainability of the Finance Team – implement a modernisation programme to improve function performance and delivery. <b>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.</b></td><td>DFIIT</td><td>Actions being completed <b>March 2024</b></td></tr><tr><td></td><td>DFIIT</td><td>Completed</td></tr></tbody></table>		Action	Lead	Deadline	Strengthening of the capability and sustainability of the Finance Team – implement a modernisation programme to improve function performance and delivery. <b>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.</b>	DFIIT	Actions being completed <b>March 2024</b>		DFIIT	Completed															
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	DFIIT	Completed																									

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<ul style="list-style-type: none"> <li>Service Reviews / Performance reviews to strengthen financial monitoring of performance and longer-term impact on financial plan (support better decision making).</li> <li>Contracting Framework to monitor and forecast the impact of arrangements in 2023/24 and going forward.</li> <li>Task and Finish Groups established for CHC, Variable Pay and Contracting with identified leads and clear expectation re delivery, these groups will have a short and longer-term focus for delivery.</li> <li>Investment Benefits Group to increase its focus on benefits realisation alongside supporting the VBHC approach.</li> <li>Regular communication and reporting to Welsh Government and Financial Planning and Delivery Directorate regarding the impact of pressures and impact on Financial Plan and underlying position.</li> <li>Value Programme Board supporting a series of Getting It Right First Time Reviews and Sustainable Model Planned Care Programme Board implementing the findings to drive improved outcomes and use of resources.</li> <li>Following the issue of the 2024/25 Allocation Letter, the financial plan for 2024/25 and underlying deficit is being prepared.</li> <li>As part of planning for 2024/25, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings.</li> </ul>	Revisit the assessment of cost pressures in the Financial Plan for 2023/24.		
	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.	DFIIT / MD	Established
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 5 = 20</b>	Finance and Performance Group is focussing on delivery of £7.5m recurrent mitigating actions targeted for 2023/24.  As part of planning for 2024/25, an organisation wide group of AD/DDs has been established to identify actions to achieve recurrent savings.		

Mills Belinda  
30/01/2024 14:02:06

**CRR 002**

**Risk that:** the health board fails to adequately allocate resources, including transformation capacity, to improve health outcomes/experience and reduce inequalities

**Risk Impacts on:** Organisational Priorities underpinning all WBOs

**Executive Lead:** Director of Finance, Information and IT

**Assuring Committee:** Delivery and Performance

**Date last reviewed:** ~~August 2023~~ December 2023

**Risk Rating**

(likelihood x impact):

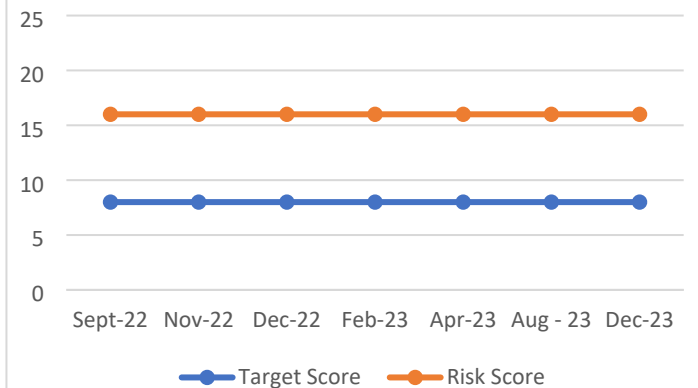
Inherent:  $4 \times 5 = 20$

**Current:  $4 \times 4 = 16$**

Target:  $2 \times 4 = 8$

**Date added to the  
risk register**

September 2022

**Rationale for current score:**

- Planned deficit of £33.5m for 2023/24 indicates that resources are being consumed above planned and allocated levels. **Reconfirmed by revised 2023/24 financial plan with £12m target control total.**
- Lack of data re Patient Outcome and Experience to support understanding. Nationally the PROMS and PREMS electronic platforms have been procured separately. The platform for patient experience is in place, but does not have all the necessary functionality for PROMS collection and analysis.
- Value Based Healthcare approach introduced, but not yet embedded into financial plan and budget allocation fully.
- Value **Programme** Board established and key action is to develop the Health Board approach to PROMs and PREMs (to measure patient experience and outcomes) to inform future resource allocation. Procurement of a national platform is underway.
- PTHB is working with national groups to ensure that dashboards show a resident health board position, including English flows, rather than a Welsh provider position, so that they are reliable for corporate decision making in Powys.
- CEO led Sustainable Model Programme Board in place, embedding a value based health care approach, **with supporting executive led programmes for Frailty, Community Urgent Care; Planned Care, Diagnostics and Admission Avoidance; and Mental Health**

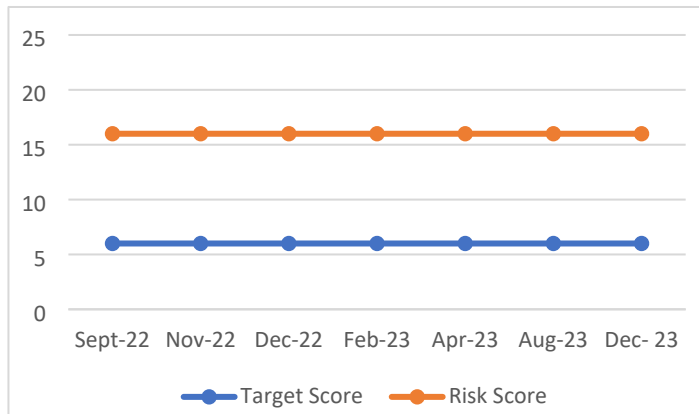
		<ul style="list-style-type: none"> <li>▪ Draft design report submitted to PPPH Committee, to be considered as next part of next iteration of long term plan.</li> <li>▪ Value Programme Board continuing to support a series of Getting It Right First Time Reviews</li> <li>▪ Sustainable Model Planned Care Programme implementing findings from a series of Getting It Right First Time Reviews; and rolling out implementation of value based service developments and clinical techniques.</li> <li>▪ Frailty, Community and Urgent care Programme Board; Planned Care Programme Board; and Mental Health Programme Board helping to develop and deliver the developing sustainable model.</li> <li>▪ Following the reduction in funding from WG for Recovery and an exercise to reduce expenditure, £500k has been removed from the budget for transformation.</li> </ul>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<ul style="list-style-type: none"> <li>▪ Value Board established (report via Sustainable Model Executive Committee Programme Board).</li> <li>▪ Value approach embedded in IMTP focused on outcome, experience and cost.</li> <li>▪ Organisational position in relation to PROMs and PREMs (to inform resource allocation and actions) approved in principle by Executive Committee, based on EQ5DL for PROMS, overlaid with condition specific outcomes.</li> <li>▪ CIVICA in place for the collection of patient experience.</li> <li>▪ PROMS Group established to assist with technical implementation of PROMS. Value Opportunities Group established.</li> <li>▪ Interventions Not Normally Undertaken Group established.</li> <li>▪ Information and Data Dashboards under development to inform reporting re outcomes and experiences, with work undertaken to ensure national dashboards are amended to show resident health board position including English patient flows.</li> <li>▪ Accelerated Sustainable Model Programme in place with Discovery Report completed, embedding value approach, to help guide prioritisation and resource allocation for maximum value impact.</li> </ul>		Action	Lead	Deadline
		Action as identified in Value Group Workplan including approach to developing PROMs and PREMs.	AD T&V	Ongoing.
		Ongoing Action as per the Value Group Workplan.	AD T&V	Ongoing.
	Continue to progress work on the Accelerated Sustainable Model including Design and Delivery phases, including work on planned care, frailty and mental health.	Execs and ADTV	23/24	

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<ul style="list-style-type: none"><li>▪ Approach agreed with WOAD and Programme Board to develop and embed organisational understanding of value from induction through to leadership development.</li><li>▪ Series of Getting It Right First Time Reviews completed with implementation underway through the Sustainable Model Planned Care Programme Board</li><li>▪ Reports for Community Cardiology indicate positive shift underway. First phase roll out in North Powys, at end of December 2023, showed that of 410 patients seen to date only 17 have required onward referral to a DGH consultant. 333 patients have received an echocardiogram in Powys and 23 an ECG. Treatment plans have been put in place for 230 patients locally</li><li>▪ Full Board involvement in development of priorities and financial plans for 2023/24.</li></ul>			
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>	
<b>4 x 4 = 16</b>		N/A	

Mills Belinda  
30/01/2024 14:02:06



<b>CRR 003</b> <b>Risk that:</b> citizens of Powys receive poor quality care (quality defined as safety, effectiveness and experience) from one or more of a range of providers		<b>Executive Lead:</b> Director of Nursing and Midwifery, Medical Director  <b>Assuring Committee:</b> Patient Experience, Quality and Safety																									
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> August 2023 <b>December 2023</b>																									
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 5 = 20 <b>Current: 4 x 4 = 16</b> Target: 2 x 3 = 6  <b>Date added to the risk register</b> Risk Updated September 2022	 <table><caption>Risk Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>16</td><td>6</td></tr><tr><td>Nov-22</td><td>16</td><td>6</td></tr><tr><td>Dec-22</td><td>16</td><td>6</td></tr><tr><td>Feb-23</td><td>16</td><td>6</td></tr><tr><td>Apr-23</td><td>16</td><td>6</td></tr><tr><td>Aug-23</td><td>16</td><td>6</td></tr><tr><td>Dec-23</td><td>16</td><td>6</td></tr></tbody></table>	Date	Risk Score	Target Score	Sept-22	16	6	Nov-22	16	6	Dec-22	16	6	Feb-23	16	6	Apr-23	16	6	Aug-23	16	6	Dec-23	16	6	<b>Rationale for current score:</b> <ul style="list-style-type: none"><li>Intelligence from incidents, concerns and complaints</li><li>Intelligence from patient engagement</li><li>Intelligence and communication from all stakeholders and partners</li><li>Increased pressure on the NHS as a result of multiple factors (aging population, winter pressures, post Covid-19 pandemic)</li></ul>	
Date	Risk Score	Target Score																									
Sept-22	16	6																									
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Apr-23	16	6																									
Aug-23	16	6																									
Dec-23	16	6																									
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Integrated Performance Framework</li><li>Powys Clinical Audit plan</li><li>Internal Audit annual plan of audits</li><li>NHS Wales collaborative management groups and associated peer groups</li><li>Collaboration with the Delivery Unit (NHS Wales)</li><li>Review of CQC and HIW reports for all providers where Powys residents receive care</li><li>Triangulation of concerns, complaints (PTR) and incidents</li><li>Operational arrangements for operational delivery (e.g DCG)</li><li>Partnership with PCC</li><li>Communication and engagement with the public and stakeholders</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Improve and refine the Integrated Performance Framework</td><td>DoPP</td><td>Sept 2022</td></tr><tr><td>Monitor fundamentals of care (provider services)</td><td>DoNM</td><td>Ongoing</td></tr><tr><td>Mortality Reviews</td><td>MD</td><td>Ongoing</td></tr><tr><td>Address inequalities of access</td><td>DoPP/ DOMHP PC DoTH</td><td>Ongoing</td></tr><tr><td>Implement Patient experience system (Civica)</td><td></td><td>Dec 2022</td></tr></tbody></table>		Action	Lead	Deadline	Improve and refine the Integrated Performance Framework	DoPP	Sept 2022	Monitor fundamentals of care (provider services)	DoNM	Ongoing	Mortality Reviews	MD	Ongoing	Address inequalities of access	DoPP/ DOMHP PC DoTH	Ongoing	Implement Patient experience system (Civica)		Dec 2022						
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<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>																									

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4 x 4 = 16

This risk will continue to be reviewed at PEQs. The integrated Quality Report informs the Committee of triangulated data. Key matters at February meeting include an update of Maternity Services (Powys Provider), preparation for the implementation of the Duty of Quality and Duty of Candour and progress with the National Nosocomial Framework. Focus on concerns/ complaints will now focus on themes and trends identifying priorities for learning, now that process matters have been addressed.

Integrated Performance framework - Approved by the Board in September 2022, implementation to be reported through Delivery and Performance Committee. A project group has been established, chaired by the AD Performance and Commissioning, with representatives from commissioning, performance, finance, nursing, workforce and service group colleagues. Duty of Quality and the implementation of a Total Quality Management System as part of the IPF will be Powys THB vehicle for quality control and quality planning.

4.09.2023: The scoring of this current risk needs to remain the same presently. There is an acknowledgement that this current risk is multiple risks in one and therefore needs to be fully re-assessed. The Medical Director and Director of Nursing and Midwifery have a meeting planned with the Director of Corporate Governance/ Board Secretary to agree a course of action.

Mills, Belinda  
30/01/2024 14:02:06

**CRR 004**

**Risk that:** the urgent and emergency health and social care system fails to deliver a timely response for care for Powys citizens

**Executive Lead:** Director of Operations/Director of Community and Mental Health

**Assuring Committee:** Delivery and Performance Committee

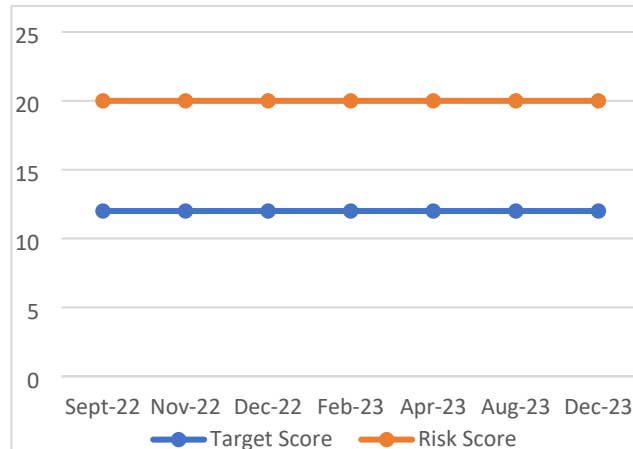
**Risk Impacts on:** Organisational Priorities underpinning WBO 1 to 4

**Date last reviewed:** August 2023 **December 2023**

**Risk Rating**

(likelihood x impact):  
Inherent: 4 x 5 = 20  
**Current: 4 x 5 = 20**  
Target: 3 x 4 = 12

**Date added to the risk register**  
September 2022



**Rationale for current score:**

- Fragility and rising demand on the unscheduled care system, including 111, GP In and Out of Hours, WAST response times, delays and pressures within the acute system. This includes delays in discharges and flow from acute and community hospital settings. This leads to an impact/effect on the quality of timely care provided to patients, delays in care and poorer outcomes, increased incidents of a serious nature relating to handover delays at the Emergency departments front door and delayed ambulance response to community emergency calls, increasing pressure on adverse patient experience, reduction in stakeholder confidence and increased scrutiny from regulators.
- Planned industrial action and potential impact on the urgent and emergency health system capacity to meet demand and timely response for care.
- Fragility and gaps in social care assessment, delivery and social care market provision (including both domiciliary care and independent care home sector) resulting in substantial delays and patients being stranded in community hospitals and out of county beds.
- Delays in assessment of complex care cases and inefficient brokering resulting in increased delays and cost.

**Controls (What are we currently doing about the risk?)**

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

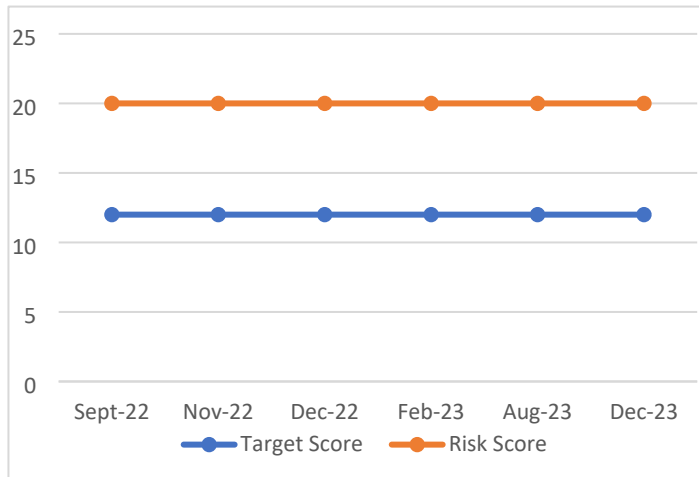
**Action**

**Lead**

**Deadline**

<ul style="list-style-type: none"> <li>▪ Daily management system in place to manage patient flow including multiple daily local and national calls.</li> <li>▪ Continuous focus on reducing delays for health and social care reasons including complex care management, fast track cases and implementation of a home first ethos.</li> <li>▪ Weekly reviews of long stay patients in community hospitals to reduce average length of stay.</li> <li>▪ Training on discharge and complex care management is provided to ward based staff through the Complex Care and Unscheduled Care Team.</li> <li>▪ Review of urgent care team arrangements, with agreement to fund a business case for Discharge Liaison officers.</li> <li>▪ Care coordination in place across all acute hospital sites to facilitate timely repatriation of patients back into Powys.</li> <li>▪ Care Home risk and escalation plans to support care home capacity.</li> <li>▪ Reinstatement of Delivery Coordination Group including Senior Social Care attendance.</li> <li>▪ Winter Plan reviewed to manage whole system pressures. Refresh of escalation options in development between health and social care to increase community care capacity and to reduce delays.</li> <li>▪ Industrial action command and control structure in place to manage service impact and to minimise disruption to services.</li> <li>▪ <del>Operational delivery of Escalation Plan</del> Daily operational management of patient flow.</li> <li>▪ Refresh of Delivery Coordination Group in place to improve performance and delivery at a system level.</li> <li>▪ System escalation including senior officer daily review and weekly Gold level oversight.</li> <li>▪ Urgent escalation plan in development to secure additional system impact to improve community care capacity and flow.</li> <li>▪ Industrial action management plans in place, coordinated and reporting at bronze, silver and gold levels.</li> </ul>	Review of Complex Care arrangements in place to improve system improvements and to reduce delays. <b>Active planning and implementation of new ways of working to create capacity within current system. Internal Audit have commenced structured audit of Continuing Health Care.</b>	DoO	April 2024
	Transformational development of urgent care system (6 Goals) including ICAP and focus on handover delays.	DoO	
	Delivery of RPB Plan including additional capacity for Supported Living.		October 2024
	Deliver the Integrated Care Action Plan (ICAP).		2025
	ASM Programme for Frailty and Community Model.		2025
	North Powys Wellbeing Programme.		
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>	
<b>4 x 5 = 20</b>		N/a - new risk September 2022	

Mills Belinda  
30/01/2024 14:02:06

<b>CRR 005</b> <b>Risk that:</b> inequity of access to planned, secondary and specialised care results in poorer outcomes and experience for some Powys citizens		<b>Executive Lead:</b> Director of Performance and Commissioning																						
		<b>Assuring Committee:</b> Delivery and Performance																						
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 1 to 4		<b>Date last reviewed:</b> August 2023 <b>December 2023</b>																						
<div><b>Risk Rating</b>  (likelihood x impact): Inherent: 5 x 4 = 20 <b>Current: 5 x 4 = 20</b> Target: 3 x 4 = 12</div> <div><b>Date added to the risk register</b> Risk Updated December 2022</div>	 <table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>12</td><td>20</td></tr><tr><td>Nov-22</td><td>12</td><td>20</td></tr><tr><td>Dec-22</td><td>12</td><td>20</td></tr><tr><td>Feb-23</td><td>12</td><td>20</td></tr><tr><td>Aug-23</td><td>12</td><td>20</td></tr><tr><td>Dec-23</td><td>12</td><td>20</td></tr></tbody></table>	Month	Target Score	Risk Score	Sept-22	12	20	Nov-22	12	20	Dec-22	12	20	Feb-23	12	20	Aug-23	12	20	Dec-23	12	20	<b>Rationale for current score:</b> Baseline as at end of September 2022 indicates current aggregated waiting times as follows (including PTHB provided services): 5,194 patients waiting over 36 weeks, of these 2,795 are waiting over 52 weeks of those 668 wait longer than 104 weeks.  Validated position: at end <b>November</b> July 2023 in NHS Wales commissioned service providers, <b>281</b> 374 Powys residents waiting > 104 weeks; <b>1155</b> 059 Powys residents waiting 53-104 weeks.  At end of <b>September</b> June 2023 in NHS England commissioned service providers, <b>13</b> <b>11</b> Powys residents waiting > 104 weeks; <b>571</b> <b>845</b> Powys residents waiting 53-104 weeks.  A number of patients are not getting treatment within published access standards. There is the potential risk of and harm for patients with excessive treatment waiting times.  If urgent and emergency care pressures lead to the invoking of the NHS Local Options Framework, planned care will be reduced/suspended resulting in further delays to treatment.	
Month	Target Score	Risk Score																						
Sept-22	12	20																						
Nov-22	12	20																						
Dec-22	12	20																						
Feb-23	12	20																						
Aug-23	12	20																						
Dec-23	12	20																						
<b>Controls (What are we currently doing about the risk?)</b> <ul style="list-style-type: none"><li>Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand year-end position for 2023/24 (with reference to NHS Wales Planning Framework 2023-26 and NHSE access target requirements by March 2024).</li><li>Medinet contract <b>previously</b> extended proposals being developed to offer Powys residents experiencing long waits in commissioned service providers</li></ul>		<b>Mitigating actions (What more will we do?)</b> <table><thead><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr></thead><tbody><tr><td>Secure performance improvement trajectories from providers.</td><td>DPP</td><td>Jan-2023 <b>April 2024</b></td></tr><tr><td><del>Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers</del></td><td><del>DPP/DOF</del></td><td><del>Jan-2023</del></td></tr></tbody></table>		Action	Lead	Deadline	Secure performance improvement trajectories from providers.	DPP	Jan-2023 <b>April 2024</b>	<del>Develop funding proposal for greater throughput within neighbouring providers in England subject to Welsh Government funding release. Insourcing and outsourcing options being considered (subject to capacity). All providers</del>	<del>DPP/DOF</del>	<del>Jan-2023</del>												
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<p>in NHS Wales to be treated in Powys. <b>Work being progressed to issue a tender for insourced provision in 2024/25.</b></p> <ul style="list-style-type: none"><li>▪ <b>Proposals being developed with Robert Jones and Agnes Hunt to provide increased capacity for high volume low complexity long waiting orthopaedic patients.</b></li><li>▪ Identify key priorities to deliver elective treatments within ministerial access targets.</li><li>▪ Implementation of Integrated Performance Framework. Performance Engagement Group established.</li><li>▪ Ongoing scrutiny and oversight through CQPR meetings utilising <del>Commissioning Assurance Framework</del> with escalation through Integrated Performance Report.</li><li>▪ Ensure Powys residents are included in the activity being sourced through the West Midlands Mutual Aid hub.</li></ul>		<p><del>now expected to agree improvement trajectories in light of 22/23 guidance published for planned care recovery.</del></p>			
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>			
<b>5 x 4 = 20</b>		Improved performance experienced within NHS England commissioned service providers; same level of improvement not being experienced in NHS Wales commissioned service providers creating inequity of access for Powys residents.			

Mills Belinda  
30/01/2024 14:02:06

<b>CRR 006</b> <b>Risk that:</b> failure to plan for, recruit and retain an appropriate workforce results in an inability to sustain high quality services	<b>Executive Lead:</b> Director of Workforce and Organisational Development  <b>Assuring Committee:</b> Workforce and Culture																																																																		
<b>Risk Impacts on:</b> Organisational Priorities underpinning all WBOs	<b>Date last reviewed:</b> <del>August 2023</del> <b>December 2023</b>																																																																		
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 4 = 16 <b>Current: 4 x 4 = 16</b> Target: 2 x 4 = 8  <b>Date added to the risk register</b> September 2022	<div><table><caption>Risk Rating Data</caption><thead><tr><th>Month</th><th>Target Score</th><th>Risk Score</th></tr></thead><tbody><tr><td>Sept-22</td><td>8</td><td>16</td></tr><tr><td>Nov-22</td><td>8</td><td>16</td></tr><tr><td>Dec-22</td><td>8</td><td>16</td></tr><tr><td>Feb-23</td><td>8</td><td>16</td></tr><tr><td>Apr-23</td><td>8</td><td>16</td></tr><tr><td>Aug-23</td><td>8</td><td>16</td></tr><tr><td>Dec-23</td><td>8</td><td>16</td></tr></tbody></table></div> <div><b>Rationale for current score:</b>  The Health Board had <del>14.21</del> <b>13.44%</b> of all posts which were vacant, as at <del>30<sup>th</sup> November 2023</del> <b>31<sup>st</sup> July 2023</b>, after the inclusion of overtime, additional hours and Bank.  The below table provides a breakdown by staffing group of the <b>Contracted WTE vs Budgeted WTE</b> budgeted WTE vs pay WTE expenditure: <table><thead><tr><th>Staff Group</th><th>Contracted WTE</th><th>Budgeted WTE</th><th>Vacancies WTE</th></tr></thead><tbody><tr><td>Add Prof Scientific and Technic</td><td>79.29</td><td>94.77</td><td>15.48</td></tr><tr><td>Additional Clinical Services</td><td>379.79</td><td>438.80</td><td>59.01</td></tr><tr><td>Administrative and Clerical</td><td>553.35</td><td>593.56</td><td>40.21</td></tr><tr><td>Allied Health Professionals</td><td>148.26</td><td>174.64</td><td>26.38</td></tr><tr><td>Estates and Ancillary</td><td>166.42</td><td>176.25</td><td>9.83</td></tr><tr><td>Healthcare Scientists</td><td>8.21</td><td>9.90</td><td>1.69</td></tr><tr><td>Medical and Dental</td><td>34.73</td><td>47.92</td><td>13.19</td></tr><tr><td>Nursing and Midwifery Registered</td><td>560.70</td><td>714.61</td><td>153.91</td></tr><tr><td>Grand Total</td><td>1930.76</td><td>2250.45</td><td>319.69</td></tr></tbody></table>  The below table provides a breakdown by staffing group of the <b>Contracted &amp; Variable WTE V Budgeted WTE</b>.</div>			Month	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	16	Feb-23	8	16	Apr-23	8	16	Aug-23	8	16	Dec-23	8	16	Staff Group	Contracted WTE	Budgeted WTE	Vacancies WTE	Add Prof Scientific and Technic	79.29	94.77	15.48	Additional Clinical Services	379.79	438.80	59.01	Administrative and Clerical	553.35	593.56	40.21	Allied Health Professionals	148.26	174.64	26.38	Estates and Ancillary	166.42	176.25	9.83	Healthcare Scientists	8.21	9.90	1.69	Medical and Dental	34.73	47.92	13.19	Nursing and Midwifery Registered	560.70	714.61	153.91	Grand Total	1930.76	2250.45	319.69
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		November 2023			
		Staff Group	Contracted & Variable WTE	Budgeted WTE	Vacancies WTE
		Add Prof Scientific and Technic	80.24	94.77	14.53
		Additional Clinical Services	427.70	438.80	11.10
		Administrative and Clerical	559.25	593.56	34.31
		Allied Health Professionals	149.89	174.64	24.75
		Estates and Ancillary	175.32	176.25	0.93
		Healthcare Scientists	8.21	9.90	1.69
		Medical and Dental	39.45	47.92	8.47
		Nursing and Midwifery Registered	618.97	714.61	95.64
		Grand Total	2059.03	2250.45	191.42
		The challenges in recruitment are more pronounced in clinical roles with vacancies running at 33.44% <del>27.53%</del> for Medical and Dental, <del>15.10% for Allied Health Professionals</del> 26.87% for Allied Health Professionals and21.5432% for registered Nursing and Midwifery.			
		To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in July <del>November</del> 2023 from information held on the Health Roster/TSU systems: <ul style="list-style-type: none"><li>Additional Clinical Services: 35.28 <del>29.53</del> WTE</li><li>Allied Health Professionals: 7.28 <del>1.62</del> WTE</li><li>Nursing &amp; Midwifery Registered: 33.78 <del>37.69</del> WTE</li><li>Medical &amp; Dental: 6.91 <del>4.72</del> WTE</li></ul>			
Accounting for the WTE agency staff the overall vacancy level reduces to approximately <b>110%</b> .					

Controls (What are we currently doing about the risk?)	Mitigating actions (What more will we do?)		
	Action	Lead	Deadline
	Workforce Planning:	DWOD	Q1 23/34

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<ul style="list-style-type: none"> <li>▪ Safecare has been implemented to support and monitor safe staffing levels on wards.</li> <li>▪ 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.</li> <li>▪ A Variable Pay Group has been established and meets twice monthly and a range of performance measures have been developed to monitor variable pay levels.</li> <li>▪ Workforce projections have been developed for all wards predicting future staffing levels against known pipelines.</li> <li>▪ Monthly reporting of Time to Hire and recruitment KPI's.</li> <li>▪ Monthly vacancy reporting in place identifying vacant posts against the financial ledger.</li> </ul>	Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans. <ul style="list-style-type: none"> <li>• Monthly workforce planning training in place</li> <li>• Bespoke sessions to be delivered for CSG &amp; MG</li> <li>• <b>Intranet page with information on Workforce Planning set up for managers</b></li> </ul>		
	Develop a proposition for the candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey.	DWOD	Q1 23/24
	<b>Increase bank supply:</b> <ul style="list-style-type: none"> <li>• <b>Recruitment Open days taking place at Hospital sites in January and February</b></li> </ul>	DWOD	Q4
	<ul style="list-style-type: none"> <li>• <b>Targeted Bank adverts</b></li> </ul>	DWOD	On-going
	<ul style="list-style-type: none"> <li>• <del>Introduction of Wage Stream</del></li> <li>• <b>Wage stream introduced for Bank staff</b></li> <li>• <del>Recruitment to progress of: 47 Bank HCSW 5 Bank RN</del></li> </ul>	DWOD	Q2/3 (23/24)  Q3 (23/24)
	<b>Continue international nurse recruitment:</b>	DWOD	Q3 (23/24)

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	<ul style="list-style-type: none"> <li>• <del>14</del> of the <del>Over sea Nurses</del> SNs have passed their OSCE exam and have received their PIN. They are now all deployed to work on the ward in Welshpool. and will be deployed once their PIN is issued with the <del>3</del> remaining for Welshpool-resitting Q2.</li> <li>• <del>56</del> OSNs currently in offer for the next cohort (<del>Q3</del>)-working in Llandrindod Hospital and will be taking their OSCE exam in early January 2024.</li> </ul>		
	<b>Continued deployment of the Aspiring Nurse Programme:</b> <del>23</del> offers have been made to the HEWI supported cohort of <del>Aspiring Nurses</del> (18 for CSG wards and 5 for Mental Health wards) <del>22</del> Aspiring Nurses have commenced their roles in September 2023. They are working 30 hours a week across adult and Mental Health Wards (178 for CSG and 5 for Mental Health Wards)	DWOD	Q2 (23/24)
	<b>Review of Variable Pay:</b> Deployment of the variable pay action plan	DCSG	Ongoing
<b>Current Risk Rating</b>	<b>Update including impact of actions to date on current risk score</b>		
<b>4 x 4 = 16</b>	A Workforce Steering Group has been established to review the existing and future targeted actions aligned to the strategic priorities set out within the IMTP.		

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**CRR 007**

**Risk that:** ineffective partnership working, including on service change/reconfiguration, results in poorer outcomes and experience for citizens of Powys

**Risk Impacts on:** Organisational Priorities underpinning WBO 8

**Executive Lead:** Director of Performance & Commissioning

**Assuring Committee:** Planning, Partnerships and Population Health

**Date last reviewed:** August 2023 **December 2023**

### Risk Rating

(likelihood x impact):

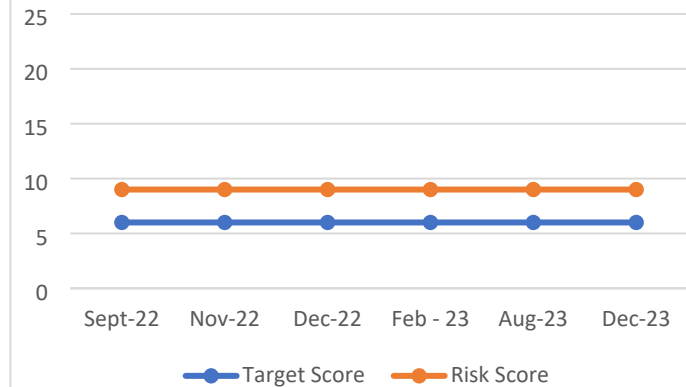
Inherent: 3 x 4 = 12

**Current: 3 x 3 = 9**

Target: 2 x 3 = 6

**Date added to the risk register**

Risk Updated  
September 2022



### Rationale for current score:

- Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance.
- Further, achievement of the health board's Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.

### Controls (What are we currently doing about the risk?)

- Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership Board
- High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board
- Powys Health and Care Strategy in place with Powys County Council and PAVO
- Active engagement with Mid Wales Joint Committee
- Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit

### Mitigating actions (What more will we do?)

Action	Lead	Deadline
Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	31/03/2024
Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	28/02/2024
Development and population of a Partnership Register	BS	31/03/2024
Development of the Partnership Governance Framework for presentation to Board in December 2022	BS / DPP	31/03/2024

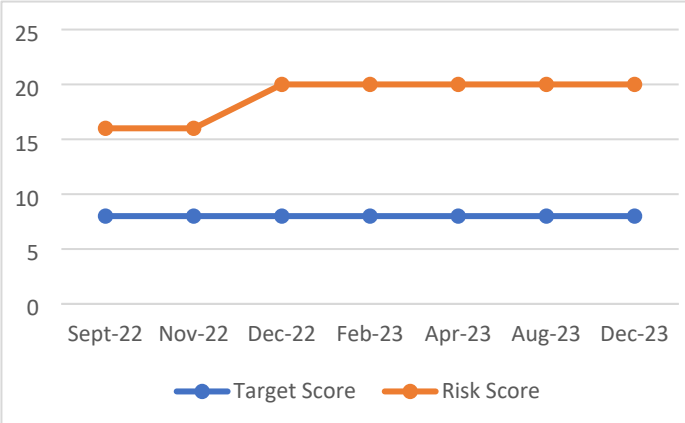
### Current Risk Rating

**3 x 3 = 9**

### Update including impact of actions to date on current risk score

No further update

Board  
31 January 2024  
Item 3.6a

<b>CRR 008</b> <b>Risk that:</b> the demand and capacity pressures in the primary care system lead to services becoming unsustainable		<b>Executive Lead:</b> Director of Finance and IT  <b>Assuring Committee:</b> Planning, Partnerships and Population Health																								
<b>Risk Impacts on:</b> Organisational Priorities underpinning WBO 4		<b>Date last reviewed:</b> August 2023 <b>December 2023</b>																								
<b>Risk Rating</b>  (likelihood x impact): Inherent: 4 x 4 = 16 <b>Current: 5 x 4 = 20</b> Target: 2 x 4 = 8  <b>Date added to the risk register</b> Risk Updated September 2022	 <table border="1"> <caption>Risk Score History</caption> <thead> <tr> <th>Date</th> <th>Target Score</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>Sept-22</td> <td>8</td> <td>16</td> </tr> <tr> <td>Nov-22</td> <td>8</td> <td>16</td> </tr> <tr> <td>Dec-22</td> <td>8</td> <td>20</td> </tr> <tr> <td>Feb-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Apr-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Aug-23</td> <td>8</td> <td>20</td> </tr> <tr> <td>Dec-23</td> <td>8</td> <td>20</td> </tr> </tbody> </table>	Date	Target Score	Risk Score	Sept-22	8	16	Nov-22	8	16	Dec-22	8	20	Feb-23	8	20	Apr-23	8	20	Aug-23	8	20	Dec-23	8	20	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>▪ Sustainability assessment and escalation tool of GP Practices identifying consistently high risk practices across Powys. Practices may not be able to provide sustainable GMS services. <b>In addition, tripartite contract negotiations with GPC Wales have reached an impasse. WG have formally escalated situation and potential outcome unknown.</b></li> <li>▪ <b>RAAC (reinforced autoclaved aerated concrete) assessments currently being undertaken by all primary care contractors – assessment findings may have impact on future service delivery</b></li> <li>▪ <b>National roll out of SALUS OOH system has been terminated. Extension and associated costs for extending (new OOH system) is delayed and current Shropdoc Adastra contract may have financial compromised impact to PTHB. National conversations ongoing</b></li> <li>▪ <b>Dental access continues to be challenging in areas with recruitment challenges. The PTHB Dental waiting list continues to demonstrate an increasing pressure on timely access to dental services. Currently there are approximately 5000 patients on the waiting list. South Powys GDS contract termination received 31/08/23.</b></li> <li>▪ <b>New Optometry Regulations in force Oct 2023, and ongoing implementation. National delays with WGOS4 clinical guidance, and on circulation believed to be not fit for purpose and local implementation deadline of 31<sup>st</sup> March 2024 may be compromised.</b></li> </ul>
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
		Action	Lead	Deadline
<ul style="list-style-type: none"> <li>Monitoring and liaison with practices to offer support including <b>weekly</b> regular review of the <b>escalation tool</b>, <b>reviewing the</b> sustainability matrix to <b>monitor changes</b> and <b>considering</b> sustainability funding applications.<del>process.</del> <b>National Contract Assurance Framework being finalised.</b></li> <li><b>RAAC assessment outcomes will be reviewed in conjunction with the PTHB Estates team during February 2024. Report to be submitted to WG by end of February</b></li> <li>Implementation of Accelerated Cluster Development Programme.</li> <li>Health Board management of <b>GDS</b> practices if contracts are handed back until tendering process is successful.</li> <li><del>Regular meetings in place with 111 and</del> <b>Regular contact with Shropdoc to ensure continuation of services, and assurances received there is no current anticipated risk to service supply with Adastra. Ongoing conversations with Shropdoc regarding SLA. to monitor SALUS implementation</b></li> <li><del>The metrics within GDS Contract Reform enable PTHB to allocate new patients from the</del> <b>GDS</b> waiting list to dental practices, however this is a slow process. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis.</li> </ul>		<ul style="list-style-type: none"> <li>Primary Care – Ongoing regular review of sustainability matrix and applications for support. Weekly review of GP Escalation tool</li> <li><b>National NHS Primary Care Sustainability Assurance Framework being considered, national conversations ongoing.</b></li> <li>Regular discussions with Cluster Leads regarding ongoing demands and additional actions to manage peaks.</li> <li><b>Winter Resilience pilot agreed and implemented in North GMS Collaborative funded through Cluster budget.</b></li> <li>Implementation of the Accelerated Cluster Development Programme to meet national milestones.</li> <li><del>Dental utilise</del> <b>Utilising</b> CDS service for increased input to support urgent <b>GDS</b> access provision when required.</li> <li><b>Optometry – PTHB linking into the National Implementation Board regarding suitability of WGOS4 guidance and feasibility of implementation deadline.</b></li> </ul>	DFIT	Ongoing
Current Risk Rating		Update including impact of actions to date on current risk score		
5 x 4 = 20		Mitigating actions continue to manage the risks		

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<b>CRR 010</b> <b>Risk that:</b> the care provided in some areas is compromised due to the health board's estate being not fit for purpose		<b>Executive Lead:</b> Associate Director of Capital, Estates and Property  <b>Assuring Committee:</b> Delivery and Performance																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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Score	May-17	4	16	Sep-17	4	16	Jan-18	4	16	May-18	4	16	Sep-18	4	16	Jan-19	4	16	May-19	4	16	Sep-19	4	16	Jan-20	4	16	May-20	4	16	Sep-20	4	16	Jan-21	4	16	May-21	4	16	Sep-21	9	16	Jan-22	9	16	May-22	9	16	Sep-22	9	16	Jan-23	9	16	May-23	9	16	Sep-23	9	16	Jan-24	9	16	May-24	9	16	Sep-24	9	16	Jan-25	9	16	May-25	9	16	Sep-25	9	16	Jan-26	9	16	May-26	9	16	Sep-26	9	16	Jan-27	9	16	May-27	9	16	Sep-27	9	16	Jan-28	9	16	May-28	9	16	Sep-28	9	16	Jan-29	9	16	May-29	9	16	Sep-29	9	16	Jan-30	9	16	May-30	9	16	Sep-30	9	16	Jan-31	9	16	May-31	9	16	Sep-31	9	16	Jan-32	9	16	May-32	9	16	Sep-32	9	16	Jan-33	9	16	May-33	9	16	Sep-33	9	16	Jan-34	9	16	May-34	9	16	Sep-34	9	16	Jan-35	9	16	May-35	9	16	Sep-35	9	16	Jan-36	9	16	May-36	9	16	Sep-36	9	16	Jan-37	9	16	May-37	9	16	Sep-37	9	16	Jan-38	9	16	May-38	9	16	Sep-38	9	16	Jan-39	9	16	May-39	9	16	Sep-39	9	16	Jan-40	9	16	May-40	9	16	Sep-40	9	16	Jan-41	9	16	May-41	9	16	Sep-41	9	16	Jan-42	9	16	May-42	9	16	Sep-42	9	16	Jan-43	9	16	May-43	9	16	Sep-43	9	16	Jan-44	9	16	May-44	9	16	Sep-44	9	16	Jan-45	9	16	May-45	9	16	Sep-45	9	16	Jan-46	9	16	May-46	9	16	Sep-46	9	16	Jan-47	9	16	May-47	9	16	Sep-47	9	16	Jan-48	9	16	May-48	9	16	Sep-48	9	16	Jan-49	9	16	May-49	9	16	Sep-49	9	16	Jan-50	9	16	May-50	9	16	Sep-50	9	16	Jan-51	9	16	May-51	9	16	Sep-51	9	16	Jan-52	9	16	May-52	9	16	Sep-52	9	16	Jan-53	9	16	May-53	9	16	Sep-53	9	16	Jan-54	9	16	May-54	9	16	Sep-54	9	16	Jan-55	9	16	May-55	9	16	Sep-55	9	16	Jan-56	9	16	May-56	9	16	Sep-56	9	16	Jan-57	9	16	May-57	9	16	Sep-57	9	16	Jan-58	9	16	May-58	9	16	Sep-58	9	16	Jan-59	9	16	May-59	9	16	Sep-59	9	16	Jan-60	9	16	May-60	9	16	Sep-60	9	16	Jan-61	9	16	May-61	9	16	Sep-61	9	16	Jan-62	9	16	May-62	9	16	Sep-62	9	16	Jan-63	9	16	May-63	9	16	Sep-63	9	16	Jan-64	9	16	May-64	9	16	Sep-64	9	16	Jan-65	9	16	May-65	9	16	Sep-65	9	16	Jan-66	9	16	May-66	9	16	Sep-66	9	16	Jan-67	9	16	May-67	9	16	Sep-67	9	16	Jan-68	9	16	May-68	9	16	Sep-68	9	16	Jan-69	9	16	May-69	9	16	Sep-69	9	16	Jan-70	9	16	May-70	9	16	Sep-70	9	16	Jan-71	9	16	May-71	9	16	Sep-71	9	16	Jan-72	9	16	May-72	9	16	Sep-72	9	16	Jan-73	9	16	May-73	9	16	Sep-73	9	16	Jan-74	9	16	May-74	9	16	Sep-74	9	16	Jan-75	9	16	May-75	9	16	Sep-75	9	16	Jan-76	9	16	May-76	9	16	Sep-76	9	16	Jan-77	9	16	May-77	9	16	Sep-77	9	16	Jan-78	9	16	May-78	9	16	Sep-78	9	16	Jan-79	9	16	May-79	9	16	Sep-79	9	16	Jan-80	9	16	May-80	9	16	Sep-80	9	16	Jan-81	9	16	May-81	9	16	Sep-81	9	16	Jan-82	9	16	May-82	9	16	Sep-82	9	16	Jan-83	9	16	May-83	9	16	Sep-83	9	16	Jan-84	9	16	May-84	9	16	Sep-84	9	16	Jan-85	9	16	May-85	9	16	Sep-85	9	16	Jan-86	9	16	May-86	9	16	Sep-86	9	16	Jan-87	9	16	May-87	9	16	Sep-87	9	16	Jan-88	9	16	May-88	9	16	Sep-88	9	16	Jan-89	9	16	May-89	9	16	Sep-89	9	16	Jan-90	9	16	May-90	9	16	Sep-90	9	16	Jan-91	9	16	May-91	9	16	Sep-91	9	16	Jan-92	9	16	May-92	9	16	Sep-92	9	16	Jan-93	9	16	May-93	9	16	Sep-93	9	16	Jan-94	9	16	May-94	9	16	Sep-94	9	16	Jan-95	9	16	May-95	9	16	Sep-95	9	16	Jan-96	9	16	May-96	9	16	Sep-96	9	16	Jan-97	9	16	May-97	9	16	Sep-97	9	16	Jan-98	9	16	May-98	9	16	Sep-98	9	16	Jan-99	9	16	May-99	9	16	Sep-99	9	16	Jan-100	9	16	<b>Rationale for current score:</b> <ul style="list-style-type: none"> <li>▪ <b>Estates Compliance:</b> 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required.</li> <li>▪ <b>Capital:</b> the health board has not had the resource or infrastructure in place in recent times to deliver a significant capital programme and this places pressures on systems, capital resource and the wider organisation to fully support major project activity. Furthermore, Discretionary Capital acts as the safety net for overspend on capital projects for the health boards, and with a very limited discretionary allowance in PTHB this is a significant financial risk. <b>Whilst PTHB is fortunate to receive significant slippage monies from Welsh Government each year, due to financial challenges this may not be possible at the end of this year.</b></li> <li>▪ <b>Environment &amp; Sustainability:</b> NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.</li> </ul>
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Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
<b>ESTATES</b> <ul style="list-style-type: none"><li>Specialist sub-groups for each compliance discipline</li><li>Risk-based improvement plans introduced</li><li>Specialist leads identified</li><li>Estates Compliance Group and Capital Control Group established</li><li>Medical Gases Group; Fire Safety Group; Water Safety Group; Health &amp; Safety Group <b>and Ventilation Safety Group</b> in place. <del>New Ventilation Safety Group set up.</del></li><li>Capital Programme developed for compliance and approved <b>capital programme</b></li><li>Capital and Estates set as a specific Organisational Priority in the health board's Annual Plan</li><li>Address (on an ongoing basis) maintenance and compliance issues</li><li>Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>
<b>CAPITAL</b> <ul style="list-style-type: none"><li>Capital Procedures for project activity</li><li>Routine oversight / meetings with NWSSP Procurement</li><li>Specialist advice and support from NWSSP Specialist Estates Services</li><li>Audit reviews by NWSSP Audit and Assurance</li><li>Close liaison with Welsh Government, Capital Function</li><li>Reporting routinely to <b>P&amp;R Delivery &amp; Performance</b> Committee</li><li>Capital Programme developed and approved</li><li>Detailed Strategic, Outline and Full Business Cases defining risk</li></ul> <b>Capital and Estates set as a specific Organisational Priority</b>		Implement the Capital Programme and develop the long-term capital programme.	AD Estates & Property	In line with Annual Plan for <b>2023-24</b> <del>2022-23</del>
		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 with additional £1.1M received. Estates Funding Advisory Board (EFAB) for 2023/24 and 2024/25 secured. Phase 2 project Llandrindod with endorsed PBC and SBAR, with a total cost of £3.4M submitted to WG <b>and</b> . BJC cases being developed. Machynlleth £15.2 reconfiguration of front of hospital completed March 2023.	AD Estates & Property	In line with Annual Plan for <b>2023-24</b> <del>2022-23</del>
		Develop capacity and efficiency of the Estates and Capital function	AD Estates & Property	In line with Annual Plan for <b>2023-24</b> <del>2022-23</del>
		Review current structure of capital and estates department – Estates Management and Senior Management Team structure enhancements in place. Second tier of structure review required to address establishment staff numbers in Works Team and recruitment challenges. Resource review undertaken by IEG in 2023 with proposal limited by financial position.	AD Estates & Property	March 2024
<b>ENVIRONMENT</b> <ul style="list-style-type: none"><li><b>Retained</b> ISO 14001 <del>routine external audit to retain</del> accreditation</li><li>Environment &amp; Sustainability Group</li><li>NWSSP Specialist Estates Services (Environment) support and oversight</li><li>Welsh Government support and advice to identify and fund decarbonisation project initiatives</li></ul> <p>Welsh Government Energy Service / Re:fit energy programme of works underway with proposal for £2.5M invest to save project <b>High Level Appraisal</b></p>				

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completed, and Investment Grade Proposal (IGP) published to illustrate invest to save projects.

Current Risk Rating

4 x 4 = 16

Update including impact of actions to date on current risk score

**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 new Maintenance Contract roll out.

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**CRR 011**

**Risk that:** a significant public health event/emergency impacts on provision, continuity and sustainability of services

**Risk Impacts on:** the health and wellbeing of the population, patients and visitors and on the continuity of a range of NHS systems and services, including workforce, support services and supply chain.

**Risk Rating**

(likelihood x impact):

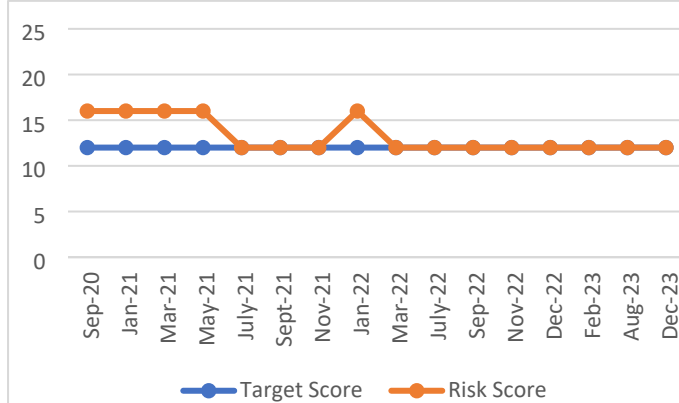
Inherent: 4 x 4 = 16

**Current: 3 x 4 = 12**

Target: 3 x 4 = 12

**Date added to the risk register**

February 2020



**Executive Lead:** Director of Public Health

**Assuring Committee:** Delivery and Performance

**Date last reviewed:** August 2023 **December 2023**

**Rationale for current score:**

Likelihood: 'Possible'. Vaccination has weakened the link between cases and admissions to hospital and provide good protection against severe disease from variant strains of SARS-CoV2, although protection against infection and mild disease is lower and relatively short lived. Recognising that the (direct) risk of Covid-19 overwhelming the NHS has reduced, the likelihood has been adjusted from 'likely' to 'possible' as of February 2022.

It should be noted there are still risks including uncertainties regarding the size and timing of potential future waves of Covid-19, winter remains the season when the threat from Covid-19 and other respiratory viruses is greatest. The emergence of new variants of concern cannot be discounted due to the unpredictability of virus evolution. **During the winter months** Other winter respiratory viruses such as influenza virus and respiratory syncytial virus (RSV) are co-circulate with Covid-19, and over winter 2022/23 there was an increase in Strep A virus. An overlap in waves of infection due to different respiratory and other infectious viruses would pose increased risks to the health of individuals and to the NHS.

Throughout the pandemic, Covid-19 has disproportionately affected those in older age groups, residents in care homes for older adults, and those with certain underlying health conditions, particularly those who are severely immunosuppressed.

Following vaccination, these same factors continue to identify those persons who are at higher risk of developing severe COVID-19 and it's important that those eligible continue to take up the offer of a vaccine

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		<p>and treatment. The NHS is already operating at near maximum capacity. <del>and large numbers of staff isolating due to illnesses may impact on some services.</del> From 1 April 2023 WG <b>has stopped routine testing for</b> <del>has paused testing and tracing for covid-19 and other respiratory infections during spring/summer,</del> with testing decisions <del>being</del> <b>are now being</b> clinically led to support antiviral treatment and <b>to</b> <del>the manage</del> high risk closed settings. The risk score will therefore need to be kept under regular review.</p> <p>Impact: 'Major'. COVID-19 presents <b>five</b> <del>four</del> harms to the population:</p> <ul style="list-style-type: none"><li>-</li><li>1. The direct harm arising from the disease itself;</li><li>2. The harm caused by an overwhelmed NHS;</li><li>3. The harm caused by stopping other non-COVID activity; and</li><li>4. The wider harm to wellbeing caused by population level measures in response to COVID-19.</li><li>5. <b>Harms rising from exacerbated or new inequalities</b></li></ul>		
Controls (What are we currently doing about the risk?)		Mitigating actions (What more will we do?)		
1. Spring (2023) Booster Programme implemented <del>to eligible groups</del> between April - June 2023 for eligible groups in line with JCVI and WG guidance with the primary objective to augment immunity in those at higher risk of COVID-19 and thereby optimise protection against COVID-19, specifically hospitalisation and death. <b>Completed successfully.</b>		Action	Lead	Deadline
2. Delivered Autumn Covid-19 Booster programme to eligible booster cohort between September 2022 and March 2023, with walk ins available at all MVC's and between January & March 2023 offer flu vaccine to eligible population, and non-attendees offered reappointment achieving high uptake rates. Joint				

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<p>management and oversight arrangements remain in place with Powys County Council, including a joint Prevention and Response Strategic Oversight Group, which has widening remit to include oversight of other health protection areas e.g. MPox, Ukrainian refugees.</p> <p>3. Test, Trace Protect programme transitioned <b>during April – June 2023</b> to a Health Protection Service in line with <i>'Together for a Safer Wales'</i> with <b>significant</b> very smaller team in place to carry out testing, contact tracing for covid-19 'stable situation' in line with WG guidance:</p> <ul style="list-style-type: none"> <li>• WG patient-facing testing framework published 30<sup>th</sup> March 2023 with approach being test to diagnose to support clinical care and treatment and test to safeguard;</li> <li>• PCR testing will be focused on those in an outbreak situation and those immunocompromised;</li> <li>• Contact tracing will only take place during period of escalation and to manage high risk outbreaks;</li> <li>• Care home cell meeting will continue with ability to stand up in an incident;</li> <li>• Regional response cell meetings stood down but to reconvene if required.</li> </ul> <p>4. Working as part of the wider system in Wales through participation in national planning and response arrangements as these evolve to respond to stage of pandemic and wider health protection issues.</p> <p>5. Continued delivery of <i>'Together for a Safer Future'</i> transition in line with WG policy decisions and national health protection review.</p> <p>6. Staff IPC measures and protective behaviours (PPE/Social distancing etc) guidance updated regularly in line with WG guidance and local circumstance, overseen by HB Infection Prevention Advisory Group.</p> <p>7. FFP3 mask usage – decision on 29<sup>th</sup> December 2021 to continue to follow UK IP&amp;C guidance supporting risk assessed use <b>(this guidance has since been updated, mask usage is kept under review in line with current guidance)</b></p> <p>8. Staff testing guidance kept under review in line with WG Guidance and under direction of HB Infection Prevention and Advisory Group. <b>December 2023 no testing of staff for Covid-19 in line with National advice.</b></p> <p>9. Surge vaccination plan developed and submitted to WG in January 2023, and exercised in March 2023.</p> <p>10. Reviewed vaccination plan (workforce and venues) in line with substantially reduced WG funding for 2023/24 (implemented April 2023).</p>	<p><b>Continued</b> <del>D</del>elivery of COVID-19 and flu vaccination planning and delivery for 2023/24 in line with WG funding and directives, and JCVI guidance</p> <p><del>Continued visits for Care homes for older adults for preparedness support regarding IP&amp;C and training.</del></p> <p><b>Additional phase (phase 3) of Care Home visits planned to undertake infection control and environment visits.</b></p>	<p>MB/SB</p> <p>NB/CW</p> <p>NB/CW</p>	<p>31/03/24</p> <p>31/10/23</p> <p>31/03/24</p>
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<p>11. Scoping health protection response in line with WG funding and requirements for 2023/24. Significant reduction in funding and local resource available to respond to all health protection 'hazards'. <b>Anticipating further reduction in funding for 2024/25 but still a requirement to respond to all health protection 'hazards'.</b></p> <p>12. Preparing for Autumn/Winter Respiratory viruses and preventative preparedness support offered to care homes for older adults, during August/September 2023, including:</p> <ul style="list-style-type: none"> <li>- delivery of IP&amp;C workbooks.</li> <li>- staff training offered for swab sampling, use of PPE and hand hygiene</li> <li>- sampling processes/pathways</li> <li>- evidence base for vaccinations.</li> </ul> <p>13. <b>Updating and commencing</b> implementation of plans for 2023/24 winter respiratory vaccination programme in line with national changes to Covid-19 vaccination planning communicated to Health Boards on 30 August 2023.</p> <p>14. Blended model of delivery for influenza vaccination in place involving GP Practices, Pharmacies, School Nursing Team, Vaccination Service with learning from 2022/23 incorporated into plans.</p> <p><b>15. Completion of visits for Care homes for older adults for preparedness support regarding IP&amp;C and training.</b></p> <p><b>16. Covid-19 Vaccination Autumn 2023 programme delivered from 11 September 2023 starting with Care Home Residents. All eligible patients sent an appointment letter by 30 November 2023 and offered an appointment by 17 December 2023 as per WG request. Current phase of programme in 'leave no one behind' and embarking on tasks of recall and reappointing. Programme increased number of Outreach clinics and Pop Up clinics (Community Settings) over course of delivery phase. Programme worked with GP practices to also support delivery with 7 practices taking part and offering co-administration with influenza vaccine, where possible.</b></p> <p><b>17. Targeted scheme offered to primary care to increase uptake of the influenza vaccine in those aged 2-3 years in line with the CMO recommendations.</b></p> <p><b>18. Health Board Staff Flu programme delivered from 09 October 2023 starting with appointments at the 2 x vaccination centres. The centres allowed the offer of co-administration of flu with Covid-19 vaccines. Further</b></p>			
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delivery has included a Peer Vaccinator model, at Occupational Health appointments, drop-ins at vaccination centres and outreach and vaccinator site walk arounds. 19. GP practices and Pharmacies have delivered the influenza vaccination programme 2023-24				
<b>Current Risk Rating</b>		<b>Update including impact of actions to date on current risk score</b>		
3 x 4 = 12				

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## AGENDA ITEM: 3.7

BOARD MEETING		DATE OF MEETING: 31 January 2024
<b>Subject:</b>	<b>SUMMARY OF PARTNERSHIP BOARD ACTIVITY</b>	
<b>Approved and Presented by:</b>	Hayley Thomas, Interim Chief Executive	
<b>Prepared by:</b>	Corporate Governance Business Officer	
<b>Considered by Executive Committee on:</b>	Various aspects covered in Executive Committee business	
<b>Other Committees and meetings considered at:</b>	Information contained in the papers appended to this report have been considered by the relevant partnership board.	

### PURPOSE:

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

- NHS Wales Shared Services Partnership Committee (NWSSPC).
- Powys Public Services Board (PSB);
- Regional Partnership Board (RPB);
- Joint Partnership Board (JPB).

### RECOMMENDATION(S):

It is recommended that the Board:

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

Ratification	Discussion	Information
x	✓	x

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

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

## BACKGROUND AND ASSESSMENT:

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

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

The Shared Services Partnership Committee met on 23 November 2023. 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.

The PSB last met on the 15 December 2023. This meeting considered:

- workstream updates and Action Plans;
  - Undertaking a Whole System Approach to Healthy Weight;
  - Evidence and Insight

- Responding to the Climate Emergency; and
- MWWFRS Community Risk Management Plan 2040
- Cymru Can

The papers for this meeting can be found at:

[\(Public Pack\)Agenda Document for Public Service Board, 15/12/2023 14:00 \(moderngov.co.uk\)](#)

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 8 December 2023 where the following items were discussed:

- Terms of Reference
- Winter/system resilience
- RPB Executive Group update
- RPB Investment Plan 2024/25 onwards, final draft
- RPB Strategic Capital Programme Review
- Welsh Government self-assessment RPB Board

A copy of the minutes of the meeting held on 18 September 2023 are attached at **Appendix 2**.

The Joint Partnership Board (JPB): established under The National Health Service Bodies and Local Authorities Partnership Arrangements (Wales) Regulations 2000 (S.I. 2000/2993 (W.193)) made under section 33 of the NHS (Wales) Act 2006. The JPB brings together County Council and Powys Teaching Health Board to provide strategic leadership to ensure effective partnership working across organisations within the county for the benefit of Powys' citizens.

It was jointly agreed by the Health Board and the Council that the Joint Partnership Board would be discontinued as of 31 December 2023 with revised arrangements put in place to include a joint Cabinet to Board Forum and Executive to Executive meetings.

## NEXT STEPS:

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



## ASSURANCE REPORT

### NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
<b>Chaired by</b>	Tracy Myhill, NWSSP Chair
<b>Lead Executive</b>	Neil Frow, Managing Director, NWSSP
<b>Author and contact details.</b>	Peter Stephenson, Head of Finance and Business Development
<b>Date of meeting</b>	23 November 2023
<b>Summary of key matters including achievements and progress considered by the Committee and any related decisions made.</b>	
<b><u>Matters Arising</u></b> <ul style="list-style-type: none"> <li>• <b>Payroll Modernisation Update</b> – A presentation was given by the Deputy Director of Employment Services and the Head of Payroll. This covered improvements to identifying and monitoring progress with overpayments and improvements to the Staff Movements process. The presentation also highlighted that annual number of pay runs is currently 159 and reductions in this number would produce significant administrative savings. The presentation concluded with the following recommendations which the Committee were content to support: <ul style="list-style-type: none"> <li>○ The use of the Overpayments Portal by Health Boards and Trusts to help reduce the occurrence of overpayments;</li> <li>○ Greater use of the Management Self-Service function in ESR; and</li> <li>○ Establishing a task and finish group to look at payroll runs frequency.</li> </ul> </li> <li>• <b>IMTP</b> – The Director of Planning, Performance and Informatics updated the Committee on progress with the development of the IMTP for the period 2024-27. The NHS Planning Framework has not yet been published but is expected imminently. It is anticipated that ministerial priorities will be consistent with the current year and NWSSP has a key role in supporting NHS Wales organisations to deliver against these priorities. Progress to date includes a World Café event for all NWSSP Directorates in mid-October and the development session with the Committee in November. Going forward, the aim is to bring the IMTP to the January 2024 Committee for formal approval. The plan will be underpinned by the overarching principles of doing the basics well, being financially sustainable, embedding the Duty of Quality, and looking after the welfare of our staff. Whilst the financial climate across NHS Wales imposes severe challenges, it may also provide the opportunity for NWSSP to implement measures on an all-Wales basis that give the potential for significant savings within Health Boards and Trusts.</li> </ul>	

## **Chair's Report**

The Chair referred to a number of meetings that she had attended including the Welsh Risk Pool Committee and the Audit Committee. She also welcomed the opportunity to meet regularly with the Minister with other chairs which she found invaluable. The development session held with SSPC members earlier in the month had been very successful and she thanked those who attended for giving up their time, and for the contributions that they made to the event.

The Committee **NOTED** the update.

## **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- Conversations continue with Hywel Dda UHB over the closure of the Glangwili Laundry site and the commencement of discussions regarding the TUPE arrangements for the remaining staff within the Cwm Taf Laundry to transfer across to the NWSSP Laundry Service;
- The NWSSP SLG recently endorsed the anti-Racist Action Plan which demonstrates our commitment to being an anti-racist organisation and sets out our plan to address the actions contained in the plan produced by Welsh Government and in meeting the requirements of the Welsh Workforce Race Equality Standard;
- The development of the first phase of a Solar Farm at IP5 where we are currently tendering for the infrastructure works having secured additional capital funding from Welsh Government as part of the decarbonisation agenda;
- The Medical Examiner Service will attain a statutory footing from April 2024 with the relevant legislative amendments being passed in October. The agreed approach allows us to ensure both equity and equality in service delivery across the whole of Wales;
- NWSSP has been accredited with the Corporate Customer Service Excellence Award making it the first organisation within NHS Wales to achieve the highly valued UK Government Standard;
- NWSSP were shortlisted for a number of awards in three different categories and were successful in being the winners of the Evolution award at the recent UK Shared Services Forum Conference in Liverpool; and
- Following publication of the scope of Module 5 (Procurement) of the UK COVID Public Inquiry, and after consultation with our barristers, NWSSP has applied for core participant status for this module.

The Committee **NOTED** the update.

## **Items for Approval**

**Brecon House Patients Medical Relocation** – the paper related to a business case that was approved by the SSPC in 2022. Following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) in the existing building (Brecon

House), new accommodation had to be secured urgently for the safety of the staff and the secure storage of the records. This required the signing of a lease for the Du Pont building on the same site and owing to the need to sign this urgently, approval was given through a Chair's Action for both the SSPC and the Velindre Trust Board. The Committee **RATIFIED** the approval.

**Primary Care Services – Provision of Multi-Functional and Professional Printing Devices** – the Committee **APPROVED** a three-year contract for the replacement of the existing devices.

**Contract Award for Replacement Leased HGVs for Supply Chain and Laundry** - The Committee **APPROVED** the contract award for the lease of 15 heavy goods vehicles.

**Speaking Up Safely Action Plan** – The Committee **APPROVED** the Speaking Up Safely Action Plan which formalises a mechanism to ensure concerns raised in relation to Inclusivity and Belonging are captured, reported on, and learnt from.

**All-Wales Supply of Electricity** – The Committee **APPROVED** the recommendation of the Welsh Energy Group to secure Zero Carbon for Business electricity source for the supply period 01.04.2024 to 31.03.2025.

**South-East Wales Radiopharmacy Business Case** - The Committee **APPROVED** the business case for an immediate capital investment in preparative radiopharmacy facilities in the Southeast Wales region. The preferred option site is IP5.

## Items for Noting

### International Recruitment

The Committee was provided with an update on the delivery of the All-Wales International Recruitment Programme supporting the safe and ethical recruitment of International Healthcare Workers, embedding a strategic "Once for Wales" approach and maximising opportunities for collaborative working across organisational boundaries.

Phase 2 of the commercial agency pipeline commenced in December 2022 with the first cohort of Internationally Educated Nurses (IENs) arriving in March 2023. As at 31st October, a total of 248 IENs have been onboarded. All Health Boards now have a proportion of Phase 2 candidates either arrived or in progress.

In addition to the commercial agency route, NWSSP has continued to support the recruitment and onboarding of a direct pipeline of nurses recruited via a partnership with an agency of the state government of Kerala, India. That route has already provided 29 candidates who have been successfully on-boarded following a visit to Kerala in May 2023, and a further visit was undertaken in November. The in-country delegation were successful in recruiting a total of 96 registered nurses, plus 16 Junior and Senior Clinical Fellows supporting General

Medicine and Oncology services.

An important milestone was achieved recently when NWSSP were recognised as an official sponsorship organisation for the General Medical Council, for doctors of all grades and all specialties.

The Committee **NOTED** the update.

### **Procure to Pay (P2P) Update**

Since 2016, the Finance Academy All-Wales P2P Forum had been successful in the approval and delivery of several P2P initiatives, all of which were underpinned by the Once-for-Wales principles e.g. No PO No Pay Policy, standardisation of Invoice tolerances in Oracle. However, in recent years, the All-Wales P2P Forum has struggled in agreeing, supporting, and taking forward P2P initiatives. As a consequence, the Finance Academy Board agreed to close the All-Wales P2P Forum in September 2023. There is, however, still a need for a Forum or Committee to provide effective governance covering the P2P arrangements and agree future work plans.

The Committee **NOTED** the update and **AGREED** to take over the governance arrangements for P2P.

### **Southeast Accommodation Proposal**

The previous option of moving from Companies House to the Welsh Government offices in Cathays Park is now no longer considered viable due to increasing costs, and restrictions on parking and access. We have therefore informed Welsh Government that we will not be pursuing this option. An alternative building has been identified on the Nantgarw estate which would accommodate staff from both Companies House and the existing HQ building in Nantgarw, providing significant annual savings. This is now the preferred option and is being actively investigated on either a lease or purchase basis.

The Committee **NOTED** the update.

### **All-Wales E-Scheduling Procurement**

E-Scheduling software enables the District Nursing workforce in Wales to access a mobile app to schedule their visits, avoiding paper or spreadsheet-based systems.

The all-Wales contract (two year plus one) commenced with Civica (formerly Malinko) on 1st April 2021. The year extension was implemented in April 2023 with the entire contract due to expire on 31st March 2024. Following extensive consultation, and subject to Welsh Government approval, the intention is to re-tender the contract with expected contract award early in 2024.

The Committee **NOTED** the update.

## Finance, Performance, People, Programme and Governance Updates

**Finance** –We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, the continued demand for and the costs to support increased transactional activity, IP5 running costs and transitional funding for TRAMS. Confirmation that Welsh Government will fund UHBs for the laundry energy cost pressure in 2023/24 has reduced our risk in respect of this. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises.

**People & OD Update** – Sickness absence remains low and statutory and mandatory performance is good. PADR rates are below target and the position has slightly worsened over recent months.

**Performance** – The in-month September performance was generally good with 36 KPIs achieving the target against the total of 41 KPIs. However, five KPIs did not achieve the target and are considered Red/Amber. These relate to Recruitment (2), Procurement, Digital Workforce and Student Awards Services. Professional influence benefits amount to £83M at end of September.

**IMTP Q2 Progress Report** - 81% (124) of our objectives are on track. 11 objectives are at risk of being off track to complete in 2023-24. All have targeted actions to complete in Quarter 3 and 4 with a view to bringing them back in line. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

**Project Management Office Update** – There is only one project currently rated as red, relating to the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme. This compares with three red-rated projects reported to the last Committee.

**Corporate Risk Register** – There are currently five red risks on the Corporate Risk Register, compared with eight reported to the last Committee. These include Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, and the limitations imposed by the overall financial climate.

The Committee **NOTED** the above Reports.

## Papers for Information

The following items were provided for information only:

- Audit Committee Assurance Report;
- PPE Stock Report; and
- Finance Monitoring Returns (Months 6 and 7).

<b>AOB</b>	
<b>N/a</b>	
<b>Matters requiring Board/Committee level consideration and/or approval</b>	
<ul style="list-style-type: none"><li>The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.</li></ul>	
<b>Matters referred to other Committees</b>	
N/A	
<b>Date of next meeting</b>	Thursday 18 <sup>th</sup> January 2024 10am – 12pm

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30/01/2024 14:02:06



## POWYS REGIONAL PARTNERSHIP BOARD

Minutes (Draft)

Monday 18<sup>th</sup> September 2023 (hybrid)

1.30-3.30pm

Name	Position / Organisation	Member / In Attendance	Present	Apologies
Kirsty Williams – RPB Chair	Vice Chair (PTHB)	Member	✓	
Cllr Sian Cox – RPB Vice Chair	Cabinet Member for a Caring Powys (PCC)	Member	✓	
Clair Swales - RPB Vice Chair	CEO - PAVO	Member	✓	
Hayley Thomas	Interim CEO (PTHB)	Member	✓	
Rachel Evans	Interim Head of Commissioning and Partnership (PCC)	Member	✓	
Nina Davies	Interim Director of Social Services and Housing (PCC)	Member	✓	
Steve Jones	Manager (Barcud)	Member		✓
Lynette Lovell	Director of Education and Children (PCC)	Member		✓
Estelle Hitchon	Director of Partnerships and Engagement (WAST)	Member		✓
Cllr Sandra Davies	Cabinet Member for Future Generations (job share) (PCC)	Member		✓
Sandra White	RPB Autism Champion - Action for Children	Member	✓	
Kim Spelman	Carers Member	Member		✓
Helen Wear	Citizen Member	Member		✓
Hayley Pugh	Citizen Member	Member		✓
Nick Alexander	Citizen Member	Member	✓	
Melanie Minty	Policy Advisor (Care Forum Wales)	Member	✓	
Andrew Davies	Citizen's Rep Facilitator (PAVO)	In attendance	✓	
Joe Wellard	RPB Co-Ordinator (PCC)	In attendance	✓	
Kate Light	Project Support Officer (PCC)	In attendance	✓	
Georgia Price	Strategic Programme Manager (PCC)	In attendance	✓	
Wayne Tannahill	Director of Estates and Property (PTHB)	In attendance	✓	

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Item	Key Minutes	Lead
1	<p><b>Welcome, Apologies and Introductions</b></p> <p>Apologies were received from Hayley Pugh, Estelle Hitchon, Cllr Sandra Davies, Kim Spelman, Helen Wear, and Steve Jones.</p>	RPB Chair / Kirsty Williams
2	<p><b>Minutes and Actions from previous meeting (May 2023)</b></p> <p>The minutes were taken as an accurate record.</p> <p><b>Action:</b> Update and recirculate 'RPB Board etiquette' document to Board Members – <b>Ongoing - RPB etiquette document being refreshed and will be circulated before the next meeting.</b></p> <p>All other actions complete.</p>	RPB Chair / Kirsty Williams
3	<p><b>Winter / System resilience planning update</b></p> <p>HT gave Board members an overview of winter planning efforts and some of the challenges.</p> <p>There is a pattern now as we come into winter with the types of illnesses that are causing service pressures. Already seeing a general increase in hospitalisation and planning is taking place across Wales on how best to manage this. A framework will be published around respiratory conditions by the end of September. Strikes are due in England from next week. PTHB have reestablished the DCG in preparation of managing flow and increasing pressures. Infection prevention and control measures will be reimplemented including mask wearing in all PTHB settings. Vaccination roll outs will be provided as well.</p> <p>System delays are significant which are causing substantial flow issues. Partners are meeting monthly around these issues. The plan for winter has to find a way to improve over the next few weeks on all the demands on the acute services.</p> <p>The Covid 19 booster campaign has been adjusted in line with advice that booster timeliness is more important than the vaccine type. Good start has been made on the vaccination plan.</p> <ul style="list-style-type: none"> <li>• Key centres have been identified for the vaccination plan centres.</li> <li>• Making sure that appointments have gone out for all eligible groups.</li> <li>• GP practices are starting on the 21<sup>st</sup> September.</li> <li>• Covid and flu vaccines should be offered at the same time but there is a mixture depending on which primary settings people are being vaccinated in.</li> </ul> <p>A workshop recently took place with PCC and PTHB regarding last year's winter plan. There is a specific section on intervention and prevention in this year's winter plan. This is key because getting people out of hospital is challenging.</p> <ul style="list-style-type: none"> <li>• Work is ongoing with domiciliary care and there is a new proposal for reablement deployment.</li> <li>• Modernising domiciliary care has led to some early indications of increased capacity.</li> <li>• May want to add additional capacity to care homes and also reintroduce welfare calls.</li> </ul> <p>Working towards trusted assessor models of care with a ward and an organisation. PPE will still be provided to care providers by the council.</p> <ul style="list-style-type: none"> <li>• Powys has significant challenges re population density. There are plans for transport</li> </ul>	RPB Chair / Kirsty Williams



	<p>for seeing clients.</p> <ul style="list-style-type: none"> <li>Local “patch” work being trialled to create more effective runs. The brokerage system will be rolled out shortly to support this and PCC are working closely with an organisation in order to plan more effective runs.</li> <li>There are suggestions of using funding for driving lessons, electric vehicles and charging points.</li> </ul> <p>PAVO were heavily involved in welfare calls and the DCG and are really keen to step into this space and do more to help with this work. One of the outcomes of the social value funding was to enable the volunteer bureaux to increase capacity and PAVO are keen to see how we can join this up with statutory partners. Need to be mindful of what’s available in the sector. Links with the community connectors will assist with keeping people at home.</p> <p>Good information and strong messaging is needed in relation to winter planning. The RPB need to direct professionals and the general public to information.</p> <p><b>RPB Board members noted the winter item update</b></p> <p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Further strengthen Winter Planning efforts across all partners and reflect in the emerging winter / system resilience plan ahead of endorsement at the next RPB Board meeting.</li> </ul>	
4	<p><b>Powys RPB Members Charter Action Plan Progress &amp; next steps</b></p> <p>JW provided context and an overview of the work to date</p> <p>A few meetings ago the RPB implemented the charter and an initial assessment against the charter was completed with the citizen members. Lots of strengths particularly around the recruitment and support for the members themselves but there is still work to do on this. Powys were instrumental in the creation of this charter so we are ahead of the curve on this work. Still be working very closely with the citizen members to make sure that we can continue to meet this and strike a path moving forwards.</p> <p>Important thing is that the RPB need to get things correct at a board level but also at the sub-partnership levels. This is not easy and can feel tokenistic if it’s done badly. The methodology and approach needs to be right and the RPB need to consider training on it.</p> <p>The engagement and insight group have started things in train re: co-production training and are in the process of mapping what we already do in relation to this. 3 people with a strong background in co-production are assisting with this work. Shared power training is included in the report but we need to strengthen the messaging around this. Everyone should do the training.</p> <p><b>RPB Board members noted update and offered further suggestions for strengthening the action plan going forward.</b></p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>RPB Team to keep Charter Action Plan under review and take forward the agreed next steps within the paper</li> </ul>	<p>Louise Turner, Assistant Director Women and Children’s, PTHB, Start Well Chair</p>

5	<p><b>RPB Executive Group Update</b></p> <p>HT offered context and an overview on the RPB Exe. Group Update</p> <p>CHC representation proposed membership.</p> <p>The position around the national funding has now been confirmed and RPB's are now in ongoing dialogue regarding enhanced monitoring. The impact of this is being felt across the whole nation and all systems. RPB's need to be clear on the ask regarding investments. Assurance has been given regarding finances and the need to flag early if reallocations need to happen.</p> <p>Nothing has been escalated for the sub-partnerships. (Llais will be included in AOB.)</p> <p>It was noted that the national framework for social prescribing has been pushed to the first week of December and will now be online and not face to face.</p> <p><b>RPB Members noted report, and further actions</b></p>	<p>Nina Davies, (interim) Director of Social Services and Housing, PCC</p> <p>Hayley Thomas, (interim) Chief executive, PTHB</p>
6	<p><b>Powys RPB Strategic Capital Plan (SCP)</b></p> <p>WT presented an overview of the Strategic Capital Plan. There is a Welsh Government (WG) requirement to develop a strategic 10 year capital plan that covers HCF and IRCF. The plan follows a WG template and has been benchmarked across other RPB's. A series of workshops have taken place. Presenting and developing the current position but the workshops have been able to get a more long term funding view. This is a live document and will be adjusted and updated as we move forwards. Workshops will continue. Asset reviews have taken place and have fed into this report.</p> <p>Members commented that the plan is very long but it was recognised that the authors have been working to a WG template. Should look to simplify and restructure where possible. Hasn't been through PCC approval processes yet.</p> <p>The plan will seek to draw out the fact that Powys is a rural authority and how we are targeting capital to address rural issues.</p> <p>There is a service called low vision Wales provided by opticians that is not available in Wales because they cannot make the service financially viable especially around the domiciliary care aspects. It was agreed further discussion on this would be had to ensure this is being considered.</p> <p>It was noted that projects will not get agreed through the SCP. Just because something is in the plan doesn't mean money will be allocated in that way. It's an illustration not a document of what will be approved for funding etc. The population needs assessment already recognises that Powys has 13 localities and it draws attention to these and articulates the significant differences within them.</p> <p>Wayne and the team were thanked for their work on the plan and PAVO were pleased to see the engagement and work with the 3<sup>rd</sup> sector. This plan is a huge step forward but we need to remember that it's an enabler, not a plan on its own.</p> <p><b>RPB Members noted the SCP, supported the next steps. It was agreed that further organisational governance on the Strategic Capital Plan should be considered.</b></p> <p><b>Agreed actions:</b></p> <ul style="list-style-type: none"> <li>• JW to further discuss requirement for additional organisational governance for the</li> </ul>	<p>Wayne Tannahill, Associate Director of Capital, Estates &amp; Property, PTHB, RPB Capital Chair</p> <p>Neil Clutton, Strategic Property, PCC</p>

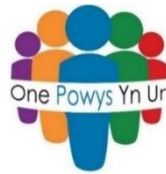
	Strategic Capital Plan and action accordingly.	
7	<p><b>RPB Information Pack for RPB Members</b></p> <p>RPB team have developed an information pack for new and existing members which outlines what the RPB is about and how it functions. The information pack is being shared with members for perusal and information. The team welcome comments and queries from members. This will be a live document and will be reviewed as when needed.</p>	Kirsty Williams, RPB Chair / Joe Wellard, RPB Co-Ordinator
9	<p><b>Any Other Business / Close</b></p> <p>There have been significant conversations around government and the role of Llais (previously citizen voice for PTHB). The regional director of Llais would like to attend RPB meetings as an observer. Being an active member would be a conflict of interest in their scrutiny role. The group were quorate and able to take a decision on this. An invitation will be issued to Katie Blackburn.</p> <p>Delegated responsibility of the RPB is not clear in the terms of reference. Need to build in enough time to put things through the correct governance measures. Need to make sure this doesn't slow down the work of the RPB and the business. There is a tension between timeliness and governance and this could add months to decision making process. WG are now using RPB's in a different way in order to get business done. This has implications implicates of moving towards increased monitoring on finances; leaves PTHB unsure of what they can commit to funding wise for the RPB and, complicates the shared power aspects of what we are trying to do because not all the decisions sit within the RPB's remit.</p> <p><b>The RPB Board agreed to support Llais as an observer onto the Board</b></p> <p><b>Agreed actions:</b></p> <ul style="list-style-type: none"> <li>JW to make the necessary arrangements to link with Llais, and ensure Terms of References are up to date.</li> </ul>	
	<p><b>Date and Time of Next Meetings:</b></p> <ul style="list-style-type: none"> <li>20th November</li> </ul>	

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30/01/2024 14:02:06

KEY:

Completed
On Track
Action Due
Overdue

Bwrdd Partneriaeth  
Ranbarthol Powys  
Iechyd a Gofal  
Cymdeithasol



Powys Regional  
Partnership Board  
Health and  
Social Care

## RPB Board LIVE ACTION LOG

### 18.09.2023

### Outstanding Actions

RPB Date	RPB Meeting Item	Action	Responsible	Due / Status	Progress Update
18.09.2023	Winter / System resilience planning update	Further strengthen Winter Planning efforts across all partners and reflect in the emerging winter / system resilience plan ahead of endorsement at the next RPB Board meeting.	HT / ND	20 <sup>th</sup> Nov	Winter Plan on agenda for endorsement
	Powys RPB Members Charter Action Plan	RPB Team to keep Charter Action Plan under review and take forward the agreed next steps within the paper	RPB Team		
	Powys RPB Strategic Capital Plan (SCP)	JW / WT to further discuss requirement for additional organisational governance for the Strategic Capital Plan and action accordingly.	NL/KW WT/JW		
	AOB	JW to make the necessary arrangements to link with Llais, and ensure Terms of References are up to date.	JW		Updated ToRs on agenda
28.06.2023	AOB	Update and recirculate 'RPB Board etiquette' document to Board Members	RPB Team		Document has been updated but further refinements are being made. This will be shared with Board Members following final amendments.

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30/01/2024 14:02:06

## Agenda Item: 3.8

BOARD MEETING		DATE OF MEETING: 31 January 2024	
Subject:	SUMMARY OF JOINT COMMITTEE ACTIVITY		
Approved and Presented by:	Hayley Thomas, Interim Chief Executive		
Prepared by:	Interim Head of Corporate Governance		
Considered by Executive Committee on:	Various aspects covered in Executive Committee business		
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.		
PURPOSE:			
<p>The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Committees of the Board</p> <ul style="list-style-type: none"><li>▪ Welsh Health Specialised Services Committee (WHSSC); and</li><li>▪ Emergency Ambulance Service Committee (EASC); and</li></ul> <p>It also provides an update in respect of the Mid Wales Joint Committee for Health and Social Care (MWJC).</p>			
RECOMMENDATION(S):			
<p>It is recommended that the Board:</p> <ul style="list-style-type: none"><li>▪ <b>NOTES</b> the updates contained in this report in respect of the matters discussed and agreed at recent Joint Committee meetings.</li></ul>			
Approval/Ratification/Decision		Discussion	Information
x		✓	x

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30/01/2024 14:02:10

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

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

## EXECUTIVE SUMMARY:

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

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

### **Welsh Health Specialised Services Committee (WHSSC)**

The Welsh Health Specialised Services Committee held virtual meetings on 21 November 2023. The papers for this meeting are available at: [2023/2024 Meeting Papers - Welsh Health Specialised Services Committee \(nhs.wales\)](https://www.nhs.uk/wha/2023/2024/Meeting-Papers-Welsh-Health-Specialised-Services-Committee)

The briefing report from this meeting is attached at **APPENDIX 1**.

The briefing report from the confidential meeting of the WHSSC Joint Committee held on 21 November 2023 will be included in Confidential Papers to Members of the Board.

### **Emergency Ambulance Services Joint Committee (EASC)**

The EAS Committee held a virtual meeting on 21 December 2023. The papers for the meetings are available at: [December 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](#)

The Chair's Report from 21 December **2023** is attached at **APPENDIX 2**.

### **Mid Wales Joint Committee for Health and Social Care**

The Mid-year update report of the Mid Wales Joint Committee is attached at **APPENDIX 3**.

### **NEXT STEPS:**

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

Mills Belinda  
30/01/2024 14:02:10

## **WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING – 21 NOVEMBER 2023**

The Welsh Health Specialised Services Committee held its latest public meeting on 21 November 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

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

### **1. Minutes of Previous Meetings**

The minutes of the meetings held on the 19 September 2023 were **approved** as a true and accurate record of the meeting.

### **2. Action log & matters arising**

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

### **3. Financial Savings Update**

Members received a presentation on WHSSC's saving plan forecast.

Members **noted** the presentation.

### **4. Draft Integrated Commissioning Plan (ICP)**

Members received a report and a presentation offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within the wider NHS Wales situational context.

Members **noted** the report and the presentation.

### **5. Chair's Report**

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

- **Chairs Action** – the Chair's Action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years; and
- **Key Meetings attended.**

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.



## 6. Managing Director's Report

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

- **Cochlear Implant and Bone Conduction Hearing Implant – Update** - The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wished to work in partnership with CVUHB to develop the outreach support. The remaining elements of the Designated Provider process are in progress to ensure that the HB is able to meet the service criteria. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the Joint Committee; and
- **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award** - Congratulations to James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug.

Members **noted** the report.

## 7. Paediatric Surgery Update

Members received a report which considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the Joint Committee in January 2024. The report also made a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options).

Members (1) **Noted** the report and the steps taken to date, (2) **Approved** the continued outsourcing of paediatric surgery cases in 2023/24, (3) **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with

the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but **did support** the ambition to do so; and (4) **Supported** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.

## **8. Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)**

Members received a report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval.

Members (1) **Noted** the report, (2) **Noted** the feedback from the WHSSC IPFR engagement process with key stakeholders, (3) **Supported** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval, (4) **Noted** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), (5) **Noted** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, (6) **Noted** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and (7) **Approved** the proposed changes to the WHSSC IPFR Panel ToR.

## **9. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks**

Members received a report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

Members (1) **Noted** the report, (2) **Approved** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and (3) **Approved** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

## **10. Gender Identity Services for Children and Young People Update**

Members received a report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the

development of regional services, options for Welsh patients and identify any potential financial risks.

Members (1) **Noted** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, (2) **Noted** the mobilisation timescale and the risk of increased waiting times for children and young people as a result, (3) **Supported** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, (4) **Noted** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25, (5) **Supported** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).

### **11. Audit Wales – WHSSC Committee Governance Arrangements Update**

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (4) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

### **12. WHSSC Integrated Performance Report – August 2023**

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

### **13. Financial Performance Report – Month 6 2023-2024**

Members received the financial performance report setting out the financial position for WHSSC for month 6 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 6 for WHSSC was an

underspend against the ICP financial plan of (£5.171m), the forecast year-end position was an underspend of (£9.076m).

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

#### 14. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Annual Report 2022-2023.

#### 15. Other reports

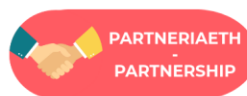
Members also **noted** update reports from the following joint Sub-committees:

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



GIG  
CYMRU  
NHS  
WALES

Tim Gwasanaethau Iechyd  
Arbenigol Cymru  
Welsh Health Specialised  
Services Team



Mills Belinda  
30/01/2024 14:02:06



Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	<a href="mailto:Gwenan.roberts@wales.nhs.uk">Gwenan.roberts@wales.nhs.uk</a>
Date of last meeting	21 December 2023

#### Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/current-and-past-papers/december-2023/>

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 21 November 2023.

#### PERFORMANCE REPORT

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- 999 call volumes in October 2023 were 7.7% lower than October 2022
- 7.4% reduction in incidents in October 2023 compared to October 2022
- Hear and Treat levels were 2.3% higher in October 2023 compared to October 2022
- Red incidents in October 2023 were 7.8% higher compared to October 2022.
- Amber incidents in October 2023 were 6.1% higher compared to October 2022.
- Ambulance handover lost hours in October 2023 were 19.8% lower compared to October 2022. Some improvements had been made on a number of metrics, % of patient handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between September 2023 and October 2023 there had been a 18.4% increase in handover lost hours.

Members noted:

- Challenging performance picture in October
- Progress had been made during the course of the year but finding improvements in performance were still difficult
- The growth in red and amber demand
- Slightly lower handover delays but the total hours lost was very challenging for health boards and WAST
- Impact of funding and overtime on units of hours produced
- Discussions also taking place in the wider system and at the NHS Leadership meetings

- Specific requests had been made (of EASC) in relation to the Integrated Commissioning Action Plans (ICAPs):
  - A specific focus on a minimum of two priority actions from HB plans
  - all Members asked to confirm their actions to Stephen Harray as soon as possible for coordination
  - common actions to be identified and opportunities for all Wales actions
  - actions to be prioritised locally
  - identification of system indicators to use and add to the EASC Team weekly dashboard for wider sharing.

Members agreed:

- commitment had been given by all at the NHS Leadership Board to ensure these actions were implemented.

Nick Wood, Deputy Chief Executive of NHS Wales reiterated discussions held, and commitments made, at the NHS Wales Leadership Board and the actions from the existing health board ICAPs. The identification of 2 or 3 actions and ensuring the delivery on a consistent basis and the commitment to provide assurance that this was the case. The CEOs or Chief Operating Officers in HBs would be asked for confirmation this and also for confirmation from WAST about the actions detailed in the Winter Plan and also from those areas where working together was essential.

Nick Wood also reminded Members of the clear policies and procedures which had been developed in the system but were potentially not being implemented or utilised. These included:

- Same Day Emergency Care (SDEC) services and the referral of patients through the 999 route or conveyance routes. The numbers of patients referred would be monitored and variation should be avoided; there needed to be a consistent pathway for access into the SDEC services
- Clinical Advice Hubs, most HBs had versions of these and would need to be fully implemented (including ensuring consistent access)
- Immediate diagnostic front door pathways with the expectation that HBs and WAST would work together for access particularly for issues like direct admission and timely handover arrangements and for specific illnesses such as stroke and fractured neck of femur.

Members noted that the weekly CEO meeting would monitor progress and performance indicators would be developed to measure progress on the key actions identified. Nick Wood asked Members to work with the CASC to identify issues and provide assurance that the actions had been initiated and were consistent in the system in order to mitigate any unacceptable patient safety risks.

Members agreed:

- To provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.

The Immediate Release Report was discussed. A meeting had been arranged by the EASC Team between HBs and WAST in particular to look at the data and also the consistency of the approach. The key issues had been captured, recommendations had been made and subsequently endorsed by the EASC Management Group.

Further work would take place to streamline the process and improve compliance and understanding across the system.

Information had been presented in draft using the Statistical Process Control (SPC) as requested by Members. Comments had been requested and it was agreed that they would be integrated as part of the information for future meetings.

Stephen Harrhy highlighted specific information from the SPC Charts including:

- The improvements in the units of hours produced for emergency ambulances
- The Cymru High Acuity Response Units (CHARU) and their positive impact on the system (particularly as recruitment was increasing) and the important impact on quality of services received by patients.
- AGREED THE NEXT STEPS
  - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee
  - the SPC charts would be included in future dashboards.

## **QUALITY AND SAFETY REPORT**

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

Members noted:

- The significant challenge at WAST for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months, it is currently 21% (October)
- 16 cases identified by WAST as requiring joint investigation in October 2023. This joint process had been implemented in the last 12 months and would be reviewed in 2024
- 51 National Reportable Incidents had been made by WAST to date; this was raised with Welsh Government official at the Quality and Delivery meeting
- An increased number of patients were waiting over 12 hours for an ambulance response in October 2023 (677) compared to July 425, August 554, Sept 609
- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 76.4%
- Work has commenced on data outcomes and the data linking work would accelerate this; work to link to the deprivation index was also continuing and more information would be provided to Members, including the variation in services
- The return of spontaneous circulation (ROSC) rates was 17.1% which was believed to reflect the impact of the CHARU service
- The number of patients that self-presented at ED with a high triage category, with 314 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention)
- Falls the biggest reason for a 999 call in October.

Members noted:

- The request from the CASC for comments to support the further development of the Quality & Safety Report

- The action to work with HM Coroners to ensure a consistent national approach and a meeting was due to be arranged
- The work would continue to be reported to Directors of Nursing and Quality
- The ongoing work on data linking and the impact.

#### Members raised

- Issues related to the new escalation process in Hywel Dda UHB and cohorting at the 2 hour level. The internal quality assurance team were working to ensure this was being closely monitored in terms of mortality and morbidity in as close as possible to real time. It was suggested it could be helpful to align the work being led by the EASC Team with this new area of work at HDUHB, especially in view of the impact of system pressures. It was agreed that Ross Whitehead would work with HDUHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.
- **AGREED THE NEXT STEPS**
  - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee.
  - The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances
  - Specific work with Hywel Dda UHB.

### **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- The emphasis on the collaborative approach to the development of the EASC Commissioning Intentions for 2024 to 2025.

#### Members noted:

- The EASC Team would work with WAST and Emergency Medical Retrieval and Transfer Service (EMRTS) colleagues to further develop the draft Commissioning Intentions, these would be presented at a future meeting for approval
- WAST and EMRTS would have an opportunity to comment on the draft versions
- The need to consider the inclusion of other issues, for example mental health as appropriate
- Intentions would be developed to reflect the interdependencies with other programmes of work across the system, e.g. Six Goals for Urgent and Emergency Programme and how the system would work together to deliver against these
- Intentions would be developed to confirm the actions for health boards, health boards and WAST and WAST itself
- Trajectories would be developed against the agreed actions
- The need to consider funding bids to support delivery of the agreed actions if required
- The EASC would attend the meeting of the Directors of Planning in January to discuss.



- **AGREED THE NEXT STEPS**

- The EASC Team would consider comments received on the Commissioning Intentions from members of the EASC Management Group and NEPTS and EMRTS Delivery Assurance Groups
- The EASC Team would discuss intentions with WAST and EMRTS colleagues
- Commissioning Intentions would then be submitted for approval by the EASC Committee
- The Commissioning Intentions would be issued to each of the commissioned services.
- The EASC team would continue to work with Members to enact the priorities of the Committee for the HB populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.
- This would include the different elements of the collaborative commissioning approach including:
  - EASC Commissioning Frameworks
  - Integrated Commissioning Action Plans
  - EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker)
  - EASC Commissioning Intentions.

## **UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW**

The update report on the EMRTS Service Review was received.

Lee Leyshon presented the report and gave a detailed overview of work to date according to the phased approach.

Noted:

- The approach taken in Phases 1 and 2 of the 19 week engagement process
- The number of responses received and the wide-ranging emergent themes from the most recent engagement in Phase 2
- The CASC had attended Board sessions in both Betsi Cadwaladr University Health Board and Powys Teaching Health Board over recent months
- The CASC had been in contact with Llais throughout the process; since Phase 2 has been underway queries had been raised by some Llais members and these had been informally addressed
- Correspondence from Llais was received by the CASC on 29 November 2023 formally raising concerns about the next steps of the Review and recommending that this Review was taken to a formal public consultation
- Queries initially raised by Swansea Bay University Health Board (SBUHB) at the EASC Management Group in October had been responded to and a follow-up meeting with SBUHB colleagues had taken place.
- EASC had received a further communication from SBUHB reiterating the same points which would be responded to alongside the Llais recommendation
- A letter had been received from the Wales Air Ambulance Charity setting out the impact that a delay would have on them and requesting that the extensive process was brought to a conclusion as soon as possible

- Health Board representatives had been nominated to participate in the evaluation process originally scheduled for 14 December, this had been rearranged in light of Llais' letter and the recommendation being considered by the Committee.
- **EASC had previously endorsed the proposal that the preferred and recommended option going to EASC would be taken back to each respective health board for individual board consideration before a collective Joint Committee decision was made. It was proposed that this remained the case**
- The Options Appraisal, using the agreed evaluation framework, with nominated health board representatives would take place in early January
- The outcome of the Options Appraisal (i.e. shortlisted options) would be shared with Llais and developed into Phase 3 documents
- The shortlisted options – to include a preferred option – would be shared with the public and stakeholders
- Phase 3 would last for 4-weeks, online during February 2024 and in order to address the needs of the digitally excluded in the population, health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important process
- The following range of bilingual documents would be developed as a minimum:
  - Updated equality impact assessment
  - Phase 3 document focusing on the impacts and pros and cons and costs with an opportunity to comment
  - A plain language or easy read version
- The aim of the documents would be to meet the principles for 'consultation' to ensure that sufficient reasons were put forward for any proposal to permit 'intelligent consideration'. This would include data where possible with as much explanation (and costs) as possible to continue the work of Phases 1 and 2.
- The shortlisted options – to include a preferred option would be simultaneously considered by each health board
- The public and stakeholder feedback would be considered by the CASC; Llais would also have an opportunity to comment
- Each health board would need to provide their respective board views to the CASC by 29 February 2024
- A preferred option would be recommended by the CASC for the Committee to make a final decision on, expected to be at the planned meeting of EASC on 19 March 2024.

#### Members noted:

- The comprehensive update provided, reflecting the breadth of the public responses received, including in relation to rural communities
- The recent conversation with Alyson Thomas, Chief Executive of Llais and noted that Llais were content with the approach put forward for a 4-week Phase 3 of the public engagement process, building on Phases 1 and 2 allowing the public opportunity to comment on the options which would include additional detail and costs
- That Llais referenced service development (rather than service change) and it had been confirmed that Llais wanted the public across Wales to be able to comment on the options shortlisted
- The support required from health board communication, engagement and service change leads during the engagement period to ensure the consistent approach across Wales

- **All health boards are impacted by the EMRT service as there are patients in every area who do not currently receive a service (unmet need)**
- The need to complete the process correctly, building on the comprehensive approach undertaken to date, but also mindful of the impact on others (Charity) in a timely manner
- The CASC would respond to Llais on behalf of the Committee (and would share a copy with Members)
- The concern of the Wales Air Ambulance Charity in respect of further delays to the process.
- The CASC expressed his thanks to the Charity for staying with the process, despite the delay causing the Charity potential difficulties.

The Chair thanked Members for their support, reiterating that this had been an extremely comprehensive process. It was helpful to receive the Members support for the next phase and there was a need to work together to complete the process to arrive at a decision in March and prior to the development of the new Joint Commissioning Committee.

- **AGREED THE NEXT STEPS**
  - Following the meeting on 21 December, the Commissioner would to send a formal response to Llais on behalf of the Committee confirming the agreed EASC position and clarifying the adjusted timeline for the Review going forward.
  - Issue a public communication confirming the Committee's agreed position and next steps for the EMRTS Service Review including any adjusted timeline.
  - Make operational arrangements to deliver the EASC agreed next steps of the process.

## **CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT**

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen HARRY. The report highlighted key areas which included:

- WAST Stakeholder Briefing
- Winter Ambulance Improvement Plan

Members particularly noted:

- The WAST Stakeholder Briefing sent by WAST at the start of December which had raised some concerns regarding timing and content, and noting that a formal response would be prepared by the CASC on behalf of the Committee. It was agreed that the CASC would share a draft response to health boards for comment before formally responding to WAST.
- **AGREED THE NEXT STEPS**
  - Once responses are received on the recent WAST briefing, before, at the meeting or following a response would be sent. This would be shared in advance with Members
  - Commissioners had an opportunity to input actions for the Winter Ambulance Improvement Plan and these would be forwarded to Welsh Government as soon as possible.

## FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

### Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance – Members agreed to provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process
- In relation to the EMRTS Service Review, due to the requirement of Llais, the Option Appraisal workshop had been postponed - it would now take place in mid January 2024

### Matters requiring Board level consideration

- To acknowledge the continued significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive
- Output from the EASC meeting in January for further discussion at the Board prior to decision making at EASC in relation to the EMRTS Service Review.

### Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	16 January changed to 30 January 2024			

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# MID WALES JOINT COMMITTEE

## Mid-year report including Autumn Meeting update

**December 2023**

Mills, Belinda  
30/01/2024 14:02:06



# Mid Wales Joint Committee - Autumn Meeting Report

## 1. INTRODUCTION

- 1.1 The Mid Wales Joint Committee for Health and Care is a formal sub-committee of Health Boards and a formal regional planning area of the Welsh Government. Membership of the Joint Committee includes representation from the three Local Health Boards, Welsh Ambulance Services NHS Trust, the three Local Authorities delivering health and care services across Mid Wales and Llais as a co-opted member. The Joint Committee membership includes the roles of Lead Chair, Lead Chief Executive, Lead Director of Planning and Lead Clinical Executive Director undertaken by representatives of the Mid Wales healthcare organisations on a rotational basis.
- 1.2 The Joint Committee's Strategic Intent sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. The Strategic Intent focuses on the delivery of five overarching aims as follows:
- i) **Health, Wellbeing and Prevention**  
Improve the health and wellbeing of the Mid Wales population.
  - ii) **Care Closer to Home**  
Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care closer to home.
  - iii) **Rural Health and Care Workforce**  
Create a flexible and sustainable rural health and care workforce for the delivery of high quality services which support the healthcare needs of rural communities across Mid Wales.
  - iv) **Hospital Based Care and Treatment**  
Create a sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.
  - v) **Communications, Involvement and Engagement**  
Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.
- 1.3 A delivery plan is developed every year to support the delivery of these aims with a set of agreed priority areas for joint working across Mid Wales.
- 1.4 The work of the Mid Wales Joint Committee is co-ordinated by the Mid Wales Planning and Delivery Executive Group which is led by the Chief Executive of Hywel Dda University Health Board in his role as Lead Chief Executive of the Mid Wales Joint Committee. The main 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.

## 2. AUTUMN MEETING

- 2.1 The Mid Wales Joint Committee held its Autumn Meeting on 14<sup>th</sup> November 2023 to provide a mid-year update on the progress of the Joint Committee's priorities and plan and any other key developments which benefit the residents of Mid Wales. This was the first meeting of the new arrangements for the Joint Committee with two meetings now held during the year – one Spring Meeting and one Autumn Meeting. The following report provides an update on the work of the Mid Wales Joint Committee including the outputs from the Autumn Meeting.

Mills Bryn  
30/01/2024 14:02:06

## Mid Wales Joint Committee - Autumn Meeting Report

2.2 The Joint Committee Autumn Meeting was led by Steve Moore, Chief Executive of Hywel Dda University Health Board, in his role as Lead Chief Executive of the Joint Committee. This is due to the Joint Committee being without a Lead Chair due to the recent departure of Maria Battle, Chair of Hywel Dda University Board, at the end of October 2023.

2.3 At the Autumn Meeting a series of presentations were received providing an update on the work of the Joint Committee's priorities and delivery plan as follows:

**i) Social Care**

*(Presenter: Donna Pritchard, Corporate Lead Officer - Porth Ceredigion, Ceredigion County Council / Chair - Mid Wales Social Care Group)*

As part of the review of the Mid Wales Joint Committee a Mid Wales Social Group was established in November 2022. Membership of the group comprises Director of Social Care/Senior Manager leads for Social Care and Commissioning. Initially the group initially struggled with its membership and attendance due to the majority of the representatives being in interim/temporary roles, however, permanent appointments have been made to the majority of these roles so it is hoped future meetings will be better attended.

The group's main focus is to look at what matters most from a social care perspective and how members can best support each other with issues that are relevant for social services in the Mid Wales area and support joint working on addressing these issues. The group recognised early on that they were all at different stages for different elements of what they wanted to work on together with one of the key objectives being to look at best practise. Key pieces of work being looked at by the group are as follows:

***Residential Children's Accommodation***

A mapping exercise of complex Residential Children's accommodation has been undertaken to scope out existing provision and plans in place across Mid Wales with the intention of ascertaining what capacity is available in each county and whether there are any opportunities for joint commissioning. The outcome of the mapping showed that there are quite a lot of similarities across the three counties but all were at different stages of development. Following consideration of how best to take this forward, a workshop of Heads of Service, Service Managers and Team Managers has been arranged for 7<sup>th</sup> February 2024 to see what shared cross county learning and opportunity for joint working there is around Recruitment, Training, Rotas, Eligibility for provision, Health / Therapeutic support and Budgets.

***Building Capacity through Community Care - Further Faster***

Members of the group have provided their organisational position statements on 'Building Capacity through Community Care - Further Faster' with the aim of understanding each organisations' approach to the plans. The next piece of work will be to understand the approach that each organisation is taking and the plans that are under way in order to ascertain whether there is any shared learning that can be considered.

***Extra Care and Community Care***

The group is considering existing provision and plans in place for extra care and community care across Mid Wales to ascertain what is in place and, if necessary, develop plans for providing additional provision across Mid Wales.

### ***Accommodation for Child Refugees***

The future work plan will consider accommodation for child refugees including what capacity is available in each county and opportunities for joint arrangements. This is a growing area of concern for Local Authorities as the number of child refugees coming into Wales is increasing.

### **ii) Urology Health Pathway**

*(Presenter: Dr Kate Wright, Medical Director, Powys Teaching Health Boards / Chair - Mid Wales Clinical Advisory Group)*

In March 2022 the Mid Wales Clinical Advisory Group agreed their top 3 clinical priorities i) Urology, ii) Palliative Care and iii) Rheumatology. The group agreed that their top 3 priorities be looked at in a staged way with Urology the first to focus on the development of a programme of renewal for Urology pathways across Mid Wales.

The current Urology pathways were reviewed and the main issues identified were related to the on-going management of people in the community, pathway between primary and secondary care and elective pathways. In particular, clarification is needed over who is responsible, primary or secondary care, for the repeat second PSA test undertaken if the first PSA test shows a low rate score.

Also, a questionnaire was issued to GP practices across Mid Wales to ascertain the current processes in place for the monitoring of patients and blood results.

Responses received showed a mixed approach in place for the management of PSA levels with some practices having a formal system in place and some adopting an ad-hoc approach.

Following a series of meetings, the Urology group reached a stage where it had agreed the principles for the Mid Wales pathway. At this stage it was noted that Hywel Dda UHB was leading on the development of the national Urology Health Pathway for which it has been assigned the lead. This was part of the national pathway work with each Health Board allocated a suite of health pathways to write from a national lens perspective with a focus on the primary to secondary care interface. The group received a presentation by representatives of Hywel Dda UHB on the work it was undertaking. Once agreed nationally the Hywel Dda UHB pathway for diagnosis will be an All Wales pathway which is planned to be launched in December 2023.

The Mid Wales Urology Group agreed to await the launch of the national Urology Health Pathway but would review progress on development and:

- Obtain pathways for English providers with a view to getting universal agreement on the cross border pathway.
- Consider how the pathway is monitored, measured and audited.
- Consider PROMS and PREMS when refining the pathway. This is included in patient feedback forms on the Patient Knows Best system, recently been introduced by Hywel Dda UHB.
- Virtual group clinics, which could potentially support the later part of the pathway, will be considered in more detail in the future.

The work of the group has demonstrated the benefits of wider consideration and improved understanding of a complex issue. There is also a better understanding of processes across primary and secondary care, and the sharing of more details regarding operational challenges across the region has helped allow organisations to offer mutual support.



### iii) Bronglais General Hospital Strategy including Colorectal and Cancer

*(Presenter: Peter Skitt, County Director Ceredigion, Hywel Dda University Health Board / Programme Director, Mid Wales Joint Committee)*

The Bronglais General Hospital: Delivering Excellent Rural Acute Care” was approved by the Hywel Dda UHB Board on 28<sup>th</sup> November 2019. One of the challenges which impacted on the immediate implementation of the strategy was the COVID-19 pandemic. However, progress has been made in many areas despite these challenges as follows:

- **Acute Medicine:** For the second Respiratory Consultant the plan is to 'Grow your Own' within the Bronglais General Hospital SAS team. One doctor from the Bronglais SAS team has gone to work at Glanwrgwili General Hospital alongside the Respiratory Consultant for 12 months who will after this time period return to Bronglais. A Consultant Rheumatologist commenced in post in October 2023 and they are focusing on developing a sustainable service. There is a second Gastroenterology Consultant now in post which has ensured the sustainability of this service.
- **Nursing:** Appointments have been made to a Nurse Specialist and/or Nurse Practitioner roles for a range of specialities. The Aberystwyth School of Nursing is now established and there are potential opportunities for lecturing / visiting lecturers which is encouraging for the recruitment campaign. There is a strong clinical nurse service in place and there is a need to ensure that these services are liaising across the Mid Wales region in the same way as Consultants and GPs.
- **Theatres:** Recruitment to theatres is challenging, however, work is progressing on recruiting to the current funded establishment for Theatres at Bronglais General Hospital.
- **Laboratory Services:** A number of changes have been made including the introduction of a new skill-mix to maximise flexibility and efficiency and a career pathway for Band 2/3 Laboratory Assistants to progress to Assistant Practitioner and Biomedical Scientist roles. Also, a plan has been developed to optimise Phlebotomy provision across 7 days with weekend mornings now part of contracted hours.
- **Pharmacy Services:** MTED has been established and now being used in the Clinical Decision Unit. A new pharmacy robot is now in place and functioning at the Pharmacy department at Bronglais General Hospital. For the development of a 7 day service recruiting is in progress to support the establishment of a Saturday service. The Saturday service will be evaluated after 6 months before taking a decision on introducing a Sunday service. A pharmacy service is now being provided to the Emergency Department from Monday to Friday.
- **Paediatrics:** Due to issues with recruitment to the paediatrics service, the immediate short term action is to stabilise staffing levels on the Paediatric ward at Bronglais General Hospital. Running alongside this work will be undertaken on building relationships with Aberystwyth University in terms of providing placements for students and exploring the development of a dedicated Paediatrics course at the Aberystwyth School of Nursing. Once staffing levels are stabilised the medium / long term plan for the development of a Rural Paediatric Unit will be progressed.
- **Radiology Services:** The Radiology Procedure Room, new CT Scanner and digital x-ray rooms are in place and operational. There are issues with regard to having a single CT scanner on site which is something which needs to be considered in the future in terms of ensuring the robustness of the service, given the travelling times to other sites across Hywel Dda.
- **Acute Frailty Team:** An Acute Frailty Working Group, Acute Frailty Team, Bronglais and Ceredigion Frailty Forum and Bronglais Frailty Champions have

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been established and are operational. The Frailty Working Group has defined the Frailty Pathway and the Frailty Team have been accepted onto the EQUIP programme with facilitators to work with the team on measuring outcomes.

- Front Door Model at Bronglais General Hospital: The SDEC Action Plan has been reviewed and it has been agreed that this be incorporated into a review of the Front Door model at Bronglais General Hospital with the revised Front Door model planned for implementation by March 2024.
- Digital: MDT Rooms have been set up for Virtual Consultations and MDT Appointments at Bronglais Hospital. The digital strategy is in place and there is a need to ensure that Hywel Dda UHB developments interlink and work with the other Mid Wales Health Boards that have patients receiving services from Hywel Dda UHB.

### **Colorectal**

A Mid Wales Colorectal services task and finish group has been established to support Hywel Dda UHB, Powys THB and Betsi Cadwaladr UHB in establishing a sustainable Colorectal services pathway for Mid Wales. Phase 1 will focus on establishing a Newtown clinic for Powys THB patients (first appointment) which will involve moving Powys THB work from Bronglais General Hospital back to Newtown.

### **Cancer**

The vision has been shared for the new Chemotherapy Day Unit, the design team are progressing on the development design to go out to tender to appoint contractor, with the aim for building work to begin in early 2024.

There is now Mid Wales representation on the South West Wales Cancer Oncology Outpatients and Radiotherapy working groups and links between the group and Powys THB have now been established.

The National Clinical Lead for the National Palliative and End of Life care programme has asked that the Joint Committee team support the national team in facilitating group discussions on a Mid Wales level which will inform the national programme work.

### **iv) Workforce**

*(Presenter: Lisa Gostling, Director of Workforce, Hywel Dda University Health Board)*

Five priority areas for 2023/24 have been agreed to focus on developing solutions to establish cross border health and social care workforce arrangements across Mid Wales as follows:

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

Detailed work plans (with milestones and targets) for these priority areas are planned to be developed and agreed by the end of December 2023.

Representatives from workforce and recruitment teams attended the Mid Wales Clinical Advisory Group meeting in September 2023. Clinical colleagues are keen to work across Mid Wales to make roles more attractive to support recruitment and retention including joint appointments, rotation of staff, peer support, establishing rural networks for staff and promotion of rural healthcare for which some of this is already happening in the North Ceredigion cluster, through the Integrated Health and Care project, which could be considered for expansion across the region.

Adult and Mental Health BSc nursing programme, part time Adult and Mental Health Nursing BSc programmes and level 4 programme for health care support workers (health and social care) are now established at the Aberystwyth University School of Nursing. The University have established links with the three Mid Wales Health Boards to provide clinical placement opportunities in a variety of settings in both acute and urban and rural locations including care homes. One successful intake of the Return to Practice Programme (Adult field) has been completed and they have taken up a post at Bronglais Hospital. The University are working with practice partners in developing some CPD post-graduate modules and it is hoped to be able to have some to offer in 2024.

### v) Transformation with Digital at the Heart

*(Presenter: Anthony Tracey, Digital Director, Hywel Dda University Health Board)*

The Hywel Dda UHB Digital Transformation programme aims to help organisations move from the current position, where each holds separate records for the individuals they care for, to one where an individual's records are connected across the health and care system. This will help professionals to share information safely and securely as well as enabling service users to access their record, irrespective of which part of the system has provided them with their care. The whole premise of the programme is to work with partners to accelerate the work of sharing that information, removing the silos and improving the quality of care to patients by enabling services to access their own record as a patient, but also from the wider health community and social care as well. The ethos of the transformation plan is to provide a blueprint for the next three to five years and for the longer five to ten years on how they can share this information and put the technical technologies and tools in place to allow clinicians to actually treat the patients in the right place at the right time.

An external company, CGI, was used to scope out what was possible to achieve a truly integrated region which included assessing readiness for whole system thinking and support in the development of a digital enablement plan. Also, Hywel Dda UHB has undertaken work to understand the current infrastructure in place, the baseline and identifying the gaps or opportunities.

To deliver the vision of an integrated region there are four key pillars i) Citizen Engagement, ii) Health and Care Coordination and Collaboration, iii) Situational Awareness – Digital Operations and Control Centre and iv) Regional Data Fabric. Underpinning these pillars will be four Delivery Workstreams focused on the delivery of ten individual projects. To support delivery the Regional Digital Transformation Group has been re-established. Also, partners will need to commit to the establishment of the digital enablement roadmap delivery governance and commitment to the completion of the Continuity of Care Maturity Model (CCMM).

### vi) Wet age-related macular degeneration mobile phone app

## Mid Wales Joint Committee - Autumn Meeting Report

*(Presenter: Amanda Edwards, Assistant Director - Innovation and Improvement, Powys Teaching Health Board)*

The challenges of providing healthcare services in Powys which is a predominantly rural area with dispersed population were outlined. Reversible loss of sight is increasing in Wales and nationally many are on waiting lists for assessment and treatment. The main eye conditions are glaucoma, Wet AMD and cataracts, all of which are age dependent and the older a person the more likely they are to have reversible eye loss. The demography in rural communities is often older than suburban ones.

As such Powys THB have concentrated on value and innovation in eye care and using state-of-the-art technology mobile technology. If care could be provided closer to home or actually in the home then this would be significant potential benefit for patients. Wet AMD, which is a problem where central vision is lost initially, can develop into reversible sight loss. One key consideration is how there could be improvements to visual acuity measurement. Mobile technology used internationally was considered for visual acuity measurements and if measurements could be done more effectively this would free up the time of Optometrists time to undertake other work e.g. glaucoma and Consultants for other work e.g. outpatient clinics.

A mobile phone app has been developed for patients to use at home for measuring visual acuity and visual distortion. This is a first step into digital health technology and a service evaluation of the app is going to be undertaken with the evaluation being value based. If this is assessed as being successful then there are significant opportunities for the monitoring of other eye conditions going forward.

### vii) Canolfan Goffa Ffestiniog

*(Presenter: Christine Couchman, and Eirian Lloyd-Williams, Health Services Manager, Assistant Director of Primary Care, Betsi Cadwaladr University Health Board)*

The challenges and lessons learnt from the development of the purpose built health hub at Blaenau Ffestiniog were outlined. Blaenau Ffestiniog has a rural community and is noted for high levels of deprivation, and has a younger age profile than the Welsh average. Following public consultation, it was agreed to demolish the old memorial hospital, which included in-patient provision, and to re-build on the site a purpose built health hub.

The challenges faced in its development included identifying the range of services that would be located within the new health hub and strong local opposition to the plans. Local opposition was eventually overcome through engagement and the service model was influenced by service user feedback.

The Health Hub was opened in November 2017 and the range of services provided at the site include Podiatry, Physiotherapy Gym, Learning Disabilities, Dementia Day Services, Diabetic Retinopathy Services, Mental Health Clinic, Substance Misuse, Midwife, Speech and Language therapy, District Nursing Team, Palliative Care and Heart Failure Nurse services. The Health Centre is now a valued community resource

Some of the lessons learnt have included re-building relationships with the League of Friends, encouraging Third Sector Groups to engage and promote their services within the community, engagement with other public bodies including the Citizens Advice Bureau, Department of Work and Pensions, OPUS, local Community Wellbeing Centre, Diabetic Retinopathy Screening and concerned citizens. They have also developed a good working relationship with local Community Pharmacies and taken part in the S4C 'Helo Syrjeri' programme. The lessons learnt from the

development have proved valuable as Betsi Cadwaladr UHB undertake service development in other rural areas.

**The presentations provided at the Autumn Meeting are available on the Mid Wales Joint Committee website at**

**<https://mwjc.nhs.wales>**

### **3. OTHER UPDATES**

Other key updates in relation to the Joint Committee's priorities which were not covered in the meeting are as follows:

#### **3.1 Dental**

Referrals for new Hywel Dda UHB patients to the Newtown clinic for intermediate oral surgery for complex extractions have not resumed as the Consultant Oral Surgeon based at Newtown has left the employment of PTHB. However, work is being undertaken to explore the provision of a level 2 extractions SLA service for Hywel Dda UHB patients at Llandrindod Wells.

#### **3.2 Ophthalmology**

The option for the joint Ophthalmology post to be covered using paid sessions is currently being explored.

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## AGENDA ITEM: 3.9

BOARD MEETING		DATE OF MEETING: 31 JANUARY 2024
<b>Subject:</b>	<b>Summary of Activity of the Board's Local Partnership Forum</b>	
<b>Approved and Presented by:</b>	Director of Workforce & Organisational Development	
<b>Prepared by:</b>	Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	N/A	

PURPOSE:		
The purpose of this report is to provide the Board with an update on the work of the Board's Local Partnership Forum.		
RECOMMENDATION(S):		
It is recommended that the Board RECEIVES the oral update.		
Approval/Ratification/Decision	Discussion	Information
x	✓	x

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

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

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

A meeting of the Local Partnership Forum took place on 18 January 2024. A copy of the Chair's Report is attached at **Appendix A** and an oral update will be given to Board.

## NEXT STEPS:

The next update will be presented to the Board on 22 May 2024.

Reporting Committee:	<b>Local Partnership Forum (LPF)</b>
Committee Chair	Cathie Poynton (Unison)
Date of last meeting:	18 January 2024
Paper prepared by:	Interim Head of Corporate Governance
<b>KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE</b>	
<p>The last meeting of the Local Partnership Forum took place on 18th January 2024.</p> <p>The Board is asked to note that the following matters were discussed at the Local Partnership Forum took place on 18 January 2024.</p> <ul style="list-style-type: none"> <li>• Financial Performance Report – Month 08</li> <li>• Director of Workforce and OD Summary Report <ul style="list-style-type: none"> <li>◦ Workforce analysis report</li> </ul> </li> <li>• Planning 2024-2029</li> <li>• Accelerated Sustainable Model with a focus on impact on staff</li> <li>• Update of Winter Plan <ul style="list-style-type: none"> <li>◦ Staff respiratory vaccinations</li> <li>◦ How the services are holding up</li> </ul> </li> <li>• Powys Engagement and Wellbeing Survey and NHS Survey Results update</li> <li>• CEO Recruitment Process</li> <li>• Environmental Health – Food Hygiene Rating Bronllys</li> <li>• Proposed Car Park Management Policy</li> <li>• Staff Excellence Awards</li> <li>• LPF Terms of Reference Review and Committee Effectiveness Review</li> <li>• Chief Executives Report from Board; November 2023</li> </ul> <p>The Chair will give an oral update to Board with a written update provided to the next meeting of Board. This is due to the close proximity of the LPF meeting to the Board meeting.</p>	
<b>NEXT MEETING</b>	
The next meeting of LPF will be held on 9 April 2024.	



<b>Report:</b>	<b>Regional Directors Report</b>
<b>Period Covered:</b>	<b>18<sup>th</sup> November 2023 – 24<sup>th</sup> January 2024</b>
<b>Author:</b>	<b>Katie Blackburn</b>
<b>Status:</b>	<b>For Information</b>
<b>Date:</b>	<b>31st January 2024</b>

### Health and Social Care Advocacy Team Update 19/1/24

	<b>NHS related concerns</b>	<b>Social Care related concerns</b>
<b>Powys Hospital Sites</b>		
Brecon Hospital	1	
Llanidloes Hospital	1	
Llandrindod Wells Hospital	1	
<b>Mental Health Services</b>		
The Hazels	1	
Bryntirion Resource Centre	1	
Redwood	1	
CMHT	3	
<b>GP Practices</b>		
Newtown Practice	3	
Talgarth Practice	1	
Dyfi Valley Practice	5	
Brecon Practice	3	
Builth Wells Practice	1	
Pengorfa Practice	1	

Llandrindod Practice	1	
Wylcwm Street Practice	1	
SaTH		
Royal Shrewsbury Hospital	6	
Telford Hospital	1	
Wye Valley Trust		
Hereford Hospital	5	
Hywel Dda University Health Board		
Bronglais Hospital	1	
Cwm Taf University Health Board		
Prince Charles Hospital	1	
Anuerin Bevan University Health Board		
Nevill Hall Hospital	1	
Others		
Robert Jones & Agnes Hunt	1	
Queen Elizabeth Hospital. Birmingham	1	
Retrospective Continuing Health Care Funding Reviews	2	
Palliative Care	2	
Commissioning	1	
WAST 111	1	
Social Services		
Local Authority Stage 1		6
Local Authority Stage 2		1
Other Llais Cases (not included in above information)		
Swansea Bay Llais	1	
Cardiff & Vale Llais	3	
West Wales Llais	5	
	<b>56</b>	<b>7</b>

## Themes

Dental services: Mis- information/confusion re NHS or Private Care  
unable to register with NHS Dentist

GP services: Concerns re behaviour contract – in discussions with  
PtHB  
Difficulty in getting an appointment and getting though  
via telephone to surgeries

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

We carried out our locality focused engagement in Builth Wells & Llanwrtyd Wells area throughout November. The draft report has been prepared and we held the first pilot learning and review workshop with the Health Board and Local Authority on 19<sup>th</sup> January. The aim of this session was for Llais to share the key themes from what we heard in Builth Wells & Llanwrtyd Wells and, as a group, to discuss the findings and consider priority actions in response to the principal themes.

We are very grateful to the staff at Builth Wells Community Support and Builth Wells Home Support Team for their help in distributing copies of our surveys. Because of their hard work, we had a higher rate of surveys completed when compared to previous locality engagement, with a total of 164 responses.

We joined as many of the Local Authority Day Services engagement sessions as possible during November and December. This was a good learning exercise for us, where we heard about different activities that we might be able to tap into in the future and we heard what people think of services.

We spent time in December reflecting on our engagement activities since the establishment of Llais and, in particular, we reviewed the successes and opportunities for learning and improvement in respect of our locality focused engagement. We started to plan for the next locality which will be Llanidloes in February.

The list of activities undertaken since my last report are shown in the table below:

Date	Activity
27 November	Powys County Council Day Services Engagement, Rhayader
28 November	Powys County Council Day Services Engagement, Mencap Day Centre, Llanfyllin
29 November	Visit to Glan Irfon, Builth Wells

29 November	Engagement outside Boots, Builth Wells
30 November	PAVO Community Workers Network, Newtown
6 December	PAVO Community Workers Network, Machynlleth
12 December	Children & Young Persons Network Meeting
12 December	Powys RPB Engagement & Insight Network Meeting
12 December	PAVO Community Workers Network, Welshpool, Montgomery & Llanfair Caereinion Locality
13 December	SATH HTP Public Engagement Event in Ladywell House, Newtown
10 January	Powys RPB/PSB Engagement & Insight Network
18 January	Meeting with Ceredu to develop plan of work to engage with unpaid carers in Powys

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

Key themes from engagement:

### NHS

- Positive experiences reported – including CAMHS, Newtown Hospital, a local pharmacy.
- Difficulty accessing GP Practice via the telephone – waiting so long that calls cut off.
- Difficulty with accessing NHS dentists - Difficulty getting transport to urgent dental appointment out of area; difficulty registering with local NHS dentist (on waiting list for several years in Builth Wells area).
- Poor communication – examples given were communication between different hospitals which led to out-of-date patient records; follow-up appointment several months later than expected; long wait for results following cancer scan; poor communication about discharge or next steps for care with patients in Glan Irfon; poor communication for a patient being moved from ward to ward in Royal Shrewsbury Hospital.

- Poor experience of discharge including an example where a patient patient was discharged from ED at 2am after receiving treatment – had to book into hotel for rest of night.
- Long waiting times for planned care - examples given include dermatology, hip replacement, kidney surgery, cataract surgery, orthodontics. Some people have resorted to going private, incurring significant costs.
- Distance to travel to services - difficulty getting to appointments out of county with lack of public transport; concerns re. accessing emergency care; fear about loss of air ambulance; lack of MIU after 8pm (in Welshpool); Police having to take mental health patients from Welshpool area to Brecon rather than to Redwoods in Shrewsbury.
- More and more services online but many people do not have access to/wish to use internet.
- Young people spoke about a number of initiatives in school to help with emotional wellbeing/mental health support. They reported that they do not feel old enough or confident to make contact with doctors themselves. They thought the wait for orthodontics too long and spoke about the impact this has on confidence for some young people. They spoke about difficulty with access to NHS dentist and high cost of private dentists. They expressed frustration about length of wait in the waiting room for hospital appointments, with outpatient sessions often running late. They spoke about their worries about ambulance waiting times and the distance to travel for A&E. They would like to have first aid training in school.

## Social Care

- Difficulties and delays in setting up care packages because of shortage of carers.
- Need for more help for older people to remain independent at home – eg help with physical tasks around the home and help at meal times.
- Very positive comments about Builth Wells Home Support – helping people maintain their independence.
- Community car provision in Builth Wells area is extremely important to the community and works well.

**What we heard during day services engagement sessions**

- People value very much the day centres that are open now – they would like to see them open on more days and for more people. Lots of important services provided in one place – monitoring of people’s health and can pick up on early signs of possible problems, bathing, nail cutting, hairdressing, take people to GP appointments, provide a meal, provides respite for carers and families.
- People would like the closed day centres to re-open eg Welshpool and Newtown. It should be noted that a new day centre opened in the Ann Holloway Centre in Welshpool at the end of November 2023 but this is community led.
- Need to offer secure employment for staff working in Day Centres – they are all on temporary contracts at the moment – perceived as a barrier to recruitment and retention.
- Worry about losing Dementia Meeting Centres (4 in Powys) – they are a ‘lifeline’ for people diagnosed with dementia and the people who care for them.
- Many local community services have closed or not re-opened since Covid because of lack of volunteers.
- Transport is an issue for many people. Only 5 taxis across the whole of Powys are wheelchair accessible.
- Consider how to communicate to people what is available – no good just promoting on social media or websites.

**Llais Powys - Remaining priorities for 2023-2024**

**Local:** Llanidloes Engagement/ Outreach February 2024

<b>Regional:</b>	Priority 1:	Care Closer to Home - Phase 1
	Priority 2:	Support for Unpaid Carers in Powys (joint project with the Third Sector)
	Priority 3:	Equitable Services – Phase 1

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**National:** Thematic Events: Gurkha Community (2023-2024)  
Refugees  
Comparison of GP complaints process  
Dentists Waiting Lists

## Locality Focused Approach

We will be agreeing a calendar of activity for 2024-2025, reflecting and learning on experience to date from Newtown (June 2023), Ystradgynlais (September 2023), Builth and Llanwrtyd (November 2023), Llanidloes (February 2024)

April -	Brecon
June -	Mid
September -	North
November -	South
February-	Mid

We are currently reviewing the mechanisms for feedback/ reporting. On 19<sup>th</sup> January 2024, a stakeholder meeting was held between PtHB, PCC, Llais to discuss the outcome of the Builth Llanwrtyd findings and to agree a proposed way forward under four headings:

- are there issues where there is already a plan for improvement?
- are there areas where it is quick and simple to take action to respond to the issues raised [recognise some may need sign off outside the meeting]
- are there areas where we don't have the solutions right now, but we can ensure that this feedback is built into our wider planning and service improvement
- are there issues that perhaps we feel we cannot solve [what are they and why?]

Katie Blackburn

Regional Director – Llais Powys

23 January 2024