Board

Wed 29 January 2025, 09:30 - 15:30

Agenda

09:30 - 09:30
0 min

1. PRELIMINARY MATTERS

Board_Agenda_29Jan25FINAL.pdf (3 pages)

1.1. Welcome and apologies for absence

Chair

1.2. Declarations of interest

All

Board_1.2_Members Declaration Of Interests summary 2024-25jan.pdf (3 pages)

1.3. Board Action Log

Chair

1.3 Board Action Log Jan25.pdf (1 pages)

1.4. Experience Stories

1.4.1. Elaine's Story

Claire Roche

1.5. Questions to Board from the public

1.6. Update from the:

1.6.1. Chair

Chair

Board_1.6a_Chair's Report to Board Jan 2025.pdf (3 pages)

1.6.2. Vice-Chair

Vice-Chair

Board_1.6b_VC Report 29 January 2025.pdf (2 pages)

1.6.3. Chief Executive

Hayley Thomas

Board_1.6c_CEO Board Report.pdf (7 pages)

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1.7. Assurance Reports of the Board's Committees

Board_1.7_Committee Chair Reports_Jan25.pdf (5 pages)
Board_1.7a_AppA_ARAC Chairs Report.pdf (3 pages)
Board_1.7b_AppB_Charitable Funds Chairs Report.pdf (5 pages)
Board_1.7c_AppC_EC Chair's Assurance Report JAN25.pdf (12 pages)

- Board_1.7d_AppD_D&P Chairs Report.pdf (7 pages)
- Board_1.7e_AppE_PPPH Chairs Report.pdf (5 pages)
- Board_1.7f_AppF_W&C_Chairs Report.pdf (4 pages)
- Board_1.7g_AppG_LPF Chairs report.pdf (1 pages)

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2. CONSENT AGENDA BUSINESS

09:30 - 09:30
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3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1. Charitable Funds Annual Report and Annual Accounts

Pete Hopgood

- Board_3.1_Charitable Funds Annual Report and Accounts to 31st March 2024 CFC.pdf (2 pages)
- Board_3.1a_App A Powys Health Charity Annual Report and Accounts 2023-24 Final.pdf (55 pages)
- Board_3.1b_App B - 4645A2024_Powys_THB_FHOT_Audit_Plan_2023-24_Eng.pdf (14 pages)
- Board_3.1c_App C - 4646A2024_Powys_THB_FHOT_Audit_Accounts_2023-24.pdf (16 pages)
- Board_3.1d_App D - Letter of Representation 23-24 Charitable Funds Annual Report and Accounts.pdf (3 pages)

3.2. Next steps – Annual Delivery Plan 2024/25

Hayley Thomas

- Board_3.2_Annual Plan 2425 Next Steps.pdf (12 pages)
- Board_3.2a_Level 2 Integrated Impact Assessment - Elective Activity.pdf (30 pages)

3.3. Anti-Racism Plan

Debra Wood-Lawson

- Board_3.3_ARAP Cover Report.pdf (5 pages)
- Board_3.3a_App1_ ARAP - Nov2024.pdf (17 pages)

3.4. Director of Corporate Governance Report

Helen Bushell

- Board_3.4_DCG report.pdf (5 pages)
- Board_3.4a_Appendix 1 - JCC ToR Planning Performance Finance.pdf (10 pages)
- Board_3.4b_Appendix 2 - JCC ToR Quality Safety and Outcomes.pdf (14 pages)

3.5. Minutes of the previous meeting held on 27 November 2024 and 10 January 2025, for approval

Chair

- Board_3.5a_Board Minutes 27NOV2024 unconfirmed.pdf (20 pages)
- Board_3.5b_Board Minutes 10Jan2025 draft.pdf (8 pages)

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4. ITEMS FOR BOARD ASSURANCE

4.1. Financial Performance Month 09 2024/25

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Pete Hopgood

- Board_4.1_Financial Performance Report Mth 09.pdf (19 pages)
- Board_4.1a_Powys tHB 2024-25 Mth 09 Monitoring Return Commentary - signed.pdf (16 pages)

4.2. Integrated Quality and Performance Report 2024/25 Month 08

Nicola Johnson

- Board_4.2_20250123_Month8_IQPR_Cover.pdf (9 pages)
- Board_4.2a_20250123_IPR_24-25_Month 8_Board_Final.pdf (52 pages)

4.3. PTHB Temporary Service Change update

Kate Wright

- Board_4.3_Temporary Service Changes.pdf (13 pages)

4.4. Corporate Risk register

Helen Bushell

- Board_4.4_Corporate Risk Register_Cover Report.pdf (8 pages)
- Board_4.4a_CRR001 (Financial forecast)_Jan 2025.pdf (3 pages)
- Board_4.4b_CRR002 (Financial Resources)_Jan 2025.pdf (3 pages)
- Board_4.4c_CRR003 (Resource Allocation) Jan 2025.pdf (4 pages)
- Board_4.4d_CRR004 (Demand - provider) Jan 2025.pdf (4 pages)
- Board_4.4e_CRR005 (Demand - commissioner) Jan 2025.pdf (6 pages)
- Board_4.4f_CRR006 (Workforce) Jan 2025.pdf (5 pages)
- Board_4.4g_CRR007 (Primary Care) Jan 2025.pdf (6 pages)
- Board_4.4h_CRR009 (Estates) Jan 2025.pdf (8 pages)
- Board_4.4i_CRR010 (Public Health Emergency) Jan 2025.pdf (5 pages)

4.5. Digital Strategic Framework: annual update

Claire Madsen

- Board_4.5_DSF Annual Delivery Performance Report Cover Paper.pdf (5 pages)
- Board_4.5a_Digital Strategic Framework Annual Delivery Performance Report Nov_2024.pdf (20 pages)

4.6. Nurse Staffing Levels

Claire Roche

- Board_4.6_Nurse Staffing Paper 23-24.pdf (8 pages)

4.7. Report of the Regional Director of Llais

Regional Director of Llais

- Board_4.7_Llais RDs Report PtHB Jan25.pdf (5 pages)

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5. CONSENT AGENDA

5.1. Assurance Reports of the Board's Joint Committees

- Board_5.1_Joint Committee Reports_Jan25.pdf (2 pages)

5.2. Assurance Report of the Board's Partnership Arrangements

- Board_5.2_Summary of Partnership Board Activity Jan25.pdf (3 pages)
- Board_5.2a_App1_SSPC Assurance Report 21 November 2024.pdf (6 pages)

5.3. Board Work Programme

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- Board_5.3_Work Programme.pdf (3 pages)

5.4. GLOSSARY

- Board_5.4_PTHB Glossary Jan25.pdf (5 pages)

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6. OTHER MATTERS

6.1. Any Other Urgent Business

Chair

6.2. Close

6.3. Date of the Next Meeting: 26 March 2025

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7. CONFIDENTIAL MATTERS

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

Chair

7.1. Welcome and apologies for absence

Chair

7.2. Declarations of interest

All

7.3. Minutes from the In-Committee meetings held on 27 November 2024 and Action Log

Chair

7.4. Integrated Plan 2025-28 update

Nicola Johnson

7.5. Chief Executive Update

7.6. Future Provision of General Medical Services at Rhayader Medical Practice

7.7. In-Committee Corporate Risk Register

Director of Corporate Governance

7.8. Any other urgent business

7.9. Close

Patterson,Liz
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POWYS TEACHING HEALTH BOARD
BOARD MEETING
WEDNESDAY 29 JANUARY 2025
09:30 – 15:30

Via Teams
CHAIR: Dr Carl Cooper

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

AGENDA

1: PRELIMINARY MATTERS				
09.30	**1.1**	Welcome and Apologies for Absence	Verbal	Chair
	1.2	Declarations of Interest • Board Member Register of Interests attached for information	Verbal Attached	All
	1.3	Board Action Log	Attached	Chair
09:40	**1.4**	Experience Stories: • Elaine's Story	Attached	Executive Director of Nursing, Quality, Women and Family Health
	1.5	Questions to Board from the public	Verbal	Director of Corporate Governance
09.50	**1.6**	Update from the: a) Chair b) Vice Chair c) Chief Executive	 Attached Attached Attached	 Chair Vice-Chair Chief Executive
10.05	**1.7**	Assurance Reports of the Board's Committees:	Attached	Committee Chairs Chief Executive
2: CONSENT AGENDA BUSINESS				
The Chair will ask if there are any items from the Consent Agenda (Item 5) that Board Members wish to bring forward to the main agenda.				
3: ITEMS FOR APPROVAL/RATIFICATION/DECISION				
10.25	**3.1**	Charitable Funds Annual Report and Annual Accounts	Attached	Executive Director of Finance, Capital and Support Services Audit Wales
10.35	**3.2**	Next steps – Annual Delivery Plan 2024/25	Attached	Chief Executive Officer
11.20	**BREAK 15 minutes**			
11.35	**3.3**	Anti-Racism Plan	Attached	Director of People & Culture
11.45	**3.4**	Director of Corporate Governance Report	Attached	Director of Corporate Governance

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11.50	**3.5**	Minutes of Previous Meeting held on 27 November 2024 and 10 January 2005	Attached	Chair
4: ITEMS FOR BOARD ASSURANCE				
11.55	**4.1**	Financial Performance: Month 09 - 2024/25	Attached	Executive Director of Finance, Capital and Support Services
12.15	**4.2**	Integrated Quality and Performance Report 2024/25: Month 08	Attached	Executive Director of Planning, Performance and Commissioning /All Directors
12.40 15 mins	**4.3**	PTHB Temporary Service Change update	Attached	Executive Medical Director
12.55	**LUNCH 35 minutes**			
13.30	**4.4**	Corporate Risk Register	Attached	Director of Corporate Governance
13.40	**4.5**	Digital Strategic Framework: annual update	Attached	Executive Director of Allied Health Professions, Health Science and Digital
13.55	**4.6**	Nurse Staffing Levels	Attached	Executive Director of Nursing, Quality, Women and Family Health
14.10	**4.7**	Report of the Chief Officer of Llais	Verbal	Llais Regional Director
5: CONSENT AGENDA				
14.15	**5.1**	Assurance Report of the Board's Joint Committees **Purpose**: Assurance	Attached	Chief Executive
	5.2	Assurance Report of the Board's Partnership Arrangements **Purpose**: Assurance	Attached	Chief Executive
	5.3	Board Work Programme **Purpose:** Assurance	Attached	Director of Corporate Governance
	5.4	Glossary **Purpose:** Information	Attached	Director of Corporate Governance
6: OTHER MATTERS				
14.20	**6.1**	Any Other Urgent Business	Verbal	Chair
	6.2	Close		
	6.3	Date of the Next Meeting: ▪ 26 March 2025		

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

take this advice into account when considering the following motion to exclude the public from this part of the meeting:

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

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

Time	Item	Title	Attached / Oral	Presenter
14.30	**7.1**	Welcome and Apologies for Absence	Verbal	Chair
	7.2	Declarations of Interest	Verbal	All
	7.3	Minutes of Previous In-Committee Meetings held on 27 November 2024 and Action Log	Attached	Chair
14.35	**7.4**	Integrated Plan 2025-28 update	Attached	Executive Director of Planning, Performance and Commissioning
15.05	**7.5**	Chief Executive Update	Verbal	Chief Executive
15.15	**7.6**	Future Provision of General Medical Services at Rhayader Medical Practice	Attached	Director of Corporate Governance
15.30	**7.7**	In-Committee Corporate Risk Register	Attached	Director of Corporate Governance
	7.8	Any other urgent business	Verbal	Chair
15.35	**7.9**	Close		

MESSAGE TO THE PUBLIC:

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

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

Updated: November 2024

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

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			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
Independent Member (Third Sector)	**Jennifer Owen Adams**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL		
Independent Member (Local Authority)	**Christopher Walsh**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Wath Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner:CTW Genealogy Research and Owneer:Property in the County of Powys	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
Independent Member (Capital)	**Michael Giannai**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member	Ian Thomas	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Jan-23	Current	Family Fund (UK Charity)	NIL	09/01/2025	
				Jun-24	Currne t	Family Fund Business Services (FFBS)	NIL		
EXECUTIVE MEMBERS									
Chief Executive Officer	**Hayley Thomas**	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Planning, Performance & Commissioning	**Stephen Powell**	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of	**Pete Hopgood**	Personal	NIL	NIL	NIL	NIL	NIL		

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Finance, Capital and Support Services		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	22/05/2024	
Executive Director of Allied Health Professions, Health Science and Digital	**Claire Madsen**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Nursing, Quality, Women and Family Health	**Claire Roche**	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
				1994	Current	Member of the Royal College of Midwifery			
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Medical Director	**Kate Wright**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	**Debra Wood Lawson**	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	**Mererid Bowley**	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	NIL		
Interim Executive Director of Operations	**Joy Garfitt**	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance / Board Secretary	**Helen Bushell**	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Parter or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Diretor and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		

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Board Action Log								
RAG Status:								
At risk	Red - action date passed or revised date needed							
On track	Yellow - action on target to be completed by agreed/revised date							
Completed	Green - action complete							
No longer needed	Blue - action to be removed and/or replaced by new action							
Transferred	Grey - Transferred to another group							
Board								
Meeting Date	**Item Reference**	**Lead**	**Meeting Item Title**	**Details of Action**	**Update on Progress**	**Original target date**	**Revised Target Date**	**RAG status**
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE OR ARE ONGOING								
27/11/2024	PTHB/24/131	DCG	Assurance Reports of Board's Committees	Peoples Experience Framework to be brought to future Board for discussion	**27.01.2025 update:** This is on the agenda for February PEQS and March Board. Action not yet due to report to Board	Mar-25		On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 29 JANUARY 2025)								
27/11/2024	PTHB/24/135	DCG	Temporary Service Change Update	A digital leaflet for public communication to be circulated to Board	**27.01.2025 update:** Leaflet circulated to Board members.			Completed
24/07/2024	PTHB/24/65	DPPC	IQPR	Deep dives into a series of areas of performance data to be undertaken at Board Development sessions	**25.09.2024 update:** Initial discussion taken place, further planning being done to programme deep dives into the programme of Board & Committees. Action not yet due to report. **20.01.2025 update** - deep dives programmed into Board Development programe for 2025/26.	Jan-25		Completed
24/07/2024	PTHB/24/66	DCG	Report from Llais	Explore and feedback to Board concerns regarding access to services	**25.09.2024 update:** Action in progress, not yet due to report **27.11.2024 update:** Action in progress, request for action to be reported to January 2025 Board. **29.01.2025 update** - Session being planned as part of the 2025/26 Board Development programme with Llais	Nov-24	Jan-25	Completed

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6a

BOARD MEETING	**DATE: 29 JANUARY 2025**
Subject:	**CHAIR's REPORT**
Approved and presented by:	Carl Cooper, Powys Teaching Health Board (PTHB) Chair
Prepared by:	Carl Cooper, PTHB Chair
Other Committees and meetings considered at:	N/A

PURPOSE:

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

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
N	Y	N

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

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27/01/2025 14:49:02

CHAIR'S REPORT:

Board Membership

Following a recent recruitment process, I am delighted to report that the Cabinet Secretary for Health and Social Care has appointed Ian Thomas as a new, independent member of our board. Ian is a person of significant knowledge, skills and expertise as an executive officer and as a board member. He brings particular experience of leading large charities within housing and services for older people. We look forward to his contribution and to his colleagueship.

We are working with Welsh Government to determine the arrangements for the recruitment of one further Independent Member in the Spring. In the meantime, I am grateful to Mick Giannasi for his continued support as a directly appointed Independent Member.

Escalation, Assurance and Accountability

We continue to work with Welsh Government within the Level 4 escalation arrangements of the NHS Wales Intervention and Escalation Framework. We reported at the last meeting that, due to the increased risk associated with our financial position, we have been placed in a higher tier of escalation for the domain of finance, strategy and planning.

As a board we recognise and own the situation in which we find ourselves. We are producing a document that will set out clearly the governance arrangements in response to our escalation status and describe what board ownership and the board's role means in practice.

We are actively considering difficult, mitigating actions that will improve our position. These are the subject of ongoing discussion and were initially considered at an extraordinary meeting of the board on 10 January. We have also spent board development time exploring in detail the requirements placed upon us, the options available to us, together with the risks associated with these options.

It is important to report that our focus is not exclusively on the immediate situation. A significant amount of work is underway that will set out our plans towards a manageable, sustainable future. The *Better Together* approach will be a key agenda item for the Board for the foreseeable future. It demonstrates that, despite the current financial challenges and difficulties, we are putting in place a process that will take us forward in a constructive and necessary direction. *Better Together* will inform our integrated / annual plan for 2025-26 and beyond.

There will inevitably be further difficult decisions to make, However, it is important to state that we are committed to providing the best quality, safest, most timely health services as possible for our population.

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It is equally important to note that we remain in routine monitoring (level 1) for all other domains of the NHS Wales Intervention and Escalation Framework Arrangements.

Listening and Learning

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

Each monthly board development session includes an opportunity to engage with different, operational colleagues. At our January session we were joined by colleagues from the Therapies Hub in Newtown Hospital. We were greatly encouraged by the many ways in which this team has taken forward changes that have significantly improved patient experience and resulted in greater productivity and efficiency. It was also good to hear of the strong sense of team in the Hub, underpinned by a positive, ambitious, mutually supportive culture.

The Vice Chair and my 'Out and About' programme of visits continues apace. The Christmas break meant that we made fewer visits than usual. Nonetheless, I'm particularly grateful to colleagues for their warm welcome and useful conversations since our last board meeting, namely:

- Brecon Children's Centre
- Digital Leads Group
- Learning from Experience Group

As part of our building stronger relationships with our commissioned providers, I also visited the Robert Jones Agnes Hunt Orthopaedic Hospital in Gobowen. I receive a warm welcome from senior executives. It was good to see the suite of expanding services for Powys patients, and to learn of the positive working relationships between our two organisations.

I am looking forward to further engagement over the coming period, including visits to our Ready to Go Home Units in Bronllys and Llanidloes as a result of the Temporary Service Changes we made towards the end of 2024.

Digiflo

I have received a demonstration of the new *Digiflo* system, a shared platform between ourselves and Powys County Council. Importantly, the system is designed to ensure we have a joint ownership and analysis of delayed transfers of care data. The system is in its infancy, and we are committed to it fulfilling its potential in order that we improve matters as regards patients that are in our hospitals but fit to go home.

Patterson,Liz
27/01/2025 14:49:03

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item:1.6b

BOARD MEETING	**DATE: 29 JANUARY 2025**
Subject:	**VICE CHAIR'S REPORT**
Approved and presented by:	Kirsty Williams, PTHB Vice Chair
Prepared by:	Kirsty Williams, PTHB Vice Chaie
Other Committees and meetings considered at:	None

PURPOSE:

To bring to the Board's attention key points for awareness from the Vice Chair of Powys Teaching Health Board, since the previous Board meeting in January 2025.

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
×	✓	×

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

Patterson,Liz
27/01/2025 14:49:02

VICE CHAIR'S REPORT

Quality and Safety

I continue to attend meetings of the All-Wales Quality and Safety Committee Group. At its most recent meeting the Chairs shared experience of how each of us evaluate committee effectiveness in our respective Health Boards. This provides interesting insights and potential innovations we can incorporate into our own governance arrangements.

Listening to Staff & Visits

I am grateful to Susan Dinsdale, Head of Children's Nursing for organising a visit to a range of children's services based in Newtown. I was able to discuss the challenge facing our Neuro-Developmental services with one of our Paediatric Consultants as well as workload issues facing our Health Visitors. Other matters raised related to ways in which we can increase vaccination rates for school children, safeguarding and the potential for developing more services for children with complex needs. I was also able to meet several mothers who access some of the services to support them during the vital first months of their babies' lives. It was good to hear the positive experiences they have had.

Partnership

The Regional Partnership Board have been providing oversight of the partnership working arrangements in relation to Winter Pressures and Ministerial priorities of the 50 Day Challenge as well as the Care Action Committee targets. We are due shortly to scrutinise and agree proposals for the allocation of Regional Integrated Fund resources for the new financial year. This has been a substantial piece of work with the aim of ensuring maximum impact and efficiency for the investments made.

Congratulations

It was a pleasure to attend the RCN Nurse of the Year Awards at the end of November and witness the success of one of our own nurses. Many congratulations to Catherine Davies who was presented with the Learning Disabilities Nursing Award. Those who have had the pleasure of meeting Catherine know she is an inspirational nurse who is tenacious in her quest to ensure that her patients have an equal opportunity to access health services and receive outstanding care.

Patterson,Liz
27/01/2025 14:49:03

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.6c

BOARD MEETING	**DATE: 29 January 2025**
Subject:	**CHIEF EXECUTIVE REPORT**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Helen Bushell, Director of Corporate Governance with contribution from other colleagues
Other Committees and meetings considered at:	Elements of this report may have been considered at various committees or meetings prior to being presented.

PURPOSE:

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

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

The report specifically covers:

- Stroke Services update
- EMRTS Judicial Review
- Health Protection – Winter Respiratory Vaccination Programme
- Winter pressures
- North Powys Wellbeing Programme
- Welsh Affairs Committee
- Staff recognition
- Staff Excellence Awards 2025

RECOMMENDATION(S):

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

Approve/Take Assurance	Discuss	Note
N	Y	N

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	

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

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27/01/2025 14:49:03

CEO REPORT:

Stroke Services update

During December the health board was informed by Cwm Taf Morgannwg University Health Board (CTMUHB) of the need for urgent temporary changes to stroke services at Prince Charles Hospital (PCH), which is the main stroke service for parts of South Powys. From week beginning 6 January 2025, the stroke service at PCH transferred to Royal Glamorgan Hospital as a result of the inability to staff the PCH stroke consultant rota. CTMUHB have advised that whilst this is an emergency temporary change they however anticipate that this situation will continue for some time as it is providing very challenging to source stroke clinicians for the service. PCH will continue to provide emergency assessment and treatment (including thrombolysis) for self-presenting patients. We are working with CTMUHB, Welsh Ambulance Service University NHS Trust (WAST) and other neighbouring providers of stroke services to maintain access to time critical care for South Powys residents, and continue to work with CTMUHB in the further development of the South East Wales Stroke Review which aims to agree and implement the future shape of safe and sustainable stroke services for the region. In this context we have reiterated to partners the importance of the shared commitments made following the South Wales Programme will be appropriately reflected in this work - in particular the recognition of the strategic importance of Prince Charles Hospital for South Powys communities given the transfer of acute and emergency service from Nevill Hall to the Grange.

The key message to the public remains to Act F.A.S.T. (Face. Arms. Speech. Time). If you suspect that you or someone else is having a stroke, phone 999 immediately and ask for an ambulance.

Information about temporary changes to stroke services at PCH has been shared via our health board channels, and is available from our website: Urgent temporary changes to stroke services at Prince Charles Hospital in Merthyr Tydfil - Powys Teaching Health Board

Stroke Services provided by Hywel Dda University Health Board

Work is under way at Hywel Dda University Health Board (HDUHB) to refresh its clinical services strategy and consider further changes needed to provide safe, quality, and sustainable care including to hospital services accessed by Powys residents. HDUHB have shared an update on this work which encompasses nine service areas: Critical Care, Emergency General Surgery, Stroke, Endoscopy, Radiology, Dermatology, Ophthalmology, Orthopaedics and Urology.

A suite of initial options were discussed at their Board meeting in November. Potential scenarios for stroke services have generated some public, political and media interest, particularly given that all scenarios would see stroke services at

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Bronglais Hospital become "treat and transfer" with inpatient services provided in Llanelli and/or Withybush.

Based on the update to their November Board we understand that HDUHB has agreed that the programme should prepare for a public consultation to involve further staff and communities in this work. The scope and matters for a future consultation, including the options, are due to be presented to HDUHB board in January. We will ensure that further information will be shared with PTHB Board members when available.

EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) - Judicial Review update

As I have reported previously, a judicial review has been granted in relation EMRTS. A two day hearing took place in Cardiff Crown Court on the 22 and 23 January, a further day of the hearing has been scheduled for the 7 February 2025.

Health Protection - Winter Respiratory Vaccination Programme

The Autumn/Winter Vaccination programme commenced in September with a blended delivery model offering flu, covid and RSV vaccinations to eligible individuals in accordance with JCVI and WG Ministerial Guidance. The programme was offered according to the plan agreed at Board Committee in September 2024, with additional 'drop-in' flu/covid vaccination clinics offered in December and January through vaccination services to maximise flu vaccination uptake in response to surge in flu virus circulating.

The Vaccination Service has commenced the RSV catch-up programme for older adults on 13th January, with appointments offered at locations across Powys to ensure eligible residents are offered their vaccination as local as possible.

Winter Pressures

Pressures for our acute providers in both England and Wales continues to be significant with Welsh Ambulance Services Trust operating at a higher level of operational escalation.

In November 2024 Welsh Government set a 50-day challenge to reduce the number of people in hospitals, through improved assessments and discharge and partnership working across the system. Working closely with Powys County Council, the Health Board produces weekly reports and below is a summary of the latest data which explain the current issues in the system:

- There has been a 7% overall delay reduction since March 2024. The target is 15%, with all Wales performance reporting at 14% for December 2024.
- There has been a 19% overall reduction in assessments since March 2024, but October – December 2024 saw an increase in delays in assessments.

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Currently there are 69 people delayed in PTHB beds which is 6 above the trajectory of 63.

- We are 2,168 days delayed against a trajectory of 2,319 which is a reduction and is the 2nd lowest days delayed in 9 months. Whilst a positive move, it is still too high.
- The biggest reason for delays is social care assessments followed by care home assessment delays.
- PCC increased commissioned care capacity by 2000 hours per week in Nov / December which should help subject to improvement in assessments. However there is still a gap in commissioned care capacity against demand.

Overall the system is challenged, but the temporary changes (reported separately to Board today) are allowing good data on demand and flow with December's flow being 25 and 18 so far in January with the Ready to Go Home Units seeing a 25% increase in number of admissions compared to the same period last year.

North Powys Well Being Programme

Following submission of a funding bid to Welsh Government for Integrated and Rebalancing Capital Fund (IRCF) in December, we have been able to share an update on this key programme with local stakeholders.

If the bid is successful then the first phase of the new multi-agency health and wellbeing campus in Newtown could become a reality by Spring 2028.

Phase One would provide new accommodation for a range of services currently provided in multiple locations across the town with a focus on intervention, prevention, partnership and primary care services. A funding bid to develop an Outline Business Case over 2025-26 for the first phase has now been submitted.

Further funding bids are being developed for the next two phases. Phase Two would provide replacement facilities for the services provided at Montgomeryshire County Infirmary in Newtown, and Phase Three would expand the range of diagnostic and treatment services available in North Powys and reduce the need to travel to acute hospitals outside the county for some treatments.

Taking a phased approach to this programme will help us deliver our ambitions for local health and wellbeing whilst recognising the pressures on public sector capital funding. The health board and the council remain firmly focused on securing commitment from Welsh Government for all three phases.

More information is available from the North Powys Wellbeing website: North Powys Wellbeing Programme | Have Your Say Powys

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Welsh Affairs Committee
The Welsh Affairs Committee of the UK Parliament held an oral evidence session on cross-border health care on 22 January 2025. Carol Shillabeer from Betsi Cadwaladr University Health Board and Stacey Taylor from the NHS Wales Joint Commissioning Committee were invited to represent the NHS in Wales.

Both Powys MPs – Steve Witherden MP and David Chadwick MP – are members of the Committee. In addition, the Senedd Member for Montgomeryshire Russell George MS was invited as a temporary member of the Committee in his capacity as Chair of the Senedd Health and Care Committee.

The evidence session was taking place shortly after the time of writing, and we will ensure that further details of the proceedings are shared with Board members.

More information is also available from the UK Parliament website: 22 January 2025 - Cross-border healthcare - Oral evidence - Committees - UK Parliament

Staff Recognition
Congratulations to **Learning Disability Nurse of the Year** Catherine Davies

We shared by oral report at our November Board that PTHB learning disability nurse Catherine Davies was recognised as the first RCN Wales Learning Disability Nurse of the Year at an award ceremony on 21 November.

Catherine received the accolade for her commitment and drive to make healthcare better for people with learning disabilities across the county.

This work has included raising awareness amongst GPs and other health professionals on how people with learning disabilities may need particular support and leading the charge to ensure that around 90% of this group receive an annual learning disability health check. This percentage is by far the highest in all of Wales.

Very well done to Catherine for this excellent achievement.

More information is available from our website: Recognition for amazing Powys Learning Disability Nurse - Powys Teaching Health Board

British Empire Medal presentation to Heather Wenban

Heather Wenban, Lead Nurse for Dementia for Powys Teaching Health Board, was presented with her British Empire Medal at a ceremony in Newtown on 16 January. Heather was presented with the honour – announced in His Majesty King Charles' Birthday Honours in June 2024 – by the county's Lord Lieutenant

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Mrs Tia Jones at a ceremony at Hope Church which was attended by friends, family and colleagues.
Working in the NHS since 2011, first as a mental health nurse and for the past 6 years in her current role; Heather was nominated for the honour by health board colleagues who recognised that she provides impetus, compassion and a drive to improve dementia care in Powys and across Wales.
Heather's work has seen her leading the implementation of the All-Wales Dementia Standards in Powys. She has ensured improved diagnosis rates for people with dementia, the adoption of a new Hospital Charter, and wider engagement with communities to build their support for a dementia-friendly future. She ensures that the improvement of a person's journey pre and post diagnosis is fully informed by people with lived experience and their families.

More information will be available shortly from our website.

Staff Excellence Awards 2025 now open

I am delighted that our Staff Excellence Awards 2025 are now open. Our award categories focus on nurturing a culture of compassion and improvement, and include:

- PTHB Supportive Colleague
- PTHB Team of the Year
- Quality and Excellence in Practice
- Rising Star
- Partnership and Working Together
- Great Place to Work
- Improving Health in Powys
- Leadership and Taking Responsibility

Nominations are open until 31 March 2025. This will be following by shortlisting, with awards events provisionally expected in June 2025. We will share further details with Board Members, including the opportunity to participate in the judging process and judging process.

More information is available from our website at https://pthb.nhs.wales/staff-excellence

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 1.7

BOARD	**DATE: 29 JANUARY 2025**
Subject:	**BOARD COMMITTEES: CHAIRS ASSURANCE REPORTS**
Approved and presented by:	Director of Corporate Governance / Board Secretary Committee Chairs
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	The content of each of the reports has been subject to the consideration of the relevant Board Committee Chair.

PURPOSE:

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

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	

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

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EXECUTIVE SUMMARY:

ASSURANCE REPORTS FROM COMMITTEE CHAIRS

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

Audit, Risk and Assurance Committee:

- The Committee Chair's report of the meeting held on 14 January 2025 is attached at Appendix A.

Charitable Funds Committee

- The Committee Chair's report of the meetings held on 02 December 2024 and 10 January 2025 is attached at Appendix B.

Executive Committee:

- The Committee Chair's report of the meetings held from 13 November 2024 –18 December 2025 is attached at Appendix C.

Delivery and Performance Committee:

- The Committee Chair's report of the meeting held on 05 December 2024 is attached at Appendix D.

Planning Partnership and Public Health Committee:

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

Workforce and Culture Committee:

- The Committee Chair's report of the meeting held on 10 December 2024 is attached at Appendix F.

Local Partnership Forum:

- The LPF met on 20 January 2025. A note of what was discussed at this meeting is attached at Appendix G and written report from this meeting will be presented to Board in March 2025.

Escalation and Information to the Board

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

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Meeting	Escalated Matter	Date Escalated	Purpose of Escalation	Latest Update
PEQS	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	July 2023	For Board awareness, no specific action requested	PEQS has not met since the last update **Item remains escalated to Board.**
	Infection Prevention and Control	July 2023 (In-Committee)	For Board awareness, no specific action requested	PEQS has not met since the last update **Item remains escalated to Board.**
PEQS - transferred from D&P	Neurodiversity Services – has been placed into level 3 local escalation	Oct 2024	For Board awareness, no specific action requested	PEQS has not met since the last update **Item remains escalated to Board.**

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

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

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Appendix One – reporting history to the Board

Meeting	Escalated matter	Update
PEQS 25 April 2023	Concerns regarding internal capacity constraints in respect of the use of Civica in relation to patient experience	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on Patient Experience – Civica (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on Patient Experience – Civica. Noting the system continues to evolve and become established with feedback used to improve the system. Successes and opportunities were outlined along with ongoing priorities. **PEQS 16 April 2024:** • received an update within the Integrated Quality Report – in relation to the Patient Experience Stories, recording equipment has been purchased but limited administrative support available to support the production of patient stories. **PEQS 30 July 2024:** • A plan is in place to increase capacity and the Patient Experience Framework will be brought to PEQS in November 2024 when this escalation to Board will be reviewed. **PEQS 07 Nov 2024:** • A presentation on the 'Peoples Experience Framework' was brought to Committee. The Draft People's Experience Framework will be brought to PEQS in February 2025.

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PEQS 4 July 2023	Infection Prevention and Control (Reported to Board IC July 2023)	**PEQS 24 Oct 2023:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which will be repeated on an agreed timeframe, and • agreed the Board level statement on Infection Prevention and Control (see PEQS Chair's Report to Board) **PEQS 23 Jan 2024:** • received an update within the Integrated Quality Report on progress on the Infection Prevention and Control Improvement Plan which outlined that 60% of activities were complete, 19% were making good progress, 2% were behind schedule and 19% were on track. The priorities for Quarter 4 were outlined to Committee **PEQS 16 April 2024:** Action plan is nearing completion and all actions are on track **PEQS 30 July 2024:** • Progress has been made (see PEQS Chair's Report to Board) but this matter remains escalated to Board. **PEQS 07 Nov 2024:** • Progress has been made (see PEQS Chair's Report to Board).
Delivery and Performance Committee (22 October 2024)	Neurodiversity Services	**D&P 22 Oct 2024:** • This service has been placed into local escalation by the Executive Committee. D&P have transferred oversight of this service to PEQS to enable a focus on quality as well as performance. **PEQS 07 Nov 2024:** • PEQS received this item noting the recent local escalation recognising the change of status and opportunity to focus on improvements to the service. An update will be received at the February 2025 meeting.

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Reporting Committee:	**Audit, Risk and Assurance Committee**
Committee Chair	Steve Elliot
Date of last meetings:	14 January 2025
Paper prepared by:	Interim Head of Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report has been prepared to provide Board Members with a summary of the key issues considered by the Audit, Risk and Assurance Committee (ARAC) at its meeting on 14 January 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the ARAC Committee is set out in Schedule 4 (pages 3 - 14) of Standing Orders.

3. HIGHLIGHT REPORT

Links to agenda and reports: 14 January 2025 - Powys Teaching Health Board

Alert / Escalate	Nothing to report from this meeting.
Advise	A Limited Assurance Internal Audit report was received in relation to Deprivation of Liberties Safeguards (DoLS) – the management response has been provided and considered by the Committee. Audit recommendations will be tracked and reviewed by the Committee in accordance with normal practice.
Assure	**Internal Audit Progress Report** ○ 7 Internal Audits finalised: Substantial Assurance Core Financial Systems – Treasury Management Board & Committee Structure / Effectiveness Records Management Reasonable Assurance: Staff Retention Capital Systems Energy Management Limited Assurance:

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Deprivation of Liberties Safeguards (DoLS)

These reports will be shared with Board Committees for information.

Delivery of Internal Audit Plan
26 reviews in the plan, 9 have been completed, 5 are in progress, 6 have had briefs issued and 6 are yet to be started.

Changes to the 2024/25 Plan
It was agreed to remove the Local Primary Mental Health Support Services Internal Audit from the 2024/25 plan

Development of 2025/26 Audit Plan
This is under discussion for presentation to ARAC in March 2025

External Audit Progress Report

- Charitable Funds Audit underway
- Audit of Accountability Report and Financial Statements at planning stage
- Review of Urgent and Emergency Care – at field work stage
- All Wales thematic review of planned care – report being drafted
- Structured Assessment – draft report in clearance

Counter Fraud
An update was given providing assurance that resource utilisation was on track although there maybe some movement of resources between areas. Action had been taken to improve processes around prescription of weight loss drugs after concern was raised at other NHS Wales organisations of the potential for resale of prescribed weight loss drugs.

Post Payment Verification
The mid-year report provided assurance that post payment verification is maintaining a good level of post payment verification across General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmacy Services (GPS). The recovery rates were shared for GMS and GOS. The GPS is a new area and recovery is yet to commence.

Single Tender Waiver
It was reported that one Single Tender Waiver had been requested between October and December 2024.

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	Records Management Improvement Plan The Committee received assurance that all work had been undertaken to address all internal audit recommendations from the 2019 Limited Assurance Records Management Internal Audit. The 2024 Internal Audit Report for Records Management had returned a Substantial assurance, and that a robust programme of activity was in place to ensure consistent compliance with regulations across all services.
Inform	Committee Work Programme 2024-25 was received.
Appendices	None
NEXT MEETING: 11 March 2025	

Patterson,Liz
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Reporting Committee:	**Charitable Funds Committee**
Committee Chair	Carl Cooper
Date of meeting:	2 December 2024 and 20 January 2025
Paper prepared by:	Senior Administrator – Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The Board is asked to NOTE the following matters were discussed and resolved at the Charitable Funds Committee (CFC) on 2 December 2024. The papers from this meeting can be accessed at: Charitable Funds Committee - Powys Teaching Health Board (nhs.wales)

General Bids for Approval

Discussion took place in relation to the approval of funding applications to receive assurance that, in each case, charitable funds were not being used for something that should be NHS funded and that all the bids delivered "added or enhanced value".

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

- **Painting, Decorating and Flooring – Therapies offices/corridor, administration, upstairs in Newtown Hospital (£23,552)**
  This application was received following a visit by the Charity Team to Newtown Hospital when it was noted, the building required a refresh. This application was supported by the Fund Managers.
  The Committee AGREED to defer this application for further discussion.

- **Clinical Safety Officer Training (£5,512)**
  This application was for training for new software and had been endorsed by the Executive Director of Allied Health Professions, Health Sciences & Digital. The cost was above the Fund Manager approval level, due to trainer expenses.

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The Committee AGREED this application be DECLINED, as critical training should be provided as mandatory.

- **Machynlleth Therapeutic Art Group (£700)**
  The Mental Health Team had a Powys wide project supporting mental health through art funded by the Arts Council. The Mental Health Team were aware of this application which would sit alongside that. The Committee SUPPORTED the bid.

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

The Committee received a summary of the expenditure approved under Delegated Authority between 1 April 24 and 31 August 2024

The Committee DISCUSSED and RATIFIED the expenditure.

Terms of Reference

The Committee received the revised draft Terms of Reference which brought the Committee in line with the Terms of Reference of other committees' Terms of Reference.

The Committee DISCUSSED and RECOMMENDED the revised draft Terms of Reference for submission to Board for approval.

Charity Dashboard

The Committee received the charity dashboard and update on the number of applications received from across the County and where the funds had been spent. It was noted there was a fair proportion of application from across the North, South and Mid of the County and a high portion that were pan Powys. The number of applications approved by this Committee or the Fund Manager will change as the delegated approval threshold was raised.

The Committee NOTED the update on applications received, donations and fund expenditure.

Charitable Funds Financial Summary Report

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

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- **General Funds** – Income of £170,000 had been received with an expenditure of £75,000, this gave £95,000 income over and above expenditure

- **Legacy Funds** - £12,000 expenditure over income

- **Bank Balance** - £707,000. This figure took into consideration several items of expenditure made in early 2024/2025 that had to be accounted for in the 2023/2024 accounts. This meant the opening balance reported at previous meetings of this Committee had been changed, though the Annual Accounts process.

The Committee NOTED the financial report.

Investment Manager Report

The Committee were advised the quarterly Brewin Dolphin fund valuation had increased by £55,000 in comparison to the previously received report. This investment had increased and maintained an income target of over £100,000 per year, for utilisation by the Charity.

The Committee NOTED the Investment Manager report.

Annual Report

The Committee received the draft Annual Report and noted Audit Wales had worked with Powys Teaching Health Board (PTHB) to undertake the required audit of the financial accounts of the Charity, by 31 January 2025 for submission to the Charity Commission.

For 2023/2024 the Charity's total expenditure was £386,000, a third of which was on support costs. The total income received for 2023/2024 was £286,000; £100,000 over the income received. PTHB was broadly comparable with other organisations in relation to support costs.

Charity Manager Update

The Committee received an update on the Charity's activities since the previous meeting.

Key items highlighted included:

- Meeting with the League of Friends and the Friends of the Healthcare Forum had been positive

Patterson, Ursula (PTHB)
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- Ongoing projects and partnerships
- Communications, campaigns and fundraising
- Engagement report

The Committee DISCUSSED and NOTED the Charity activity report.

Communications and Website

The Committee received a breakdown of the newsletter readership. Until the new website goes live, it had been decided newsletters would be published less frequently with potentially more interesting content.

The team's focus had been on launching the website and would evaluate the use of other media platforms when the website went live.

The Committee NOTED the Communication and Website Update.

Information and Assurance items:

The Charitable Funds Committee received information on:

Investment Manager's Report

The Board is asked to note the following items were considered at the Charitable Funds Committee held on **20 January 2025.** The papers for this meeting can be accessed at: 20 January 2025 (deferred from 10 January 2025) - Powys Teaching Health Board

Charitable Funds Annual Report and Accounts for year ending 31 March 2024

The Committee received the Charitable Funds Annual Report and Accounts which was presented by the Executive Director of Finance, IT and Support Services. Audit Wales presented the Audit Plan and ISA260 that, on approval from Board as Trustees of the Charitable Fund, the Auditor General intends to sign the accounts with an unqualified opinion.

Charitable Funds Committee recommend that the Board, as Trustees of the Charitable Fund approve the Charitable Fund Annual Accounts and Report 2023-24.

Patterson, Ursula (PTHB)
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DATE OF NEXT COMMITTEE MEETING
17 March 2025

Patterson, Victoria
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Reporting Committee:	**Executive Committee**
Committee Chair	Hayley Thomas, Chief Executive
Date of last meeting:	18 December 2024
Paper prepared by:	Director of Corporate Governance / Corporate Business Manager

KEY DECISIONS AND MATTERS CONSIDERED BY THE COMMITTEE

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

I am pleased to provide the Board with a summary of the matters considered by the Executive Committee when it met on 30 October, 13 November, 20 November, 26 November, 11 December and 18 December 2024. Meetings following these dates will be reported to the Board in March 2025.

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Alert/ Advise/ Assure/ Inform	Topic	Purpose	Additional Comments	Onward to Committee /Board	Date of Executive Committee
Alert	Nothing to report.				
Advise	Nothing to report – all content captured in either assure or inform sections below.				
Assure	Sickness Absence Deep Dive	Assurance and Discussion	The Committee were presented the findings of the deep dive into stress, anxiety and depression sickness across the organisation. The Committee discussed the information RECEIVED and NOTED the report		30.10.24
	Integrated Quality Report	Assurance	An updated overview of the Quality and Safety agenda across the health board was provided, noting there was continuing improvement with compliance. The Committee RECEIVED the report and took ASSURANCE that Quality and Safety is appropriately monitored and reported, and that continued actions are in place to further develop monitoring and reporting.	PEQS Committee	30.10.24
	Strategic Change Programme Board Update	Assurance	The Committee received and NOTED the update provided		30.10.24
	Health Board Actions of Child Practice Review	Assurance	The Committee took ASSURANCE in relation to the progress and improvements made in implementing the Concise Child Practice Review Action Plan.	PEQS Committee	30.10.24
	Progress Report: Clinical Audit	Assurance	Progress against the 2024/25 Clinical Audit Plan was provided to the Committee who RECEIVED the update report and took ASSURANCE that Clinical Audit are progressing in-year.	PEQS Committee	30.10.24
	Finance Performance	Assurance	The Committee took ASSURANCE that the organisation has effective financial monitoring and reporting mechanisms in place. To note:	Board	13.11.24

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	Report (Month 07)		- The report now shows the delay in discharges from hospitals due to capacity and performance challenges within Social Care.	D&P Committee	
	Integrated Quality and Performance Report (Month 06)	Assurance	The Committee DISCUSSED the content of the report, took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board D&P Committee	13.11.24
	Ratification of Decisions	Assurance	The Committee formally recorded the approval of the decisions taken by CEO and Deputy CEO following the Committee meeting held on the 30 October 2024 (at which they were not present): • Virtual consultation software • Musculoskeletal First Contact Practitioner service evaluation The Committee NOTED the update.		13.11.24
	Neurodevelopment Escalation Update	Assurance	The Committee were provided with a verbal update on the escalation oversight group. The Committee was advised there had been two oversight meetings to date. The Committee NOTED the update.	PEQS Committee	13.11.24
	Capital Programme Delivery	Assurance	The report provided an update on the current status of the Capital Programme, referencing the radiology work, the ongoing challenges to backlog maintenance; the ongoing challenge with North Powys Wellbeing Programme – where there is still no clarity on funding source. It was noted that the amount of spend for the year is circa £12M with £1M spent to date, but there is no concern on spend as it relates to ongoing work. The Committee NOTED the update with associated risks and took ASSURANCE in respect of the delivery of the programme of activity.	D&P Committee	13.11.24

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	Corporate Risk Register	Assurance	The Committee REVIEWED the November 2024 version of the Corporate Risk Register, ensuring it is a complete and true reflection of the health board's current high-level risks.	All Committees & Board	13.11.24
	Temporary Service Changes	Assurance	The Committee took ASSURANCE about the operational readiness to implement the Temporary Services Changes to date and pending the updates suggested it was NOTED the report will be provided to the Board on the 27 November.	Board	20.11.24
	Integrated Quality and Performance Report (Month 07)	Assurance	The report provided an update on the latest available performance position by exception up until end of October 2024. The Committee DISCUSSED the content of the report, took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.	Board	26.11.24
	Digital Strategic Framework Annual Delivery & Performance Report	Assurance	The Committee: - Took ASSURANCE that arrangements are in place for continued delivery against the Digital Strategic Framework, and that the pace of the delivery to improve the IT Infrastructure and Data Platform has been significant. - CONSIDERED the updates in relation to the first 12 months of delivery and took ASSURANCE of the actions and workstreams undertaken to improve and upgrade the Digital Services offering. - NOTED the key achievements and successful implementation of the Target Operating Model (TOM) following the S33 Tupe, and the implementation of the first UK NHS Federated Data Lakehouse.	D&P Committee Board	26.11.24

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			- NOTED the structure realignment of Clinical Informatics to the Digital Directorate.		
	Workforce Performance Report	Assurance	The Committee NOTED the update.	W&C Committee LPF	26.11.24
	Director of People & Culture Report	Assurance	The Committee RECEIVED this report as an update on priorities within the Workforce section of the Integrated Plan for 2023/24, that are not part of the Committee's agenda and took ASSURANCE against delivery of those priorities.	W&C Committee LPF	26.11.24
	Staff Health and Wellbeing	Assurance	The Committee REVIEWED the information provided in the update and took ASSURANCE of delivery against the plan.	W&C Committee LPF	26.11.24
	Workforce Sustainability and Transformation	Assurance	The Committee REVIEWED the information provided and took ASSURANCE against delivery of the relevant parts of the Integrated Plan.	W&C Committee LPF	26.11.24
	Community Pharmacy	Assurance	The Committee RECEIVED the Community Pharmacy Performance Report and took ASSURANCE that Community Pharmacy provision is in line with plans. It was NOTED that the report would be updated following feedback from this Committee; before being considered at the Delivery and Performance Committee.	D&P Committee	26.11.24
	General Dental Services	Assurance	The Committee RECEIVED the update provided and took ASSURANCE that the General Dental Services Commissioning Framework monitoring process is providing the required information on dental contract management.	D&P Committee	26.11.24

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	In-Reach Fragility	Assurance	Committee DISCUSSED, NOTED and took ASSURANCE from the contents of the report.	D&P Committee	26.11.24
	Neurodiversity Escalation Oversight Update	Assurance	The Committee NOTED and DISCUSSED the contents of the report, including the improvement plan, progress report and IQPAF maturity assessment. The Committee took ASSURANCE that the implementation of the Escalation Oversight mechanism is providing robust oversight of the quality improvement and risk mitigation work being undertaken within Neurodevelopmental Services.	PEQS Committee	11.12.24
	Information Governance Performance Report	Assurance	The Committee NOTED the contents of the report for assurance and SUPPORTED actions required to improve compliance	ARAC Committee	11.12.24
	Bed Delays (NHS England provider)	Discussion	The Committee DISCUSSED and NOTED the contents of the report; and agreed for an options paper to be brought back to the Committee to consider the risks, consequences and responsibilities.		18.12.24
Inform	Integrated Plan 2025/26 Development and Draft Maturity Matrix	Discussion and Information	The Committee were presented with the proposed approach for the development of the PTHB Integrated Plan – which builds on the 5-year plan that had been agreed last year. The Committee NOTED the current position, CONSIDERED the key planning assumptions, and REVIEWED the Draft Planning Maturity matrix and Draft Strategic Priorities.	PPPH Committee Board	30.10.24
	Strategic Change Report	Discussion	An updated stocktake of Strategic Change programmes around Wales and England, that may have an impact on healthcare for Powys residents was provided to the Committee. The Committee NOTED the report,	PPPH Committee	30.10.24

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			DISCUSSED the content and provided any further updates that had not been captured.		
	Nationally Reportable Incident (NRI) Update	Information	This update provided detail on open NRI incidents within the health board – the Committee were INFORMED by the report.	Relevant components to PEQS Committee	30.10.24
	Planned Care Insourcing Procurement	Approval	The Committee supported the recommended approach subject to additional information requested.		30.10.24
	Virtual Consultation Continuation	Approval	The Committee APPROVED the contract request. The Committee requested further consideration to be undertaken on what happens after this licensing period, to demonstrate that broader consideration has been given across applications.		30.10.24
	North Powys District Nursing Team Alignment	Approval	A summary of the Powys District Nursing Team re-alignment scoping paper was received and the Committee APPROVED the paper and provided approval to proceed to the organisational change process.		30.10.24
	Musculoskeletal First Contact Practitioner Services (specific practice)	Approval	The Committee RECOMMENDED for final APPROVAL (by the CEO) for the transition of the First Contact Practitioner service, from cluster funding to Health Board funding on a substantive basis.		30.10.24
	Working Carers Network and Funding Support	Approval	NOTED the work to date, and progress is aligned to Priority 4: Enhanced rights for unpaid carers under the Social Services and Wellbeing (Wales) Act 2014. The Committee APPROVED the application to Powys Health Charity for funding to Employers for Carers subscription, along with funding for a number of wellbeing support offers.	Charitable Funds Committee	30.10.24

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	On-Call Arrangements	Discussion	The Committee DISCUSSED on-call arrangements and CONFIRMED priority next actions to support system review of arrangements.		30.10.24
	2025/26 Financial Allocation for the 6 Goals for Urgent and Emergency Care	Approval	The committee received a report outlining the current financial commitments associated with the Six Goals for Urgent and Emergency Care allocation, whilst awaiting formal confirmation from the National Programme. The Committee requested for the report to be updated to provide clarification and context around the benefits before coming to a decision.		13.11.24
	EPMA	Approval	The Committee considered the risks and challenges to the programme against its funding position. The Committee requested regular updates on the financial risk element of the programme.		13.11.24
	Complex Care Investment Business Case	Approval	The Committee received the business case seeking support of the approved application to Investment and Benefits Group (IBG). The business case set out a case to enhance the structure and invest in the teams to give greater capacity The Committee NOTED the challenges and whilst supported the principle to have capacity to deal with the cases, further consideration was required in line with other organisational initiatives. The Committee would re-consider any short-term decision as needed following the discussion on the Admin Review.		13.11.24
	Point of Care Testing Resource	Approval	The Committee RECEIVED this business case which detailed requirements for a permanent Point of Care Testing (POCT) Resource to assure the governance of existing POCT arrangements and secure the capacity to deliver POCT in the future. The Committee DISCUSSED		13.11.24

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			and APPROVED Option 3 in business case, noting that the revenue is to be included in the IMTP.		
	Compassionate Leadership Pledge	Approval	The Committee NOTED the approach to and progress in embedding Compassionate Leadership in the Health Board and SUPPORTED the approval of signing of the Compassionate Leadership Pledge.	Board	13.11.24
	Challenging Rodent and Fly infestations	Assurance	The Committee took ASSURANCE of the ongoing work to manage pest control across the health board and NOTED the future oversight of pest control will be taken forwards via the Innovative Environments Group.		13.11.24
	Out of Hours response and management to fire alarms on PTHB sites with in-patients	Discussion and Information	The Committee DISCUSSED the report which outlined the current level of risk and assurances regarding the capacity to respond to and manage a fire during the out of hours period on hospital sites with inpatient services (following the change of approach from the Fire Service). The Committee agreed that the CEO will discuss with the Fire service, whilst work continues on any immediate concerns.	D&P Committee in the next scheduled agenda item on fire safety	13.11.24
	MSK Orthopaedic Referral Management Business case	Approval	The business case outlined the proposal to transform MSK/orthopaedic service delivery in Powys; to build seamless patient experiences and a sustainable multi-disciplinary service model and a model for future transformation work. The Committee SUPPORTED to proceed with transforming MSK/orthopaedic service delivery in Powys as outlined in the business case – but required further discussion on baseline; clarification on benefits and ensuring it aligns with the IMTP process.		13.11.24
	2025/26 Financial	Approval	The Committee re-considered this report which was seeking a decision relating to the acceptance of financial		20.11.24

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	Allocation for the 6 Goals for Urgent and Emergency Care		risk prior to formal receipt of the anticipated 2025/26 financial allocation The Committee DISCUSSED and APPROVED from the options outlined, with Option 3 being the preferred option, noting the need to add more clarity around benefits and for outcomes to be tracked.		
	Cross Border Pathways Project Update	Approval	The Committee SUPPORTED the recommendations to: - Extend the project timeline until 31 March 2025 to ensure the completion of the Pathology Results and Letters workstreams with Wye Valley Trust. - Maintain a weekly project meeting to track progress, address dependencies, and support outputs and configurations of the data pathways project - Escalate any concerns to the Director of Digital Strategy at DHCW should project timelines begin to deviate. The Committee would receive timely updates on this area of work.		26.11.24 and 18.12.24
	Charter for the Families bereaved by Public Tragedy	Approval	The Committee NOTED the principles set out in the 'Charter for the Bereaved following Public Tragedy' and APPROVED the recommendation to adopt the Charter on behalf of the Health Board.		26.11.24
	RPB Evaluation, Prioritisation and Assurance Framework Update	Information	The Committee received an update on the oversight of the RPB evaluation of projects process. MB will ensure there is an appropriate process for sharing outcomes for each project. The Committee NOTED the update.		26.11.24
	Integrated Plan 2025/28	Information	The Committee RECEIVED a progress update on the Integrated Plan 2025/28.	PPPH Committee	11.12.24

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	Progress Update			Board	
	Anti-Racism Wales: Local PTHB Action Plan	Recommendation to Board	The Committee received the new anti-racism plan, which had been updated to include new activity as a result of the Welsh Race Equality Standards report. The Committee APPROVED the recommendation to the Board to approve the new anti-racism plan.	Board	11.12.24
	Review of Bulk Oxygen Storage Vacuum Insulated Evaporators (VIE)	Approval	The Committee received this report, which proposed for planning to be undertaken in respect of the decommissioning of the 3 VIEs and re-instating / upgrading the bottled gas systems. The Committee SUPPORTED and APPROVED the proposal.		11.12.24
	Final Funded Nursing Care Rate 2024/25	Approval	The Committee AGREED the proposed final rate for Funded Nursing Care for 2024/25.		11.12.24
	Options Paper: Provision of Complex Care for Children	Approval	The Committee DISCUSSED the options available within the report and DID NOT APPROVE the recommended option 2, but for further work to be undertaken and brought back to this Committee.		11.12.24
	Internal Debrief Following Train Collision 25	Approval and Discussion	The Committee APPROVED the Internal Debrief report. The Committee DISCUSSED and APPROVED the proposal to strengthen the Health Board's response to a CT incident, by ensuring that there is a sufficient number of PTHB personnel who have obtained SC level security clearance. The Committee NOTED the update provided on planning that is due to be commenced to deliver a 'live' exercise in 2025.	PPPH Committee at the time of the next annual report	11.12.24

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	Healthcare Professionals Forum	Discussion	The Committee DISCUSSED the proposals and offered recommendations for improvement and next steps.	Board (March 2025)	11.12.24

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

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Reporting Committee:	**Delivery and Performance Committee**
Committee Chair	Ronnie Alexander
Date of last meetings:	05 December 2024
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Delivery and Performance Committee meeting on 05 December 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

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

3. HIGHLIGHT REPORT

(Links to agenda and reports: Delivery and Performance Committee - Powys Teaching Health Board)

Alert / Escalate	**ORGANISATIONAL STATUS (NHS WALES ESCALATION FRAMEWORK) ENHANCED MONITORING REPORT** Powys had been placed into an increased level escalation status by Welsh Government, with PTHB placed into Level 4 of the framework (targeted intervention) for Strategy, Planning and Finance. The increased escalation is largely due to an unsupportable Integrated Medium-Term Plan (IMTP) and deficit budget. Products implemented locally are: • Monthly IQPD meeting, previous two meetings are included within the Committee papers • Biannual joint executive team with Welsh Government • Finance – monthly finance reporting and escalation action plan in place • Planning – regular reporting and draft maturity matrix in place Detail on the roles and responsibilities against the criteria set by Welsh Government along with assurance dashboards was highlighted. NJ highlighted the following key themes:

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	• The Health Board awaits a follow up letter regarding the de-escalation criteria for Level 4 which is expected in December; • PTHB remains in routine monitoring for all other domains of escalation within the Welsh Government Framework with good progress against the delivery of planning and performance; • A baseline assessment had been undertaken on the planning maturity matrix as part of the de-escalation criteria and following consideration at the PTHB Board , this is due to be submitted to Welsh Government and; • A letter had been received following a recent Joint Executive Team (JET) meeting which noted positive progress. Plans are ongoing for Welsh Government colleagues to attend a Board Development session to discuss the escalation status. The Committee **RECEIVED** the report as part of a package of assurance that PTHB continues to report as required in relation to its organisational escalation status. The Committee also **NOTED** the latest position on organisational escalation status for PTHB.
Advise	Nothing to report from this meeting.
Assure	**FINANCE PERFORMANCE REPORT MONTH 07** The following key areas were highlighted: • Powys Teaching Health Board (PTHB) continue to monitor against the current year-end deficit plan of £22.9m which continues to be unsupported; • At month 7, there is a £17.182m overspend against the planned year to date deficit of £13.387m giving the Health Board an operational overspend of £3.794m; • The year end forecast remains in line with the resubmitted plan at £22.948m, but this is not without risk; • The capital resource limit for 2024/25 is £12.647m. To date £0.776m had been spent; • Pressure areas continue across Continuing Health Care (CHC) linked to the number of packages received had been higher than anticipated against agency spend. • Secondary Care delays- Discharge delays from community and district general hospitals (DGH) due to capacity and performance challenges with Adult Social Care Services has caused an increased pressure on the Health Board of £5.5m.

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- Further work is being considered to mitigate actions to enable delivery to improve the financial position;
- Additional funding had been made available cross all Heath Boards regarding inflation pressures of Prescribing, Secondary Care Medicines and Packages of Care across CHC and FMC. Based upon Powys' population, a total allocation of £2.178m would be received;
- A total of £5m had been allocated across Wales given the pressures of English performance impacts on 104 week waits.

The Committee:

- **RECEIVED** the financial report and took **ASSURANCE** that the organisation has effective financial monitoring and reporting mechanisms in place.
- **NOTED** the current increased risk of achieving the projected in year forecast for 2024/25.
- **NOTED** the Board recognised on the 27 November that further ongoing in year mitigations would need to be delivered to achieve the in-year forecast.

INTEGRATED QUALITY AND PERFORMANCE REPORT MONTH 07 LITE

It was highlighted that Month 06 of the Performance report had been considered by the Board in late November 2024.

The following key areas across Performance were highlighted:

- Overall Performance across Powys had maintained;
- Improvement across Mental Health Services is anticipated within the next reporting cycle;
- Neurodevelopmental Services for Children remains in escalation, improvement is anticipated given the work being undertaken;
- Cancer waiting times remain a challenge;
- Planned Care remained compliant with Referral to treatment time (RTT) measures.
-

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

COMMUNITY PHARMACY ANNUAL REPORT

The Committee received the report which demonstrated significant progress over the 12-month period to strengthen performance and quality contract monitoring across

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Community Pharmacy. The position conveys fragilities and challenges across the system with the service under review of its delivery. Monitoring the spend against the monies allocated to community pharmacy continues to be a priority.

The following themes were highlighted:

- Increased trend of contractors submitting requests to reduce their opening hours.
- Electronic subscription services setup in four Practices with additional three onboarding next year;

The Committee:
RECEIVED the Community Pharmacy Performance Report **NOTING** the progress made and were **ASSURED** that a clear understanding of the challenges in community pharmacy and are taking proactive steps to address them.

PRIMARY CARE: GENERAL DENTAL SERVICES (GDS)
The following key themes were highlighted:

- Mid-year reviews are ongoing and 100% will be concluded by 29 November 2024,
- Non-recurrent contract reductions agreed for 2024/25 include My Dentist Newtown and My Dentist Welshpool. Discussions ongoing regarding a permanent contract rebases.
- Non-recurrent contract increases agreed for Clifton Dental Practice and Llansantffraid Dental Practice.
- A new Mobile Dental Unit located in Hay-on-Wye provides NHS dental services in the area enabling easy access to vulnerable groups. Any patients that are highlighted as 'high needs' or 'vulnerable' are referred for ongoing NHS access within Brecon Community Dental Service.

Access to general dental services (GDS) continues to be a local and national challenge. Supporting patients to access appropriate GDS provision continues to be a high priority for Powys.

All Children and young people receive NHS dental services, although it was noted that stats show 49% of individuals receive treatment. The Committee recognised the stats did not represent a realistic reflection and would be reviewed by the Executive Director of Primary, Community Care and Mental Health. EL explained that there remains a strong cohort of patients that will not access NHS dental services, and this would also be reviewed.

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Further work is required to understand how to triangulate audits undertaken contractually of quality improvement. It was agreed that a report would be considered at the Patient Experience, Quality and Safety Committee in the near future to fully understand how quality is measured from a general and community dental perspective.

The Committee **RECEIVED** the update report and took **ASSURANCE** that the General Dental Services Commissioning Assurance Framework monitoring process is providing the required information on dental contract management.

CAPITAL PROGRAMME DELIVERY AND PIPELINE OVERVIEW

WT provided members with an overview on the current status of the Organisations Capital Programme. The availability of Welsh Government (WG) funding, both revenue and capital, is recognised as a significant challenge. Whilst the 2024/2025 capital allocation for PTHB, at over £12M, is the highest for any years, there are concerns around the future position as the outcome of the WG Capital Prioritisation Process is yet to be announced – this recognised the disparity between the Health Board bids to WG for £6.7Bn over 10 years and the circa £400M per annum allocation.

The committee recognised Capital as an enabler which follows Transformation and Service development. Members noted the Regional Partnership Board (RPB) is now in a better integrated place to support the Health and Care strategy. There is a need to review availability scenarios of Capital which will require Board discussion regarding how a response is put forward as the service strategy is reviewed.

The Committee **NOTED** the update and associated risks and took **ASSURANCE** in respect of the delivery of the programme of activity.

COMMUNICATIONS AND ENGAGEMENT REPORT

An overview was presented to members of the team's delivery during Q2 2024/25 and a look forward to Q3 2024/25. Key highlights during Q2 included:

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- Intensive programme of work to support engagement and decision-making on a number of temporary service changes, a continued programme of environmental improvements, and further expansion of our use of GovDelivery to support targeted and personalised communication, and a focus on wellbeing and early help & support including through smoking cessation, vaping, SilverCloud.
- Work programme delivery continued to be driven by the organisation's principal priorities, risks and reputational impact issues.
- The health board continues to deliver and/or support a range of campaigns. Active planning for the future remains in place including ongoing review of governance and resources.

The Committee **DISCUSSED** the report and took **ASSURANCE** from the PTHB Engagement and Communication Team Q2 Impact and Delivery Assurance Report.

IN-REACH FRAGILITY

The Committee received the report and noted the importance to recognise Powys' strong position, comparable to other health boards across Wales. Powys has a high dependence on commissioned in-reach service provision to achieve performance targets. Access targets cannot be achieved without in-reach provision.

The Committee welcomed the report which illustrated the complexities across the In-reach service. It was agreed to bring an update report back to Committee on an annual cycle to review the position. It was also agreed that an update report regarding JAG accreditation would be considered to the Patient Experience, Quality and Safety Committee to reflect on the quality elements.

The Committee **RECEIVED** the updated report and took **ASSURANCE** that the organisation has clear understanding of its in-reach provision and associated risks.

DIGITAL FIRST MONITORING REPORT

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	The Committee received the report and noted that the presentation would be collated into an annual report going forwards to include the challenges faced across Digital and the planned work for the forthcoming year. Key achievements, challenges and forward plan were highlighted across the Digital service. The Committee: • Took **ASSURANCE** that arrangements are in place for continued delivery against the Digital Strategic Framework, and that the pace of the delivery to improve the IT Infrastructure and Data Platform had been significant. • **CONSIDERED** the updates in relation to the first twelve months of delivery against the Digital Strategic Framework (DSF) • Took **ASSURANCE** of the actions and workstreams undertaken to improve and upgrade the Digital Services offering as set out in the DSF. • **NOTED** the key achievements and successful implementation of the Target Operating Model (TOM) and; • **NOTED** the challenges for the Cross Border programme, national priorities and local priorities, and digital adoption across the organisation. **COMMITTEE RISK REGISTER** The Committee **NOTED** the November 2024 version of the Committee Risk Register and took **ASSURANCE** that it is a complete and a true reflection of the Committee's current high-level risks.
Inform	The Committee RECEIVED the Committee Work Programme for 2024/2025. An update report regarding JAG accreditation would be considered to the Patient Experience, Quality and Safety Committee.
NEXT MEETING: 06 February 2025 via Microsoft Teams	

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Reporting Committee:	**Planning, Partnerships and Population Health Committee**
Committee Chair	Rhobert Lewis
Date of last meetings:	14 November 2024
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Planning, Partnerships and Population Health Committee meeting on 14 November 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Planning, Partnerships and Population Health Committee is set out in Schedule 4 (pages 53 – 62) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: Planning, Partnerships and Population Health Committee - Powys Teaching Health Board)

Alert / Escalate	Nothing to report from this meeting
Advise	Nothing to report from this meeting.
Assure	**STRATEGIC CHANGE REPORT** An update was provided against the stocktake of Strategic Change programmes which may impact on Powys patients and services. Powys' Transformation team are working alongside Hywel Dda's planned changes to learn from their approach to support local plans. Recent South East Wales Regional Partnership and Delivery Board meetings discussed Stroke services configuration. **Service Change Engagement Report** An overview was provided of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services.

Patterson.Liz 27/01/2025 14:49:03

The Committee NOTED the report and took ASSURANCE that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

INTEGRATED PLAN 2025/2026 DEVELOPMENT AND DRAFT MATURITY MATRIX

Members received the report with the proposed approach for the development of the Powys Integrated Plan (IMTP) 2025 – 2028, the Plan will have the themes of Risk, Recovery and Sustainability. A recent Board Development Session discussed the escalation criteria for Finance, Planning and Strategy and work to progress these would be included in the Plan, whilst maintaining routine monitoring status for quality, and performance governance and leadership. A baseline assessment would be undertaken to include assessment of growth with commissioned providers with the first draft Plan to be presented to the Board in January 2025. The NHS framework planning or Ministerial Directions are yet to be received.

The following observations were made against the PESTLE analysis:

- What are other organisations positions in terms of Artificial Intelligence (AI), given it is known that medical knowledge is increasing rapidly.
- We should ensure planning for systematic progress.
- Social elements of Covid-19, potential for the virus to return.
- The need to be more explicit regarding economic impact with the Powys and for Powys County Council given the financial challenges faced. Should this be kept live within Powys' assessment.

The committee recognised

The Committee:

- NOTED the current position and national requirements,
- REVIEWED and DISCUSSED the refreshed PESTLE analysis and the Draft Planning Maturity Matrix providing feedback,
- CONSIDERED the Financial Planning Timeline and Initial Draft Strategic Priorities and provided feedback and;
- RECOMMENDED the planning development approach and Planning Maturity Matrix to the Board in November 2024.

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TRANSFORMATION AND CHANGE

LC provided a presentation on the Route map to Sustainability work and wider Transformation Programme. A detailed update was provided on the achievements delivered which align with PTHB Integrated Medium Term Plan (IMTP). The next phase of the programme would include the following:

- Existing Transformation programmes to provide detail to support ongoing development of model. Structure and planned outputs will be reprioritised to deliver Route Map to Sustainability.
- Strengthened involvement from key partners including links to A Sustainable Powys.
- Timeline for Route Map will be finalised as part of organisational planning approach & formal Board consideration.
- Development of engagement approach:
    - Building on previous Health & Care Strategy, ASM and Better Together engagement.
    - Learning from Temporary Service Change process
    - November/December - Joint PCC & PTHB Town & Community Council engagement sessions

The Committee RECEIVED the update on the Transformation – Better Together Programme and NOTED the key changes. The Chair Congratulated Lucie Cornish, newly appointed Director of Improvement & Transformation for the work undertaken to date.

WINTER PLAN 2024/2025

The RPB System Resilience Plan had been developed through the Regional Partnership Board arrangements, involving partners across health and care. The Final Draft of the Plan will be provided to the Board to ask that support is given to the final approval which was took place at RPB Board in December 2024.

The national required priorities and targets set for action in 2024/25 were noted and attention was drawn to the reduced pathways of care delays due to assessment where Powys had been rated the best in Wales in reducing waiting times. It was clarified that 24/7 access to District Nursing targets were not able to be fully met due to the rurality of the population and services distribution.

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WINTER RESPIRATORY VACCINATION CAMPAIGN

The Committee received the report which presented a summary of the work undertaken to date against the Plan to deliver the Winter Respiratory Vaccination Campaign.

The Committee took ASSURANCE that arrangements are in place for system resilience planning across the Powys Regional Partnership Board (RPB) and that Powys has actively contributed to those arrangements. Members CONSIDERED the RPB System Resilience Plan ('Winter Plan') which is the end product of those arrangements across partners and RECOMMEND to PTHB Board that support is given to the final approval of the plan, which will take place at RPB Board in December 2024.

ORAL HEALTH – DESIGN TO SMILE PROGRAMME

The Committee received the report which focused on Childrens dental health in early years up to, and including age five years. Considerable work had been undertaken to re-establish the Design to Smile Programme post pandemic which relies on Partnerships and collaboration with pre-school settings. There has been an improvement of uptake of eligible settings taking part within the programme, however it has been recognised that further work is required to understand why some settings have not taken part within the programme and to offer support going forward.

Members recognised the association with poor dental health in deprived areas and the importance of language utilised to not blame bad parenting culture to improve dental health.

The Committee NOTED the report and took ASSURANCE of the statistically significant improvements made in dental health of children at age five years in Powys, of the progress in recovery of the delivery of the Designed to Smile Programme following the pandemic, and of continued work to build on progress to date to maximise the opportunities for wider system links to further improve dental health in children.

CHILD IMMUNISATION ANNUAL REPORT

Emphasis continues to maintain high uptake rates on childhood vaccinations across Powys. Mererid Bowley thanked GP practices for the delivery of childhood vaccinations which is part of the General Medical Services (GMS) contract.

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	The Committee CONSIDERED the uptake in childhood immunisations and took ASSURANCE of the actions being undertaken to maintain and further increase the uptake of childhood immunisations, including targeted catch-up campaigns. Members NOTED the successful implementation of the targeted MMR vaccination catch-up to increase rates in primary and secondary schools in Powys. **LOCAL AND NATIONAL CIVIL CONTINGENCY ARRANGEMENTS** The PTHB Board at its meeting on the 24 July following its consideration of the Civil Contingencies Annual report asked for a more detailed discussion to take place at the PPPH Committee. The report provided detail of the current Civil Contingencies planning and preparedness arrangements that are in place at national level through the NHS Wales Executive. Discussions were held around the cross border working arrangements and links with the UK's CONTEST strategy. Members welcomed the report and recognised the alignment to the Corporate Risk Register. Thanks were given for the work undertaken to date. The Committee RECEIVED the update of the current Civil Contingencies planning and preparedness arrangements at a national, regional and local levels for awareness and took ASSURANCE from the plans in place. **COMMITTEE RISK REGISTER (CRR)** The Committee RECEIVED and DISCUSSED the corporate risks within the Committees remit and took ASSURANCE that the risks are being managed in line with the Risk Management Framework.
Inform	The Committee RECEIVED the Committee Work Programme for 2024/2025. Members RECEIVED the Internal Audit Reports of the Integrated Plan Development Report. The Committee RECEIVED the NWSSP Mid-Year Performance Report.
NEXT MEETING: 04 February 2025 via Microsoft Teams	

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Reporting Committee:	**Workforce and Culture Committee**
Committee Chair	Jennifer Owen-Adams
Date of last meetings:	10 December 2024
Paper prepared by:	Corporate Governance Officer

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

1. SITUATION/BACKGROUND

This report had been prepared to provide Board Members with a summary of the key issues considered by the Workforce and Culture Committee meeting on 10 December 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Workforce and Culture Committee is set out in Schedule 4 (pages 31 – 41) of Standing Orders.

3. HIGHLIGHT REPORT

(Links to agenda and reports: Workforce and Culture Committee - Powys Teaching Health Board)

Alert / Escalate	Nothing to report from this meeting
Advise	Nothing to report from this meeting.
Assure	**STAFF STORY (YNYS Y PLANT)** A presentation shared by two Community Nurses with the Health Boards Childrens Community Nursing (CCN) team. The story explained their recent experience of the planning and introduction of a kit bag to the CCN team to improve the access to essential stock and equipment for the CCN in the community, to ensure high quality patient safety and care. Members recognised the vital importance of the CCN intervention to care for the child's emergency need with the use of the Kit bag and that the outcome may have been unsuccessful should the Kit Bag not have been available.

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The Committee **NOTED** the discussions with Charitable Funds managers and the barriers presented to seek approval for equipment requests. A conversation would take place to ensure managers and leads are aware of the appropriate approval processes and are adhered to.

WORKFORCE AND PERFORMANCE REPORT

Members received the report which had continued to develop in presentation. Attention was drawn to following areas:

Staff Transformation and Sustainability of the Workforce

- Substantial increase in performance rate of bank shifts taken;
- Reduction in off-contract agency use;
- Wider tracking across all services which had transferred to the roster had shown an increase in vacancy performance from April 2024. (historic tracking across wards only until April 2024);
- High-cost agency spend had decreased;
- Sustained performance compliance in PADR's of Statutory and Mandatory training;
- Reduction in absence levels for staff Health and Wellbeing;
- positive outcome to the recent recruitment events held across the County

The Committee RECEIVED the Workforce Performance Report and were ASSURED that the organisation has appropriate mechanisms in place to record and monitor workforce data.

DIRECTOR OF PEOPLE AND CULTURE REPORT

The committee were provided with an update on priorities within the Workforce section of the Integrated Plan for 2024/25 since September 2024. The report also included updates on other aspects of workforce matters both local and national.

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

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WORKFORCE FUTURES – THEME 1 – STAFF HEALTH AND WELLBEING

The Committee received a presentation that focused on Employee Health and Wellbeing and gave assurance against delivery within the integrated plan. The detail had been developed to provide an update against the ' Health and Wellbeing' priority.

Committee members observed the following:

- Great to see the team wellbeing sessions working collaboratively;
- Use of coaching to support and embed principles from the Compassionate Leadership Programme and ensure continued support and development;
- Climate survey – sense of progress, recognised the need to understand those who don't feel they see progress within their service;
- Acknowledged the work undertaken against the Occupational Health Digital system.

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

WORKFORCE FUTURES – THEME 3 – WORKFORCE SUSTAINABILITY AND TRANSFORMATION

The Committee received the report which summarised the detail and progress of work undertaken in recent months against the Transformation and Sustainability of the Workforce priority.

The Committee observed the following:

- Recognised the successful work undertaken following the Audit report and recognised the need to convey the impact of work to demonstrate to committee members why this is important;
- Audit report recommendation- To review similar workforces across the UK. No obvious benchmark to compare against other health boards across the UK, recognising Powys is designed differently to many partner Trusts. Noted conversations with partners in Scotland had taken place around workforce planning historically;
- The breakeven projections were explained to committee which were based on defined assumptions and principles applied going forward that organisationally, nothing would change. The data trend had shown significant improvements across the workforce with the interventions invested of aspiring

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	nurses and internationally education nurses conveying the biggest positive impact to date and; • Acknowledged the vacancy to recruitment timelines had seen significant improvement. The Committee RECEIVED the Workforce Sustainability and Transformation update and took ASSURANCE against delivery of the relevant parts of the Integrated Plan. The Chair thanked colleagues for the positive trends provided across the Workforce reports presented and the quality of data received. **HEALTH AND SAFETY ASSURANCE UPDATE** Committee members received the report which provided a summary of the key information of the health boards Health and Safety Performance for Quarter one and two of the current financial year. It was noted that this is the first time the Committee had received the assurance report given that the Patient Experience, Quality and Safety Committee received the body of work, and deemed appropriate to be presented to the Workforce and Culture meeting given the remit of its committee. The Committee RECEIVED the contents of the key Health and Safety metrics for Quarter 1 and 2 took ASSURANCE that appropriate reporting arrangements are in place. **COMMITTEE RISK REGISTER (CRR)** The Committee RECEIVED and DISCUSSED the corporate risks within the Committees remit and took ASSURANCE that the risks are being managed in line with the Risk Management Framework.
Inform	The Committee RECEIVED the Committee Work Programme for 2024/2025. Members RECEIVED the Staff Retention Internal Audit Report for information. It was NOTED that the Health Care support Workers of Band 2 and 3 discussions had been added to the January 2025 Board Agenda for further consideration.

NEXT MEETING: 13 March 2025 via Microsoft Teams

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27/01/2025 14:49:03

Reporting Committee:	**Local Partnership Forum**
Committee Chair	Hayley Thomas
Date of last meeting:	20 January 2025
Paper prepared by:	Senior Administrator - Corporate Governance

KEY DECISIONS / MATTERS CONSIDERED BY THE COMMITTEE

The last meeting of the Local Partnership Forum took place on 20 January 2025.

The Board is asked to note that the following matters were discussed at the Local Partnership Forum took place on 20 January 2025.

- Temporary Service Changes – Lessons Learnt
- Understanding the Organisational Admin Support Update
- Financial Performance Report – Month 08 including in-year financial recovery plus 2025/26 recovery
- Director of Workforce and OD Summary Report
- Workforce Performance Report
- Integrated Plan 2025/26 Approach
- Chief Executives Report from Board; November 2024
- Non-pay Element Final Submission Report
- Band 2 and 3 Nursing workforce update
- Speaking Up Safely Update
- NHS Staff Survey

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.

NEXT MEETING

The next meeting of LPF will be held on 8 April 2025.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.1

Charitable Funds Committee	**10 January 2025**
Subject:	CHARITABLE FUNDS ANNUAL REPORT AND ACCOUNTS FOR YEAR ENDED 31 MARCH 2024
Approved and presented by:	Director of Finance, Capital Estates and Support Services Director of Corporate Governance
Prepared by:	Assistant Director of Finance (Accounts and Services)
Other Committees and meetings considered at:	Charitable Funds Committee – 2 December 2024

PURPOSE:

The purpose of this paper is to provide the Charitable Funds Annual Report and Accounts for the period to 31 March 2024 for approval.

RECOMMENDATION(S):

The Board as Corporate Trustee for the Charitable Funds is asked to:

- **RECEIVE** and **APPROVE** the Charitable Funds Annual Report and Accounts for the period to 31 March 2024 as **RECOMMENDED** by the Charitable Funds Committee
- **RECEIVE** and **APPROVE** the Audit of Accounts report (ISA260) from Audit Wales.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

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EXECUTIVE SUMMARY:

The Powys Teaching Health Board (PTHB) as Corporate Trustee must provide to the Charity Commission an Annual Report and Accounts for the year ended 31 March 2024 for the Powys Teaching Local Health Board Charitable Fund that has been subject to Statutory Audit by External Audit and approved by the PTHB Board. The deadline for this submission is 31 January 2025.

DETAILED BACKGROUND AND ASSESSMENT:

The Charitable Funds Annual Report and Accounts have been compiled and are attached at **Appendix A** for the Board's consideration.

The Charity has exceeded the Charity Commission thresholds for statutory audit for the financial year to 31 March 2024. Therefore, Audit Wales have undertaken a full statutory Audit. An Audit plan of their work is attached at **Appendix B**

The 2023-24 ISA 260 report is attached at **Appendix C** for information.

The Board Chair and Chief Executive must sign the Annual Report and Accounts, prior to the signing of the Auditor General for Wales on 30 January 2025.

As part of the signing process a Letter of Representation must be provided to the auditors at the time of signing. This has been drafted and is attached at **Appendix D**.

Once all parties have signed, the submission to the Charity Commission will be undertaken prior to the 31 January 2025.

NEXT STEPS:

- The Annual Report and Accounts will be considered by the Board for approval as Corporate Trustee and signing undertaken.
- The Annual Report and Accounts will be signed by the Auditor General for Wales prior to submission the Charity Commission by the 31 January 2025.

IMPACT ASSESSMENT - NOT REQUIRED FOR THIS REPORT

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

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Powys Health Charity

Charitable Funds

Annual Report and Accounts for the Year

Ended 31 March 2024

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Charity Registration Number - 1057902

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Trustee Arrangements

Powys Teaching Local Health Board Charitable Fund (the Charity) is registered with the Charity Commission; Powys Teaching Local Health Board (Powys THB) is designated as Corporate Trustee.

The members of Powys THB who served during the financial year to 31st March 2024 were as follows:

Powys Teaching Local Health Board Board Members 2023/24	
Chair	Carl Cooper
Vice Chair	Kirsty Williams
Chief Executive	Carol Shillabeer (To 02 May 2023)
Chief Executive	Hayley Thomas (Interim from 02 May 2023 to 25 February 2024. Substantive from 26 February 2024)
Independent Members (IM)	
Finance	Anthony Thomas (To 31 May 2023)
Local Authority	Chris Walsh
Third Sector	Jennifer Owen Adams
University	Simon Wright
ICT	Ian Phillips
Trade Union	Cathie Poynton
Capital & Estates	Mark Taylor (To 23 October 2023)
Capital & Estates	Mick Giannasj (From 26 February 2024)
General	Rhobert Lewis

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General	Ronnie Alexander
Executive Directors	
Executive Director of Strategy, Primary Care and Partnerships and Deputy Chief Executive	Hayley Thomas (To 01 May 2023)
Executive Director of Finance, Information and IT Services	Pete Hopgood (To 01 May 2023)
Interim Deputy Chief Executive, Executive Director of Finance, Information and IT Services, and Interim Executive Director of Primary Care	Pete Hopgood (from 02 May 2023 to 16 May 2024 and substantive from 17 May 2024)
Executive Director of Workforce and OD	Debra Wood-Lawson
Executive Medical Director	Kate Wright
Executive Director of Nursing and Midwifery	Claire Roche
Executive Director of Therapies and Health Sciences	Claire Madsen
Executive Director of Public Health	Mererid Bowley
Interim Executive Director of Planning, Performance and Commissioning	Stephen Powell (From 17 July 2023)
Interim Executive Director of Operations, Community Care and Mental Health	Joy Garifft (From 05 April 2023 – in post but was absent from 26 January 2024 interim arrangements were made)
Interim Executive Director of Operations, Community Care and Mental Health	David Farnsworth (from 26 January 2024)
Director of Corporate Governance / Board Secretary	Helen Bushell (From 09 January 2023)

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In order to assist the Corporate Trustee to fulfil its statutory duties under this registration, a Charitable Fund's Committee has been established with delegated powers to manage the Charity.

Current Charitable Funds Committee Membership

Carl Cooper - Chair

Rhobert Lewis - Independent Member

Cathie Poynton - Independent Member

Pete Hopgood - Executive Director of Finance & IT

Claire Madsen - Executive Director of Therapies

Registered Office

The registered office of the Charity is Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LY.

Registration Number

The Charity is registered with the Charity Commission – Registered Number 1057902.

Bankers

Barclays Bank
57 Frogmore Street
Abergavenny
Gwent
NP7 5AT

Internal Auditors

NHS Wales Shared
Services Partnership
Audit & Assurance Services
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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Investment Advisors

Brewin Dolphin Ltd
12 Smithfield Street
London
EC1A 9BD

External Auditors

Auditor General for Wales
Audit Wales
1 Capital Quarter, Tyndall Street
Cardiff
CF10 4BZ

Foreword

The Charity was formally created on 28th May 2004 by a 'Deed of Arrangement' which replaced the Powys Health Care NHS Trust Charitable Fund, which had been in existence since 26th July 1996.

These accounts have been prepared in line with Financial Reporting Standard 102 (FRS 102).

The Charity's annual report and accounts for the year ending 31st March 2024 have been prepared by the Corporate Trustee in accordance with Part VI of the Charities Act 2011 and the Charities (Accounts and Reports) Regulations 2005 (Statement of Recommended Practice (SORP) 2015). The Charity's report and accounts include all the separately established charitable funds for which the Local Health Board is responsible.

Administrative Details

The Charity has an umbrella registration with the Charity Commission under which funds are registered together under a single 'main' registration number. There are a total of 74 individual funds maintained within the accounting records as at the 31 March 2024, and the notes to the accounts distinguish the types of funds and disclose separately all material funds.

Charitable monies donated to the Charity are accepted, held and administered as funds and property held on trust for purposes relating to the health service in accordance with the National Health Service Act 1977 and the National Health Service and Community Care Act 1990.

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Trustee

Powys THB is the Corporate Trustee of the Charitable Fund governed by the law applicable to Local Health Boards, principally the Trustee Act 2000 and also the law applicable to Charities, which is governed by the Charities Act 2011.

The chair and independent members of the Board are appointed by the Welsh Government and the executive directors are appointed by the Board.
The Corporate Trustee devolves responsibility for the on-going management of the charity to the Charitable Funds Committee which administers the fund on behalf of the Corporate Trustee. Details of the Corporate Trustee and its Charitable Funds Committee are disclosed on pages 2 to 4.

Principal Charitable Fund Advisor to the Board

Under a scheme of delegated authority approved by the Corporate Trustee, the Executive Director of Finance of Powys THB has responsibility for the management of the Charity, and the Head of Financial Services is the principal officer overseeing the day-to-day financial management and accounting for the charitable fund and its specific charitable accounts during the year.

Professional Advisors

The principal professional advisors to the Corporate Trustee are detailed on page 4.

Structure Governance and Management

The Charity's unrestricted fund was established using the model declaration of trust. All funds held on trust as at the date of registration were either part of this unrestricted fund or registered as separate restricted funds under the main Charity. Subsequent donations and gifts received by the Charity that are attributable to the original funds are added to those fund balances within the existing Charity. Where

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funds have been received which have unique specific restrictions set by the donor, new unrestricted (designated) funds have been established.

The current structure of the individual funds reflects the fact that the majority of income and expenditure is focused where patients receive services. Operational managers exercise control over the funds donated to their management area. The charitable funds available for spending are allocated to service areas within Powys THB's management structure. There are, for example, specific allocations made for individual wards and for specific service areas such as Palliative Care and Brecon Cardiac Services.

Members of the Powys THB and its Charitable Funds Committee are not individual Trustees under Charity Law but act as agents on behalf of the Corporate Trustee. Appropriate training and induction is received on initial appointment followed by periodic development sessions to further develop the understanding of their roles and responsibilities. Informal training and awareness is provided through routine consideration of charitable fund matters at meetings of the LHB Board and directly to individuals where additional matters are identified.

Acting for the Corporate Trustee, the Charitable Funds Committee is responsible for the overall management of the Charitable Funds. The Committee is required to:

- control, manage and monitor the use of the fund's resources for the public benefit having regard to guidance issued by the Charity Commission,
- provide support, guidance and encouragement for all its income raising activities whilst managing and monitoring the receipt of all income,
- ensure that 'best practice' is followed in the conduct of all its affairs fulfilling all of its legal responsibilities,
- ensure that the approved Investment Policy incorporated within the Charitable Funds Policy approved by the Teaching Local Health Board as Corporate Trustee is adhered to and that performance is regularly reviewed whilst being aware of ethical considerations,
- keep the Corporate Trustee fully informed on the activity, performance and risks of the Charity.

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Powys THB is the main beneficiary of the Charity and is a related party by virtue of being the Charity's Corporate Trustee. By working in partnership with Powys THB, the charitable funds are used to best effect and so when deciding upon the most beneficial way to use charitable funds, the Corporate Trustee has regard to its main activities, objectives, strategies and plans. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objectives of each fund that has been designated to respect the specific wishes of each donor.

The accounting records and the day-to-day administration of the fund is dealt with by the Finance Department located at Bronllys Hospital, Brecon, Powys, LD3 0LY.

Foundational objectives of the Charitable Fund

The Charity was established with NHS wide objectives for its main fund which were outlined as follows:

"The Trustee shall hold the Trust fund upon trust to apply the income, and at their discretion, so far as may be permissible, the capital, for any charitable purpose or purposes relating to the National Health Service, wholly or mainly for the services provided by Powys Teaching Local Health Board (hereinafter referred to as "the objects")"

This means that the fund can be used for the benefit of patients and staff who receive or help deliver the services provided by Powys THB in accordance with the Deed of Trust.

The Charity is funded by donations and/or legacies received from patients, relatives and friends, the general public and other external organisations. The Corporate Trustee fulfils its legal duty by ensuring that funds are spent in accordance with the objects of each fund. The trustee respects the wishes of our donors to benefit patient care and advance good health and welfare of patients and staff and ensuring that all expenditure fulfils public benefit criteria. The practice of the Charity is to provide support to the Powys THB and Powys community through the following means: -

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Patients' Expenditure:	by purchase of equipment, and the provision of services and facilities not normally provided by or additional to the normal NHS provision.
Staff Expenditure:	by supporting staff to provide more effective services to patients, through (for example) additional education and training opportunities; and facilitating and promoting research.
Medical Equipment:	by purchase of equipment in addition to that normally provided by the NHS.

When there are changes in the delivery of a service, or when for some other reason it becomes impractical to maintain a separate fund, the Corporate Trustee has ultimate discretion, in accordance with Section 96 of the NHS Act 1977, to apply the charitable funds. Its objective, however, is to continue to respect the donor's wishes.

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A message from our Chair

This year, we have committed £369,000 to various projects which aim to support the health and wellbeing of staff and patients at Powys Teaching Health Board (PTHB).

This included the development of new grant scheme to encourage staff engagement and improve overall patient experience. The NHS 75th grant scheme generated a total of 43 applications from PTHB staff members to help celebrate the NHS Birthday and was highly successful.

The Charity marked the NHS 75th Birthday with a celebratory afternoon tea with our Leagues of Friends colleagues in Powys. This opportunity encouraged networking and a chance to thank the Leagues of Friends for their continued support of our common aim, supporting Powys Teaching Health Board.

There has been a great amount of development for the Charity in 2023-24 including the official launch of the new branding. This significant development helped to increase the charity's overall exposure and identity within Powys.

The Charity successfully raised over £286,000 this year, made possible due to the generous donations from our local communities and supporting partners. Your support and commitment to the NHS allow our Charity to make a positive impact every day for NHS staff and patients.

Thank you to every one of our fabulous supporters, staff members, partners and wider NHS colleagues that have helped the Charity continue to grow from strength to strength over the past year. With your support, we will continue to invest in the people, projects and partnerships to help improve the health and well-being of our patients, staff and population.

Dr Carl Cooper,

Chair of Powys Teaching Local Health Board and

PTHB Charitable Funds Committee

Patterson, Liz
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Our mission

As the dedicated NHS charity for Powys, we have a responsibility to support the staff and patients of the Powys THB and the wider community. We also have an opportunity to develop new partnerships between the public health and the voluntary health sectors. Our Charity can be a catalyst for partnership projects and programmes that help reduce the number of people who get ill and need statutory health intervention and help improve the health and wellness of those with long-term health conditions.

The NHS workforce provides the foundation for health care in Powys. By supporting and providing for a better working environment and better outcomes for NHS staff, our Charity will help ensure better outcomes for NHS patients and their families.

Where possible, Powys Health Charity will look to learn from the most influential and impactful third sector organisations from across the UK, particularly those in the field of healthcare and medical support and leading grant-giving charities. More locally, the Charity will also look to work with other health board charities in Wales on relevant issues and to coordinate campaigns and communications for the widest possible impact.

The support network that has been created and maintained by NHS Charities Together across the last three years has allowed for greater collaboration between NHS charities. Maintaining a strong relationship and open dialogue, particularly with Welsh NHS and third sector colleagues, will ensure Powys Health Charity is as knowledgeable, responsive and effective as possible within its field.

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Our values

Powys Health Charity aims to support the health and wellbeing of staff, patients and communities across Powys. Wherever possible, Powys Health Charity will strive to support the health and wellbeing of the people of Powys whilst adhering to the following values:

Accessible

- Ensure that wherever possible the Charity's investment in local health care brings benefit to the community, the wider NHS and beyond.

Collaborative

- Look to support health improvement projects and cultivate partnerships which enable people to live healthy lives.

Inclusive

- Embrace equality and diversity by ensuring the Charity is of, by, and for, the people of Powys.

Innovative

- Play a key role in the development of greatly improved health care for Powys.

Sustainable

- Utilise the Charity's existing and future assets to strengthen its strategic priorities and deliver positive long-term impacts for Powys.

Developing new strategic priorities and key deliverables

The following priorities and objectives have been established to outline a clear and consistent identity for our Charity. They will help to build our profile and increase the impact of our work through greater engagement with our communities and more strategic investment. They have been developed to help ensure Powys Health Charity remains relevant and sustainable for the next three years and beyond.

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The priorities for this strategy have been identified through consultation with the Charity's stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. They

reflect our stakeholders' expectations of what Powys' Health Board Charity can deliver and are linked to the strategic objectives of Powys Teaching Health Board's Integrated Medium-Term Plan (IMTP) 2022-2025.

Demonstrating Responsible Leadership	
What our Stakeholders said:	What we will deliver:
Ensure the Health Board's Charitable Funds are managed responsibly to deliver sustained health and wellbeing improvements for many years to come in Powys.	- A commitment to swift and responsive decision making whilst maintaining high standards of good governance. - An increase in the scale of Charity operations which ensures long-term sustainability and viability. - New grant funding programmes to respond to emerging health and wellbeing priorities in a timely manner. - Additional guidance which allows PTHB staff and independent members to navigate and work alongside the Charity with ease. - Annual reviews of existing governance and bidding arrangements, audit for vulnerabilities and implementation of operational efficiencies. - A clear long-term investment strategy which adopts a responsible and balanced approach to risk and ethical imperative. - A clear long-term fundraising strategy to diversify income streams and maintain financial sustainability. - A robust programme of evaluation for all Charity projects and activity to measure the

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	impact, influence and effectiveness of Charitable Funds within Powys.

Linked PTHB IMTP Objectives:

25. Implement key governance improvement priorities embedding risk management, effective policies, procedures and guidance; audit and effectiveness; Board effectiveness and systems of accountability.

Upholding Our Civic Mission

What our Stakeholders said:	What we will deliver:
There is a vital civic leadership role that the Health Board and the Charity has within the community, which needs to be a key priority.	- Better outcomes for communities struggling with socio economic deprivation in Powys (lack of access to services, a lack of adequate digital infrastructure or geographic disparity). - Increased accessibility and more equitable opportunities for foundational economy training, support, and careers in Powys. - A commitment to embed proactive environment and sustainability initiatives in all Charity activity. - Collaboration with existing PTHB services to ensure they are sustainable.

Linked PTHB IMTP Objectives:

1. Take action to reduce health inequalities and improve population health.
17. Enhance the health board's role in partnership and citizenship, maximising opportunities for volunteering and healthcare careers.
20. Implement ambitious commitments to carbon reduction, biodiversity enhancement and environmental wellbeing

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Enhancing NHS Services	
What our Stakeholders said:	What we will deliver:
The Charity can provide transformational opportunities for learning, training and initiatives that can greatly improve the working environment for staff and enhance patient experience.	- An enhanced patient experience, particularly for those undergoing long stays in community hospitals. - More digitally enabled NHS services through the provision of additional kit and equipment. - New pilot schemes which encourage innovation in healthcare. - An additional programme of support for NHS staff wellbeing. - Bursary schemes across multiple Health Board service areas for Powys community members which provide beneficiaries the opportunity to learn as they work. - A commitment to equitable support and investment for all services and service areas. - A dedicated digital resource hub to help NHS staff and patients to find project funding in Powys.
Linked PTHB IMTP Objectives: 4. Improve access to high quality sustainable primary care. 6. Improve access to high quality, equitable prevention and early intervention services for children, young people, and their families. 12. Support improved access to and outcomes from specialised services. 16. Enhance access to high quality education and training across all disciplines, specifically focusing on 'grow our own'/apprenticeships.	

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18. Implement clinical digital systems that directly enable improved care, including cross border clinical records sharing, clinical service priorities (nursing, eye care, prescribing), and telecare.
21. Implement capital, estate and facilities improvements that enhance services to patients/public and wellbeing/experience of staff.
24. Implement value-based healthcare, to deliver improved outcomes and experience, effective deployment and management of resources.

Establishing a Culture of Collaboration

What our Stakeholders said:	What we will deliver:
Through strong partnerships with other local organisations and projects, the Charity can help ensure greater joined up planning across health services. The Charity is also uniquely poised to support cross sector collaborations between the public and voluntary sectors.	- A strong and successful brand for Powys Health Charity which is of, by, and for our stakeholders (staff, service users, volunteers, Powys residents and third sector partners). - Smarter and more effective use of combined resources through new collaborations with public and voluntary sector partners in the community. - Greater fundraising presence in the community with more resources and opportunities for those who want to raise funds for their local NHS services. - An established development pathway for the Charity, which includes a new volunteering network for those who want a more active role in shaping the Charity's future. - Engaging campaigns to widen Powys Health Charity's reach to new audiences by sharing and celebrating the impact of charitable funds projects.

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	- Improved project coordination across service areas and hospitals by building upon existing regional partnerships with stakeholders such as Powys' Leagues of Friends. - An innovative approach to health and wellbeing engagement by leveraging the expertise of the STEAM (science, technology, engineering, arts, mathematics) sector to engage staff and patients.
Linked PTHB IMTP Objectives: 15. Deliver improvements to staff wellbeing and engagement, working closely with Trade Unions in Social Partnership on key joint priorities. 23. Develop and implement key actions to enhance integrated/partnership system working in Wales and England.	

Delivery and monitoring

Delivery of these objectives is overseen and monitored by the Charitable Funds Committee on behalf of the Corporate Trustee as a key programme of work.

Our year in review

Powys Health Charity Branding launch and marketing materials

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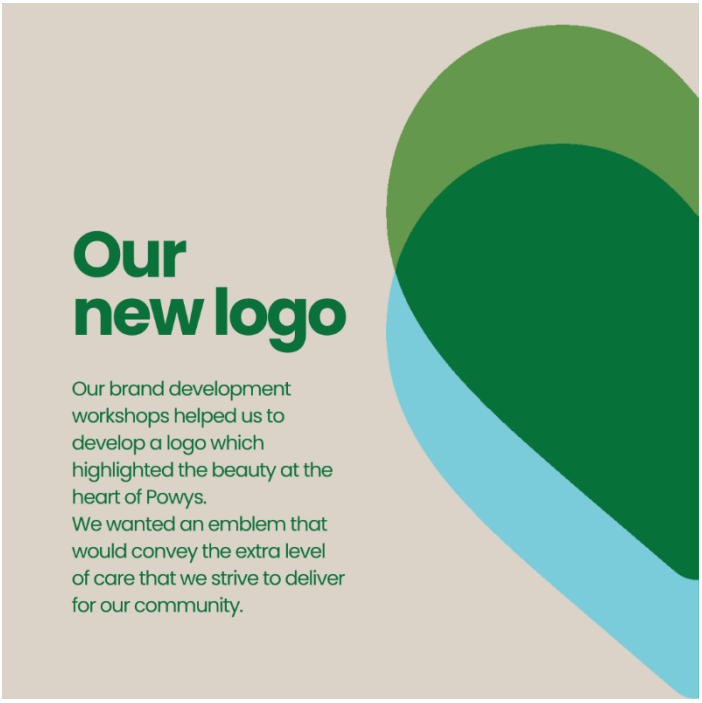
The principal focus for the Charity this year was to develop and launch Powys Health Charity's new branding. This included a new name, logo and overall design of the charity. Working closely with *jamjar pr* to help bring to life a more accessible and inspirational Charity.



The Charity officially revealed its new branding on 29th June 2023, ahead of the NHS 75 celebration on July 5th. The branding was very warmly received by stakeholders and the newsletter which made the announcement received over 580 views from staff and community members.

Continuing to grow the Charity's awareness, the team worked again with *jamjar pr* to develop new materials such as banners and leaflets. These materials will begin to roll out across all Powys hospital sites from March 2024, with the Charity team supporting this rollout with in-person engagement events with hospital staff and patients to maximise their impact and visibility.

Fundraising & donations

The year ending 2023/24 saw a slight increase in income level for the Charity, primarily due to additional donations and specific grant income from NHS Charities Together.

The Charity also received a legacy donation of £7,148 the benefit of the respiratory team in February 2024.

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NHS 75

To mark the milestone of NHS 75, the charity team hosted a grant scheme in order to engage members of staff and encourage them to celebrate this landmark birthday. The Charity funded 43 different celebratory projects which included a variety of events and activities taking place across Powys. These events ranged from tea parties and music evenings to outdoor walks and team-building sessions. Old College, Newtown for example, organised a range of events across the birthday week (3-7 July) which included a music night with a local band, mindfulness sessions where staff and patients could learn mindfulness techniques and practices, as well as a celebration event for staff and patients. Some other fantastic events included a party at Llanidloes hospital on the 1st July, where they also used the opportunity to raise £1,751 from the community towards a new dementia garden for staff and patients.

Partnerships are a key aspect of the NHS 75 campaign, which was a unique opportunity to improve connections with existing partners such as NHS Charities Together, regional NHS Charities and the League of Friends – as well as drawing in new partners. A significant new external partner for the Charity is Parkrun UK, who were involved in NHS 75 celebrations across the UK. Two Parkrun events were held in Powys (Builth & Newtown) and the Charity team collaborated with those local teams and encouraged wider staff participation to help raise funds for their services and community hospital sites. The partnership presented an opportunity for the Charity to engage with active volunteers and participants connected to the brand in Powys, with the ability to raise awareness and enlist more community fundraisers.

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League of Friends

In July 2023 we were able to celebrate the NHS 75th Birthday with our wonderful Leagues of Friends from across Powys at the Metropole Hotel, Llandrindod Wells. This afternoon tea was hosted by Chair of Powys Teaching Health Board and our Charity, Dr. Carl Cooper, and supported by colleagues from the Health Board and Powys Health Charity. The Charity was thrilled to support this event and to help build a strong relationship with League of Friends groups across Powys.

This event was to demonstrate the NHS' gratitude for all the support shown by the Leagues of Friends over the years, a special commemorative coin was presented to each individual organisation.

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Ongoing projects and partnerships

Wellness with WNO

Wellness with WNO is a health and wellbeing programme designed to support people with Long COVID in Wales. The programme was developed by the Welsh National Opera in partnership with NHS Health Boards in Wales and piloted in 2022. It was made available across the whole of Wales and support from Powys Health Charity has allowed the programme to continue to be delivered across Powys in 2023.

The six-week singing and breathing courses take place online and are designed to support people who may be experiencing feelings of breathlessness, anxiety and fatigue that may continue longer term after the initial symptoms of the COVID-19 virus have passed.

RIC Hub Innovation Grant Scheme – 'Panel y Ddraig'

In early 2024 the first round for 'Panel y Ddraig' innovation grant scheme was launched, with plans to hold another round in May 2024 to continue to build momentum for the scheme. Between this, a number of in-person innovation and collaboration events were held (with the Charity supporting the programme at these events) to also help boost awareness and participation in the scheme to increase participation in innovation, improvement and research activity across Powys.

NHS Charities Together

The Charity participated in the NHS Charities National Conference between the 10-12th May. The event brought together over 450 people from nearly 200 NHS Charities and other public and third sector partners. The Charity Manager was in attendance to represent Powys and more broadly Welsh NHS charities, having been appointed as a co-chair of the Wales Regional Group of NHS Charity members in early May 2023. This role will enable PTHB Charity to have an enhanced voice in the ongoing partnership between NHS Charities in Wales but also to more directly influence the membership body, NHS Charities Together for the benefit of both members in Wales and smaller NHS Charities.

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Following a successful grant application to NHS Charities Together, the Charity has been awarded a development grant of £30,000 to help support the Charity in its operational aims. As part of the application process, the Charity completed a self-assessment to help shape the focus of the grant, which determined that communications and marketing was a priority area to target. As part of the grant project, therefore, the Charity will develop and launch its own Charity website with an accompanying launch campaign.

Income & expenditure

Income

Voluntary income consists of donations and legacies from patients and their relatives and friends. Total income of £286,398 received during 2023/24 included £17,148 which related to two legacies.

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Donations in 2023/24 include an amount of £31,091 received from various Leagues of Friends associated with Powys Hospitals (2023: £12,203).

The generosity of all those who made a donation or left a legacy is greatly appreciated. An analysis of total income is given below.

	2023/24 £	2022/23 £
Interest and Dividends	157,495	161,643
Donations	81,755	58,444
Legacies	17,148	6,095
Grants	30,000	0
	286,398	226,182

Expenditure

Expenditure on charitable activities and Support Costs in 2023/24 was £369,278 (2023: £320,755). An analysis of expenditure (excluding Fundraising costs) is shown below:

	2023/24 £	2022/23 £
Staff Education, Welfare and Amenities	42,380	27,595
Patient Education, Welfare and Amenities	105,616	111,484
Medical Equipment	72,448	7,621
Building and Refurbishment	18,428	49,510
Support Costs	130,406	124,544
	369,278	320,755

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Gain/Loss on Investment Assets

An amount of £2.804M was invested via Brewin Dolphin Ltd in February 2020 and at the 31st March 2024 was valued at £3.551M (2023:£ 3.322M) the unrealised gain on Investment totalled £0.246M. Unrealised gains and losses are calculated as the difference between the market value of the investment at the year end and opening carrying value. Since the investments have not physically been sold, this change in valuation remains an unrealised gain/loss until a sale transaction realises the value and it becomes a realised gain/loss.

Elements of funds held

Expenditure was undertaken from the Charity's unrestricted and restricted income funds; these funds comprise two elements:

- The General Purposes Fund, which is constituted of funds received by the Charity with no particular preference expressed by donors. Applications can be made to this fund from any service area within Powys THB. Expenditure from this fund is targeted on projects in areas that do not have available Designated Funds to pay for them.

- Designated Funds, which usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service Managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Reserves policy

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The Charity's reserves policy has the objective of ensuring that the Charity has sufficient funds available to maintain liquidity, cover unforeseen risks and provide for future opportunities.

The Charity relies heavily on income from donations, fundraising and legacies. These are unpredictable sources that can vary year to year. Therefore, the Charity needs sufficient reserves to be able to continue its activities in the event of fluctuations in its income.

The Charity has a target level of reserves of £0.823M. This is based on the following calculation, with average figures taken from the last three years of audited accounts:

- One year's administration cost (support costs, fundraising costs and investment management costs).
- 20% of the value of investments held.
- 25% of the grant funded activity expenditure.

The target level of reserves will be reassessed on a biennual basis.

The Trustee will review the actual reserves held against the target at least annually, to ensure that sufficient funds are held within the Charity, whilst also continuing to utilise funds within a reasonable period of receipt.

A review of funds, performance & investments

The net assets of the Charitable Funds as at 31st March 2024 were £4,404,436 (2023: £4,258,251). Overall net assets increased by £146,185.

The charity continues to rely on donations and legacies and investment income as the main sources of income. Total incoming resources increased by £60,216 compared with the previous financial year. Legacy income increased by £11,053.

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Expenditure of £369,278 has increased compared with the previous year (2023: £320,755). The total charitable expenditure on direct charitable activity, including support costs was £369,278 across a range of programmes.

Purchase of new medical equipment

The total spend on providing new equipment for Powys THB of £72,448 (2023: £7,621) represents a vital and valuable contribution to enhancing the provision of clinical care ranging from purchases of items of audiology equipment through to an hydraulic patient chair.

Provision of Staff Education, Welfare and Amenities

Of the total Staff Education, Welfare and Amenities expenditure in year of £42,380 (2023: £27,595), the Charity contributed £10,380 (2023: £5,268) towards the provision of education and training for Powys THB staff undertaking further professional education and training.

Provision of Patient Education, Welfare and Amenities

A significant amount of expenditure £105,616 (2023: £111,484) has been charged under this heading in the year from small initiatives such as increased patient activities at day hospitals to the funding of recliner chairs for the ward day rooms**.**

Performance management

The Charity Manager and Charity Administrative Support Officer have been employed to deliver a new strategy for the Charity and to support the development of new projects, partnerships and proposals to help the Charity to best fulfil its charitable aims and objectives. The Charity team help the Trustee to monitor general progress and performance of charitable funds and their utilisation. The performance of the Charity team is regularly reviewed by both the Charitable Funds Committee and the Corporate Trustee in order to ensure to the Charity continues to achieve and deliver support to its full potential.

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All general purpose funding proposals and significant proposals (above £5,000 in value) are reviewed and approved by the Charitable Funds Committee with prior

support from the PTHB Executive Committee. Local and designated fund requests that fall below the above threshold require support from Executive Directors/Assistant Directors for the delegated service managers who manage those funds.

Investments

The Corporate Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Limited) have been appointed, and investments are held in a diversified fund of investments.

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 18%, 70%, 4% and 4% were invested in Fixed Income, Equities, Alternatives and Other Investments respectively with the remaining 4% held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity-based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound and are not opposed to the core purpose of the Charity. This ethical mandate is interpreted by our Investment Managers and informs the makeup of our portfolio. These ethical considerations and regularly monitored on a quarterly basis.

The strategy of the Corporate Trustee is that funds are spent within a timely manner after receipt. The Charity has further developed this strategy to target funds that remained dormant for a period of over 12 months to ensure that the funds that have been built up over many years are being targeted and distributed equitably where possible.

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This work is currently implemented through the Charity team, who support the Corporate Trustee's aims, as well as supporting service managers, senior

operational teams and directorate managers in developing strategic proposals to utilise funds throughout the year.

Looking ahead to next year

Following development and implementation of a new Charity strategy, the Charity will turn its focus next year to developing and launching a new brand as well as a new dedicated website to help support its growing stakeholder engagement activity.

The process to develop an effective new brand identity is being undertaken in consultation with the Charity's stakeholders, which includes PTHB staff and Board members, third sector partners, patients and their families, as well as members of the community. The Charity will collaborate with external expertise to manage this process and to develop accompanying brand and marketing materials. Once completed, work on the website will begin using the new brand identity as a foundation.

The Charity will also continue work with partners, donors, staff and other stakeholders to add benefit to the population of Powys receiving health care services. As such, income and expenditure plans will be the subject of continual review to ensure that future needs are prioritised accordingly. All future priorities for PTHB Charity should reflect its stakeholders' expectations of what it can deliver and complement the strategic aims of Powys Teaching Health Board.

Thank you for all your support

On behalf of the patients, staff and community members who have benefited from the grants, donations and legacies, the Corporate Trustee and Powys Health Charity would like to thank all organisations, patients, relatives, friends and staff who have made charitable donations or contributions during the year. We have

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been overwhelmed by the generosity of our communities this year and for that we cannot thank them enough.

If you want to learn more about Powys Health Charity and how you can support, please visit the Charity's website: pthb.nhs.wales/about-us/our-charity/ or contact the Charity at PTHB.Charity@wales.nhs.uk.

Dr Carl Cooper	Mrs H Thomas
Chair	**Chief Executive**
Powys Teaching Local Health Board	**Powys Teaching Local Health Board**

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Statement of Trustee responsibilities in respect of the Trustee's Report and the financial statements

Under charity law, the Trustee is responsible for preparing the Trustee Report and the financial statements for each financial year which show a true and fair view of the state of affairs of the charity and of the excess of income over expenditure for that period.

In preparing these financial statements, generally accepted accounting practice entails that the Trustee:

- selects suitable accounting policies and then applies them consistently;
- makes judgements and estimates that are reasonable and prudent;
- states whether the recommendations of the Statement of Recommended Practice FRS 102 have been followed, subject to any material departures disclosed and explained in the financial statements;
- states whether the financial statements comply with the trust deed, subject to any material departures disclosed and explained in the financial statements;
- prepares the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities.

The Trustee is required to act in accordance with the trust deed and the rules of the charity, within the framework of trust law. The Trustee is responsible for keeping proper accounting records, sufficient to disclose at any time, with reasonable accuracy, the financial position of the charity at that time, and to enable the Trustee to ensure that, where any statements of accounts are prepared by them under section 42(1) of the Charities Act 2011, those statements of accounts comply with the requirements of regulations under that provision. The Trustee has a general responsibility for taking such steps as are reasonably open to it to safeguard the assets of the charity and to prevent and detect fraud and other irregularities.

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The Trustee is responsible for the maintenance and integrity of the financial and other information included on the Powys Teaching Local Health Board website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

The Trustee confirms that it has met the responsibilities set out above and complied with the requirements for preparing the accounts. The financial statements set out on pages 31 to 45 attached have been compiled from and are in accordance with the financial records maintained by the Trustee.

By Order of the Trustee

Signed: .....(Chair) Date:.....

Signed: .....(Chief Executive) Date:.....

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Report of the Auditor General to the Trustee of Powys Teaching Local Health Board Charitable Fund

Report on the audit of the financial statements

Opinion

I have audited the financial statements of Powys Teaching Local Health Board Charitable Fund (the Charity) for the year ended 2023-24 under the Charities Act 2011. The Financial Statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including the significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31.03.2024 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

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Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustee with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustee is responsible for the other information in the annual report and accounts. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit.

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- sufficient accounting records have not been kept; or returns adequate for my audit.
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustees' report;

Responsibilities of the trustee for the financial statements

As explained more fully in the statement of trustee responsibilities set out on page 26-27, the trustee is responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- internal controls as the trustees determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error;
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be

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expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the charity's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Powys Teaching Local Health Board Charitable Fund's policies and procedures concerned with:
    - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
    - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
    - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud.
- Obtaining an understanding of Powys Teaching Local Health Board Charitable Fund's framework of authority as well as other legal and regulatory frameworks that the Powys Teaching Local Health Board Charitable Fund operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Powys Teaching Local Health Board Charitable Fund.
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

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- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;

- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business;

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Powys Teaching Local Health Board Charitable Fund's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

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Adrian Crompton

1 Capital Quarter,

Auditor General for Wales

30 January 2025

Tyndall Street

Cardiff

CF10 4BZ

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Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2024

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2023/24 £000
Incoming resources from generated funds:					
Donations and legacies	3	129	0	0	**129**
Investments	5	157		0	**157**
Total incoming resources		**286**	**0**	**0**	**286**
Expenditure on:					
Raising Funds	6	17	0	0	**17**
Charitable activities	7	369	0	0	**369**
Total expenditure		**386**	**0**	**0**	**386**
Net gains / (losses) on investments	13	246	0	0	**246**
Net income / (expenditure)		**146**	**0**	**0**	**146**
Transfer between funds	18	0	0	0	**0**
Net movement in funds		**146**	**0**	**0**	**146**
Reconciliation of Funds					
Total Funds brought forward	19	4,255	0	3	**4,258**
Total Funds carried forward		**4,401**	**0**	**3**	**4,404**

Powys Teaching Local Health Board Charity Statement of Financial Activities for the year ended 31 March 2023

	Note	Unrestricted funds £000	Restricted Income funds £000	Endowment funds £000	Total Funds 2022/23 £000
Incoming resources from generated funds:					
Donations and legacies	3	64	0	0	**64**
Investments	5	162	0	0	**162**
Total incoming resources		**226**	**0**	**0**	**226**
Expenditure on:					
Raising Funds	6	15	0	0	**15**
Charitable activities	7	321	0	0	**321**
Total expenditure		**336**	**0**	**0**	**336**
Net gains / (losses) on investments	13	(229)	0	0	**(229)**
Net income / (expenditure)		**(339)**	**0**	**0**	**(339)**
Transfer between funds	18	0	0	0	**0**
Net movement in funds		**(339)**	**0**	**0**	**(339)**
Reconciliation of Funds					
Total Funds brought forward	19	4,594	0	3	**4,597**
Total Funds carried forward		**4,255**	**0**	**3**	**4,258**

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Powys Teaching Local Health Board Charity Balance Sheet as at 31 March 2024

	Note	Unrestricted funds	Restricted Income funds	Endowment funds	Total 31 March 2024	Total 31 March 2023
		£000	£000	£000	£000	£000
Fixed assets:						
Investments	13	3,792	0	3	**3,795**	3,565
Total fixed assets		**3,792**	**0**	**3**	**3,795**	**3,565**
Current assets:						
Debtors	14	4	0	0	**4**	13
Cash and cash equivalents	15	795	0		**795**	923
Total current assets		**799**	**0**	**0**	**799**	**936**
Liabilities:						
Creditors: Amounts falling due within one year	16	175	0	0	**175**	228
Net current assets / (liabilities)		**624**	**0**	**0**	**624**	**708**
Total assets less current liabilities		**4,416**	**0**	**3**	**4,419**	**4,273**
Creditors: Amounts falling due after more than one year	16	15	0	0	**15**	15
Total net assets / (liabilities)		**4,401**	**0**	**3**	**4,404**	**4,258**
The funds of the charity:						
Endowment Funds	19			3	**3**	3
Restricted income funds	19		0		**0**	0
Unrestricted income funds	19	4,401			**4,401**	4,255
Total funds		**4,401**	**0**	**3**	**4,404**	**4,258**

The notes on pages 36 to 47 form part of these accounts

Signed : .....

Name : .....(Chair of Trustees)

Date : .....

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Powys Teaching Local Health Board Charity Statement of Cash Flows for the year ending 31 March 2024

	Note	Unrestricted funds	Restricted Income funds	Endowment funds	Total Funds 2023-24	Total Funds 2022-23
					£000	£000
Cash flows from operating activities:						
Net cash provided by (used in) operating activities	17	(301)	0	0	**(301)**	**(216)**
Cash flows from investing activities:						
Dividend, interest and rents from investments	5	157	0	0	157	162
Proceeds from the sale of investments	13	709	0	0	709	809
Purchase of investments	13	(779)	0	0	(779)	(733)
Movement of Cash held as part of investment portfol	13	86	0	0	86	(79)
Net cash provided by (used in) investing activities		173	0	0	**173**	**159**
Change in cash and cash equivalents in the reporting period		(128)	0	0	**(128)**	**(57)**
Cash and cash equivalents at the begining of the reporting period	15	923	0	0	923	980
Cash and cash equivalents at the end of the reporting period	15	795	0	0	**795**	**923**

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Note on the accounts

1 Accounting Policies

(a) Basis of preparation

The financial statements have been prepared under the historic cost convention, with the exception of investments which are included at fair value.

The accounts (financial statements) have been prepared in accordance with the Statement of Recommended Practice: Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 and the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102) and the Charities Act 2011 and UK Generally Accepted Practice as it applies from 1 January 2015.

The accounts (financial statements) have been prepared to give a 'true and fair' view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a 'true and fair view'. This departure has involved following Accounting and Reporting by Charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) issued on 16 July 2014 rather than the Accounting and Reporting by Charities: Statement of Recommended Practice effective from 1 April 2005 which has since been withdrawn.

The Trustees consider that there are no material uncertainties about the Charity's ability to continue as a going concern. There are no material uncertainties affecting the current year's accounts.

In future years, the key risks to the Charity are a fall in income from donations or investment income but the trustees have arrangements in place to mitigate those risks (see the risk management and reserves sections of the annual report for more information).

The Charity meet the definition of public benefit entity under FRS 102.

(b) Funds structure

Where there is a legal restriction on the purpose to which a fund may be put, the fund is classified either as:

- A restricted fund or
- An endowment fund.

Restricted funds are those where the donor has provided for the donation to be spent in furtherance of a specified charitable purpose. The Charity's restricted funds tend to result from donations or legacies for specified purposes.

Endowment funds arise when the donor has expressly provided that the gift is to be invested and only the income of the fund may be spent. These funds are sub analysed between those where the Trustees have the discretion to spend the capital (expendable endowment) and those where there is no discretion to expend the capital (permanent endowment).

Those funds which are neither endowment nor restricted income funds, are unrestricted income funds which are sub analysed between designated (earmarked) funds where the Trustees have set aside amounts to be used for specific purposes or which reflect the non-binding wishes of donors and unrestricted funds which are at the Trustees' discretion, including the general fund which represents the charity's reserves. The major funds held in each of these categories are disclosed in note 19.

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(c) Incoming resources

Income consists of donations, legacies, income from charitable activities and investment income.

Donations are accounted for when received by the charity. All other income is recognised once the charity has entitlement to the resources, it is probable (more likely than not) that the resources will be received and the monetary value of incoming resources can be measured with sufficient reliability.

Where there are terms or conditions attached to incoming resources, particularly grants, then these terms or conditions must be met before the income is recognised as the entitlement condition will not be satisfied until that point. Where terms or conditions have not been met or uncertainty exists as to whether they can be met then the relevant income is not recognised in the year but deferred and shown on the balance sheet as deferred income.

(d) Incoming resources from legacies

Legacies are accounted for as incoming resources either upon receipt or where the receipt of the legacy is probable.

Receipt is probable when:

- Confirmation has been received from the representatives of the estate(s) that probate has been granted
- The executors have established that there are sufficient assets in the estate to pay the legacy and
- All conditions attached to the legacy have been fulfilled or are within the charity's control.

If there is uncertainty as to the amount of the legacy and it cannot be reliably estimated then the legacy is shown as a contingent asset until all of the conditions for income recognition are met.

(e) Incoming resources from endowment funds

The income received from the investment of endowment funds is attributed to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund

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(f) Resources expended and irrecoverable VAT

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to each category of expense shown in the Statement of Financial Activities. Expenditure is recognised when the following criteria are met:

- There is a present legal or constructive obligation resulting from a past event
- It is more likely than not that a transfer of benefits (usually a cash payment) will be required in settlement
- The amount of the obligation can be measured or estimated reliably.

Irrecoverable VAT is charged against the category of resources expended for which it was incurred.

(g) Recognition of expenditure and associated liabilities as a result of grants

Grants payable are payments made to linked, related party or third party NHS bodies and non NHS bodies, in furtherance of the charitable objectives of the funds held on trust, primarily relief of those who are sick.

Grant payments are recognised as expenditure when the conditions for their payment have been met or where there is a constructive obligation to make a payment.

A constructive obligation arises when:

- We have communicated our intention to award a grant to a recipient who then has a reasonable expectation that they will receive a grant
- We have made a public announcement about a commitment which is specific enough for the recipient to have a reasonable expectation that they will receive a grant
- There is an established pattern of practice which indicates to the recipient that we will honour our commitment.

The Trustees have control over the amount and timing of grant payments and consequently where approval has been given by the trustees and any of the above criteria have been met then a liability is recognised. Grants are not usually awarded with conditions attached. However, when they are then those conditions have to be met before the liability is recognised.

Where an intention has not been communicated, then no expenditure is recognised but an appropriate designation is made in the appropriate fund. If a grant has been offered but there is uncertainty as to whether it will be accepted or whether conditions will be met then no liability is recognised.

(h) Allocation of support costs

Support costs are those costs which do not relate directly to a single activity. These include staff costs, costs of administration, internal and external audit costs. Support costs have been apportioned between charitable activities on an appropriate basis. The analysis of support costs and the bases of apportionment applied are shown in note 10.

(i) Fundraising costs

There has been £17K fundraising costs incurred by the Charity during 2023/24 (2022/23 £15K). This relates to investment management costs.

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(j) Charitable activities

Costs of charitable activities comprise all costs incurred in the pursuit of the charitable objects of the charity. These costs, where not wholly attributable, are apportioned between the categories of charitable expenditure in addition to the direct costs. The total costs of each category of charitable expenditure include an apportionment of support costs as shown in note 7.

(k) Debtors

Debtors are amounts owed to the charity. They are measured on the basis of their recoverable amount.

(l) Fixed Asset Investments

Investments are a form of basic financial instrument. Fixed Asset investments are initially recognised at their transaction value and are subsequently measured at their fair value (market value) at the balance sheet date. The Statement of Financial Activities includes the net gains and losses arising on revaluation and disposal throughout the year. Quoted stocks and shares are included in the Balance Sheet at the current mid price market value quoted by the investment analyst, excluding dividend. The SORP recommends that the bid price market price be used in valuing stocks and shares, although the difference between the bid and mid market price is not material. Other investments are included at the trustees' best estimate of market value.

The main form of financial risk faced by the charity is that of volatility in equity markets and investment markets due to the wider economic conditions, the attitude of investors to investment risk and changes in sentiment concerning equities and within particular sectors or sub sectors. Further information on the charity's investments can be found in note 13.

(m) Cash and cash equivalents

Cash at bank and in hand is held to meet the day to day running costs of the charity as they fall due. Cash equivalents are short term, highly liquid investments, usually in no notice interest bearing savings accounts.

(n) Creditors

Creditors are amounts owed by the charity. They are measured at the amount that the charity expects to have to pay to settle the debt.

Amounts which are owed in more than a year are shown as long term creditors.

(o) Realised gains and losses

All gains and losses are taken to the Statement of Financial Activities as they arise. Realised gains and losses on investments are calculated as the difference between sales proceeds and opening carrying value. Unrealised gains and losses are calculated as the difference between the market value at the year end and opening carrying value.

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2. Related party transactions

During the year none of the trustees or members of the key management staff or parties related to them has undertaken any material transactions with the Powys Teaching Local Health Board Charitable Funds other than those disclosed below.

Board Members (and other senior staff) take decisions both on Charity and Exchequer matters but endeavour to keep the interests of each discrete and do not seek to benefit personally from such decisions. Declarations of personal interest have been made in both capacities and are available to be inspected by the public.

The Charitable Trust Fund has made payments to Powys Teaching Health Board of £0.209M. As at 31 March 2024 the total owed to the Health Board was £0.153M (2023: £0.186M), and owed by the Health Board was £0.000M (2023:£0.000M).

The Charity's Board members have related party interests in the the following:

Name	**Details**	**Related Party Interests**
Carl Cooper	PTHB Chair	Powys Association of Voluntary Organisations (Retired as CEO in October 2022)

The Total value of transactions with related parties during 2023/24 are as follows:

Related Party	Payment to related party £	Amounts received from related party £	Amounts owed to related party £	Amounts due from related party £
Powys Association of Voluntary Organisations	0	0	973	0

3. Income from donations and legacies

	Unrestricted funds £000	**Restricted Income funds £000**	**Endowment funds £000**	**Total 2023-24 £000**	Total **2022-23** £000
Donations	82	0	0	**82**	58
Legacies	17	0	0	**17**	6
Grants	30	0	0	**30**	0
	129	**0**	**0**	**129**	**64**

4. Role of volunteers

Like all charities, the THB Charity is reliant on a team of volunteers for our smooth running. Our volunteers perform the following role:

- Fund advisors – there are about 13 THB staff who manage how the charity's designated funds should be spent. These funds are designated (or earmarked) by the trustees to be spent for a particular purpose or in a particular ward or department. Each fund advisor has delegated powers to spend the designated funds that they manage in accordance with the trustees wishes subject to the approval of their Executive Director/Assistant Director or the Charitable Funds Committee. The trustees determine through its Strategy the key aims that expenditure should be utilised for. Fund advisors who spend more than £5,000 are required to seek approval from the Charitable Funds Committee setting out what they intend to spend the money on and the difference it will make to the patients and staff of the THB services.

In accordance with the SORP, due to the absence of any reliable measurement basis, the contribution of these volunteers is not recognised in the accounts.

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5. Gross investment income

	Unrestricted funds £000	Restricted Income funds £000	Total 2023-24 £000	Total 2022-23 £000
Fixed asset equity and similar investments	126	0	**126**	146
Short term investments, deposits and cash on deposit	31	0	**31**	16
	157	**0**	**157**	**162**

6. Analysis of expenditure on raising funds

	Unrestricted funds £000	Restricted Income funds £000	Total 2023-24 £000	Total 2022-23 £000
Investment management	17	0	**17**	15
	17	**0**	**17**	**15**

7.Analysis of charitable activity

	Grant funded activity £000	Support costs £000	Total 2023-24 £000	Total 2022-23 £000
Purchase of new equipment	73	40	**113**	13
Building and refurbishment	18	10	**28**	80
Staff education and welfare	42	23	**65**	46
Patient education and welfare	106	57	**163**	182
	239	**130**	**369**	**321**

Support costs are apportioned based on %age of Grant funded activity

8.Analysis of grants

The charity does not make grants to individuals. All grants are made to the Health Board to provide for the care of NHS patients in furtherance of our charitable aims. The total cost of making grants, including support costs, is disclosed on the face of the Statement of Financial Activities and the actual funds spent on each category of charitable activity, is disclosed in note 7.

The trustees operate a scheme of delegation for the majority of the charitable funds, under which fund advisors manage the day to day disbursements on their projects in accordance with the directions set out by the trustees in charity standing orders and financial instructions. Funds managed under the scheme of delegation represent ongoing activities and it is not possible to segment these activities into discrete individual grant awards.

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9. Movements in funding commitments

	Current liabilities	Restricted Non-current liabilities	Total 31 March 2024	Total 31 March 2023
	£000	£000	£000	£000
Opening balance at 1 April (see note 16)	243		**243**	178
Movement in liabilities	(53)		**(53)**	65
Closing balance at 31 March (see note 16)	**190**	**0**	**190**	**243**

As described in notes 7 and 8, the charity awards a number of grants in the year. Many grants are awarded and paid out in the same financial year. However, some grants which are awarded for example funding a specific post can span financial years. For such grants whilst the award may be for more than one year, it is only the annual amount that is paid out in year and recorded as expenditure within charitable activities.

The charity at present does not issue formal grant letters to recipients and therefore the expectation of the recipient in recognition of this grant as defined by the SORP is not met with certainty.

10. Allocation of support costs

Support and overhead costs are allocated between fundraising activities and charitable activities. Governance costs are those support costs which relate to the strategic and day to day management of a charity.

	Raising funds £000	Charitable activities £000	Total 2023-24 £000	Total 2022-23 £000	Basis
Governance					
External audit	0	16	**16**	15	Charged to Central Fund
Finance and administration	0	0	**0**	7	Charged to Central Fund
Other professional fees					
Total governance	**0**	**16**	**16**	**22**	
Finance and administration	0	114	**114**	103	Charged to Central Fund
	0	**130**	**130**	**125**	

	Unrestricted funds	Restricted Income funds	Endowment funds	Total Funds 2023-24	Total Funds 2022-23
	£000	£000	£000	£000	£000
Charitable activities	130	0	0	**130**	125
	130	**0**	**0**	**130**	**125**

11. Staff Costs, Trustees' remuneration, benefits and expenses

The charity does not make any payments for remuneration nor to reimburse expenses to the charity trustees for their work undertaken as trustee.
The charity has no employees. Staff services are provided to the charity from Powys Teaching Local Health Board, the corporate Trustee of the Charity , which has received reimbursement from the Charity of £0.185M (2022/23: £0.160M).

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12. Auditors remuneration

The External auditors remuneration of £16,000 (2022-23: £14,963) related solely to the Audit of the Statutory Annual Report and Accounts. Due to the Charity exceeding the threshold requirements during 2023/24 and 2022/23 a full audit of the Annual Report and Accounts was required. Some previous years has seen an Independent Examination being undertaken as the thresholds had not been exceeded.

The Internal auditors remuneration of £0 (2022-23: £4,919) related to an Internal Audit review to provide the Charity with assurance that operational procedures are compliant with the Health Board's Charitable Funds Policy and Guidance, along with its underlying Standing Financial Instructions, and wider NHS Charities guidance. An Internal Audit review was undertaken during October 2022 which provided a rating of Reasonable Assurance which indicates:
"The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved"

During the year 2020/21 the Local Counter Fraud Service undertook a risk assessment of controls for charitable funds. NHS Protect has issued a Risk Assessment tool to guide Local Counter Fraud functions to undertake a Risk Assessment of the Counter Fraud arrangements in place at their own organisation. The Assessment of Charitable funds indicated a low risk rating of 1x4 with the only recommendation being to *'maintain the robust controls that are in place and consult with Counter fraud prior to any amendments being initiated'*.

13. Fixed asset investments

Movement in fixed assets investments

	Total 2023-24	Total 2022-23
	£000	£000
Market value brought forward	**3,565**	3,791
Add: additions to investments at cost	**779**	733
Add: additions to investments at cost (Non Cash)	**0**	0
Less disposals at carrying value	**(709)**	(809)
Add net gain / (loss) on revaluation	**246**	(229)
Movement of Cash held as part of investment portfolio	(86)	79
Market value as at 31st March	**3,795**	**3,565**

Fixed Asset by Type

	Total 2023-24	Total 2022-23
	£000	£000
Investment Properties	**244**	243
UK Bonds	**312**	253
Overseas Bonds	**330**	304
UK Equities	**622**	635
Global Equities	**1,833**	1,552
Emerging Market Equities	**45**	36
Absolute Return	**62**	218
Property	**86**	62
Other Investments	**217**	132
Cash	**44**	130
	3,795	**3,565**

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All investments are carried at their fair value.

The Charitable Trustee has considered potential risks to which the Charity is exposed. There are no major risks that have been identified other than those associated with the normal fluctuations in the value of investments. The Trustee believes these risks are appropriately managed. Independent investment advisors (Brewin Dolphin Ltd) have been appointed, and investments are held in a diversified fund of investments, including 18% in fixed interest mainly government stock

The Corporate Trustee invests the funds of the Charity with Brewin Dolphin Ltd via a Portfolio arrangement. At the year-end 70% (2022/23: 67%), 18% (2022/23: 17%), 4% (2022/23: 8%), and 4% (2022/23: 4%), were invested in Equities, Fixed Income, Alternatives and Other Investments respectively with the remaining 4% (2022/23:4%), held as cash assets.

The Corporate Trustee continues to consider its exposure to the fluctuations in the value of its equity based investment, and receives a quarterly investments performance report at each Charitable Funds Committee meeting.

The charity during 2018/19 undertook a re-tender of its investment manager services. This has resulted in a change of Investment Management services to Brewin Dolphin Ltd with the investment with CCLA Ltd being sold during October 2019 and a new portfolio investment with Brewin Dolphin Ltd from February 2020.

Investment property brought forward includes assets left to the charity as part of two legacies are contained within this note. For the Estate M R Morgan Properties Fund, the Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. For the Estate M Brand Legacy Property Fund the charity owns a 1/4 share of this property and receives a 1/4 share of income and expenditure regarding this property.

The valuation of investment properties, consisting of freehold ground and property rents is based on a professional assessment of fair value by an independent valuer. Subsequent movements on valuations at 31st March will be recognised as a gain or loss within the Statement of Financial Activities for the corresponding year.

During the year an unrealised gain of £0.246M was recognised in the accounts.

In line with the ethos of promoting patient wellbeing, the Corporate Trustee attempts to ensure that all investments are ethically and environmentally sound, and are not opposed to the “purpose” of the charity. The performance of the investments are regularly monitored and reported on a quarterly basis by our investment managers.

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14. Analysis of current debtors

Debtors under 1 year	Total 31 March 2024	Total 31 March 2023
	£000	£000
Prepayment	0	3
Other debtors	4	10
	4	13

15. Analysis of cash and cash equivalents

	Total 31 March 2024	Total 31 March 2023
	£000	£000
Cash in hand	795	923
	795	923

No cash or cash equivalents or current asset investments were held in non-cash investments or outside of the UK.

16. Analysis of liabilities

	Total 31 March 2024	Total 31 March 2023
	£000	£000
Creditors under 1 year		
Trade creditors	175	228
	175	228
Creditors over 1 year		
Trade creditors	15	15
	15	15
Total creditors	190	243

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17. Reconciliation of net income / expenditure to net cash flow from operating activities

	Total 2023-24	Total 2022-23
	£000	£000
Net income / (expenditure) (per Statement of Financial Activities)	**146**	(339)
Adjustment for:		
(Gains) / losses on investments	**(246)**	229
Dividends, interest and rents from investments	**(157)**	(162)
(Increase) / decrease in debtors	**9**	(9)
Increase / (decrease) in creditors	**(53)**	65
Non cash donation of property in operating activities	**0**	0
Net cash provided by (used in) operating activities	**(301)**	**(216)**

18. Transfer between funds

There have been no transfer between funds within the year.

19. Analysis of funds

a. Analysis of endowment fund movements

	Balance 1 April 2023 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2024
Endowment Funds	3	0	0	0	0	3
	3	**0**	**0**	**0**	**0**	**3**

There is a small capital in perpetuity donation which specifies that the capital amount is to be invested and any income from this is to be utilised by the Charity. The original donation amount cannot be discharged and must remain as an investment. The income received from this endowment is added to unrestricted funds to be spent on charitable purposes. Any gains or losses arising from the valuation of investment of the endowment capital amount are attributed to the endowment fund.

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b. Analysis of restricted fund movements

	Balance 1 April 2023 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2024 £000
Restricted Funds	0	0	0	0	0	0
	0	**0**	**0**	**0**	**0**	**0**

There are no funds classed as restricted held by the charity.

c. Analysis of unrestricted and material designated fund movements

		Balance 1 April 2023 £000	Income £000	Expenditure £000	Transfers £000	Gains and losses £000	Balance 31 March 2024 £000
8010	Ystradgynlais General Purposes	37	5	(2)	0	0	40
8102	Ystradgynlais Geriatric Ward Fund	63	0	0	0	0	63
8011	Welshpool General Purposes	530	11	(3)	0	0	538
8330	North Powys District Nursing Fund	58	18	0	0	0	76
8012	Machynlleth General Purposes	79	1	(3)	0	0	77
8003	Llandrindod General Purposes	52	0	(1)	0	0	51
8067	Llandrindod Hazels Legacy	270	6	1	0	0	277
8005	Knighton General Purposes	75	0	(4)	0	0	71
8016	Powys General Purposes	1,010	149	(265)	0	246	1,140
8040	Palliative Care	53	5	(7)	0	0	51
8321	Mid & South Powys Community and Palliative Care Fund	1,011	0	(15)	0	0	996
8323	Mental Health General Purposes	354	0	0	0	0	354
8324	Covid General Purposes	68	0	(15)	0	0	53
8140	Bronllys AMI Legacy	103	12	(16)	0	0	99
8001	Brecon General Purposes	38	2	(9)	0	0	31
8227	Haygarth District Nurses	28	0	(9)	0	0	19
8325	Estate M R Morgan Properties Fund	62	0	0	0	0	62
8326	Estate M J Brand Property Fund	181	0	0	0	0	181
8327	NHS Charities Together Development Grant Fund	0	30	0	0	0	30
	Other Unrestricted Funds	183	48	(39)	0	0	192
		4,255	**287**	**(387)**	**0**	**246**	**4,401**

The objects of the unrestricted funds are as follows:

The unrestricted Funds usually contain donations where a particular part of a Hospital or Health Board activity was nominated by the donor at the time their donation was made. Whilst their nomination is non-binding on the Trustee, the designated funds reflect these nominations and are overseen by Service managers who can make recommendations on how to spend the money within their designated area. Service Managers' recommendations are duly considered and these funds can be spent at any time with the prior approval of the Charitable Funds Committee or Executive Directors/Assistant Directors.

Estate M R Morgan Properties Fund is a fund that holds the valuation of investment properties at the balance sheet date. This fund includes the recognition of investment property assets left to the charity as part of a legacy estate. The Charity owns a 1/3 share of these properties and receives a 1/3 share of income and expenditure regarding these properties. All gains and losses relating to the valuation of these properties are charged to this fund. All rental income and investment management expenditure in relation to these properties is allocated to the unrestricted General Purpose funds so that it can be used for the furtherance of general charitable purposes.

Estate M J Brand Property Fund is a fund that holds the valuation of an investment property at the balance sheet date. This fund includes the recognition of investment property asset left to the charity as part of a legacy estate. The Charity owns a 1/4 share in this property and receives a 1/4 share of income and expenditure regarding this property. All gains and losses relating to the valuation of this property are charged to this fund. All rental income and investment management expenditure in relation to this property is allocated to Bronllys AMI Legacy and Llandrindod Hazels legacy so that it can be used for the furtherance of general charitable purposes.

The material funds specified in the above note will vary from year to year dependent on the closing year end balance.

The charity consider that an opening or closing fund balance of £25,000 or greater are material for disclosure in these accounts.

Patterson,Liz
27/01/2025 14:49:03

Patterson,Liz
27/01/2025 14:49:03

Archwilio Cymru
Audit Wales

Powys Teaching Local Health Board Charitable Fund – Detailed Audit Plan 2024

Audit year: 2023-24

Date issued: December 2024

Document reference: 4645A2024

Patterson,Liz
27/01/2025 14:49:03

This document has been prepared as part of work performed in accordance with statutory functions. Further information can be found in our Statement of Responsibilities.

Audit Wales is the non-statutory collective name for the Auditor General for Wales and the Wales Audit Office, which are separate legal entities each with their own legal functions as described above. Audit Wales is not a legal entity and itself does not have any functions.

No responsibility is taken by the Auditor General, the staff of the Wales Audit Office or, where applicable, the appointed auditor in relation to any member, director, officer or other employee in their individual capacity, or to any third party.

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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Patterson,Liz
27/01/2025 14:49:03

About Audit Wales

Our aims and ambitions

Assure

the people of Wales that public money is well managed

Explain

how public money is being used to meet people's needs

Inspire

and empower the Welsh public sector to improve

Fully exploit our unique perspective, expertise and depth of insight

Strengthen our position as an authoritative, trusted and independent voice

Increase our visibility, influence and relevance

Be a model organisation for the public sector in Wales and beyond

Patterson,Liz
27/01/2025 14:49:03

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Fee and audit team	11
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Supporting you	14

Patterson,Liz
27/01/2025 14:49:03

Introduction

I have now largely completed my planning work.

This Detailed Audit Plan specifies my statutory responsibilities as your external auditor and to fulfil my obligations under the Code of Audit Practice.

It sets out the work my team intends undertaking to address the audit risks identified and other key areas of focus during 2024.

It also sets out my estimated audit fee, details of my audit team, and key dates for delivering my audit team's activities and planned outputs.

Adrian Crompton
Auditor General for Wales

Patterson,Liz
27/01/2025 14:49:03

Audit of financial statements

I am required to issue a report on your financial statements which includes an opinion on their 'truth and fairness' and the regularity of income and expenditure. I will also report by exception on a number of matters which are set out in more detail in our Statement of Responsibilities.

I do not seek to obtain absolute assurance on the truth and fairness of the financial statements and related notes but adopt a concept of materiality. My aim is to identify material misstatements, that is, those that might result in a reader of the accounts being misled. The levels at which I judge such misstatements to be material is set out later in this plan.

There have been no limitations imposed on me in planning the scope of this audit.

Patterson,Liz
27/01/2025 14:49:03

Your audit at a glance

My financial statements audit will concentrate on your risks and other areas of focus

My audit planning has identified the following risks:

Significant financial statement risk

- The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur it is viewed as a significant risk [ISA 240 31-33]

Materiality

Materiality	£92,000
Reporting threshold	£5,000

Patterson,Liz
27/01/2025 14:49:03

Financial statements' materiality

Materiality £92,000

My aim is to identify and correct material misstatements, that is, those that might other cause the user of the accounts into being misled.

Materiality is calculated using:

- 2023-24 Assets of £4.609 million
- Materiality percentage of 2%

I report to those charged with governance any misstatements above a trivial level (set at 5% of materiality).

Areas of specific interest

There are some areas of the accounts that may be of more importance to the user of the accounts and we have set a lower materiality level for these:

- Related party disclosures – Individual £1,000. Standard materiality applies to transactions between Organisations.

Patterson,Liz
27/01/2025 14:49:03

Significant financial statements' risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

Exhibit 1: significant financial statement risks

Significant risk	Our planned response
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	The audit team will: • test the appropriateness of journal entries and other adjustments made in preparing the financial statements; • review accounting estimates for bias; and • evaluate the rationale for any significant transactions outside the normal course of business.

Patterson,Liz
27/01/2025 14:49:03

Financial statements' audit timetable

Exhibit 2: key dates for delivery of planned outputs

I set out below key dates for delivery of my accounts audit work and planned outputs.

Planned output	Work undertaken	Report finalised
2024 Detailed Audit Plan	November to December 2024	January 2025
Audit of financial statements work: • Audit of Financial Statements Report • Opinion on the Financial Statements	November to December 2024	January 2025

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Fee and audit team

In January 2024, we published our Fee Scheme for the 2024-25 year as approved by the Senedd Finance Committee. My fee rates for 2024-25 have increased by an average of 6.4%, as a result of unavoidable inflationary pressures and the ongoing need to invest in audit quality.

I estimate your total audit fee will be £18,203.

Planning will be ongoing, and changes to my programme of audit work, and therefore my fee, may be required if any key new risks emerge. I shall make no changes without first discussing them with the Director of Finance.

Our financial audit fee is based on the following assumptions:

- the agreed audit deliverables set out the expected working paper requirements to support the financial statements and include timescales and responsibilities; and
- no matters of significance, other than as summarised in this plan, are identified during the audit.

The main members of my team, together with their contact details, are summarised in **Exhibit 3**.

Exhibit 3: my local audit team

Name	Role	Contact details
Derwyn Owen	Engagement Director/Audit Director (Financial Audit)	Derwyn.Owen@audit.wales
Mike Jones	Audit Manager (Financial Audit)	Mike.Jones@audit.wales
Gill Howells	Audit Lead (Financial Audit)	Gill.Howells@audit.wales

I can confirm that my team members are all independent of the Charity and your officers.

Patterson Liz
27/01/2025 14:49:03

Audit quality

Our commitment to audit quality in Audit Wales is absolute. We believe that audit quality is about getting things right first time.

We use a three lines of assurance model to demonstrate how we achieve this. We have established an Audit Quality Committee to co-ordinate and oversee those arrangements. We subject our work to independent scrutiny by QAD* and our Chair, acts as a link to our Board on audit quality. For more information see our Audit Quality Report 2023.

Our People

The first line of assurance is formed by our staff and management who are individually and collectively responsible for achieving the standards of audit quality to which we aspire.

- Selection of right team
- Use of specialists
- Supervisions and review

Arrangements for achieving audit quality

The second line of assurance is formed by the policies, tools, learning & development, guidance, and leadership we provide to our staff to support them in achieving those standards of audit quality.

- Audit platform
- Ethics
- Guidance
- Culture
- Learning and development
- Leadership
- Technical support

Independent assurance

The third line of assurance is formed by those activities that provide independent assurance over the effectiveness of the first two lines of assurance.

- EQCRs
- Themed reviews
- Cold reviews
- Root cause analysis
- Peer review
- Audit Quality Committee
- External monitoring

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* QAD is the quality monitoring arm of ICAEW.

Supporting you

Audit Wales has developed a range of resources to support the scrutiny of Welsh public bodies and to support those bodies in continuing to improve the services they provide to the people of Wales.

Visit our website to find:

You can find out more about Audit Wales in our Annual Plan 2023-24 and Our Strategy 2022-27.

	our Good Practice work where we share emerging practice and insights from our audit work in support of our objectives to assure, to explain and to inspire.
	our newsletter which provides you with regular updates on our public service audit work, good practice, and events.
	our publications which cover our audit work completed at public bodies.
	information on our forward performance audit work programme 2023-2026 which is shaped by stakeholder engagement activity and our picture of public services analysis.
	various data tools and infographics to help you better understand public spending trends including a range of other insights into the scrutiny of public service delivery.

Patterson,Liz
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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Anderson,Liz
27/01/2025 14:49:03

Archwilio Cymru
Audit Wales

Audit of Accounts Report – Powys Teaching Local Health Board Charitable Fund

Audit year: 2023-24

Date issued: December 2024

Document reference: 4646A2024

Patterson,Liz
27/01/2025 14:49:03

This document has been prepared as part of work performed in accordance with statutory functions.

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Patterson,Liz
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Contents

We intend to issue an unqualified audit report on your Accounts. There are no issues to report to you prior to their approval.

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Audit of Accounts Report

Introduction

1 We summarise the main findings from our audit of your 2023-24 Annual Report and accounts in this report.

2 We have already discussed these issues with Assistant Director of Finance.

3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.

4 We set this level at £92,000 for this year's audit.

5 There are some areas of the accounts that may be of more importance to the reader. We judge that this is the case for disclosure of related parties, for which we have set a lower materiality level of £1,000.

6 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Proposed audit opinion

7 We intend to issue an unqualified audit opinion on this year's accounts once you have provided us with a Letter of Representation based on that set out in **Appendix 1**.

8 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise we issue an unqualified opinion.

9 The Letter of Representation contains certain confirmations we are required to obtain from you under auditing standards, along with confirmation of other specific information you have provided to use during our audit.

10 Our proposed audit report is set out in **Appendix 2**.

Significant issues arising from the audit

Uncorrected misstatements

11 There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

12 There were initially misstatements identified in the accounts that have now been corrected by Management. These are set out with explanations in **Appendix 3** for your information.

Pattesons Limited 27/11/2024 14:19:08

Other significant issues arising from the audit

13 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There were no issues arising in these areas during this year.

Patterson,Liz
27/01/2025 14:49:03

Appendix 1

Final Letter of Representation

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

[Date TBC]

Representations regarding the 2023-24 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2024 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith; and
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:

  all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

Patterson Liz 27/01/2025 14:49:03

  - additional information that you have requested from us for the purpose of the audit; and
  - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Local Health Board Charitable Fund and Other Related Charities and involves:
  - management;
  - employees who have significant roles in internal control; or
  - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements; and
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Gareth Davies 2025.01.29 09:47:03

Representations by Powys Teaching Local Health Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Local Health Board on **[insert date]**.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	**Signed by:**
Hayley Thomas	Carl Cooper
Chief Executive	Board Chair
Powys Teaching Local Health Board	Powys Teaching Local Health Board
Date:	Date:

Patterson,Liz
27/01/2025 14:49:03

Appendix 2

Proposed Audit Report

The independent auditor's report of the Auditor General for Wales to the trustees of Powys Teaching Health Board Charitable Fund

Opinion on financial statements

I have audited the financial statements of Powys Teaching Health Board Charitable Fund for the year ended 2023-24 under the Charities Act 2011.

The financial statements comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flows and related notes, including the significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In my opinion the financial statements:

- give a true and fair view of the state of affairs of the charity as at 31 March 2024 and of its incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Charities Act 2011.

Basis for opinion

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my report.

My staff and I are independent of the charity in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Pattinson Ltd
27/07/2024 14:49:03

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least 12 months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The trustees are responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Matters on which I report by exception

I have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require me to report to you if, in my opinion:

- I have not received all of the information and explanations I require for my audit;
- sufficient accounting records have not been kept,
- the financial statements are not in agreement with the accounting records and returns; or
- the information given in the financial statements is inconsistent in any material respect with the trustee's' report.

Responsibilities of the trustees for the financial statements

As explained more fully in the Statement of trustee's' responsibilities, the trustees are responsible for:

- maintaining sufficient accounting records;
- the preparation of the financial statements in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;

pattison.nz 27/01/2025 14:49:03

- internal controls as the trustees determine is necessary to enable the preparation of financial statements to be free from material misstatement, whether due to fraud or error; and
- assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees anticipate that the services provided by the charity will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

I have been appointed as auditor under section 150 of the Charities Act 2011 and report in accordance with regulations made under section 154 of that Act.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- enquiring of management, internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Powys Teaching Local Health Board Charitable Fund's policies and procedures concerned with:
  - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
  - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
  - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations;
- considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud;
- obtaining an understanding of Powys Teaching Local Health Board Charitable Fund's framework of authority as well as other legal and regulatory frameworks that the Powys Teaching Local Health Board Charitable Fund operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Powys Teaching Local Health Board Charitable Fund; and

Patterson, Liz
27/01/2025 17:03

- obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Charity's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Adrian Crompton
Auditor General for Wales
[Date TBC]

1 Capital Quarter
Tyndall Street
Cardiff,
CF10 4BZ

Patterson,Liz
27/01/2025 14:49:03

Appendix 3

Summary of Corrections Made

During our audit, we identified the following misstatements that have been corrected by management, but which we consider should be drawn to your attention for information.

Exhibit 1: summary of corrections made

Value of correction	Nature of correction	Reason for correction
Balance Sheet Correction of the Cash and Cash Equivalents flowing through to the total Current Assets, Net Current Assets, and Total Assets figures.	To ensure the final accounts are accurately presented.	Our audit identified that the Cash and Cash Equivalents figure was incorrect due to the £15,000 error in **Note 15** below. This resulted in the correction of this figure and the relevant totals in the Balance Sheet.
Cash Flow Statement Correction of the Net Cash provided by operating activities and Cash and Cash Equivalents at the end of the period.	To ensure the final accounts are accurately presented.	Our audit identified that the Net Cash Flow provided by operating activities was incorrect due to the £15,000 error in **Note 15** below. This resulted in the correction of the Net Cash Flow figure and the Cash and Cash Equivalents at the end of the period.
Note 9 Movements in Funding Commitments Correction of the Opening Balance and Closing Balance by £15,000	To ensure the final accounts are accurately presented.	Our audit identified that the Opening Balance was incorrectly carried forward due to the £15,000 error in **Note 15** below.

Jackson,Liz 23/01/2025 14:49:03

Value of correction	Nature of correction	Reason for correction
Note 15 Analysis of Cash and Cash Equivalents Correction of the Cash in Hand figure from £810,000 to £795,000	To ensure the final accounts are accurately presented.	Our audit identified a £15,000 misstatement due to a spreadsheet formula error in the working papers linked to the Creditors figure.
Note 15 Analysis of Cash and Cash Equivalents Correction of the bank reconciliation to include the income of £7,000 received in year but not banked until April 2024. This corrects the End of Year balance to £795,000	To ensure the final accounts are accurately presented.	Our audit identified income which had been received during the financial year, but which had not been accounted for in the bank reconciliation at year-end.
Note 17 Reconciliation of Net Income/Expenditure to Cash Flow. Decrease in Creditors corrected to £53,000 in line with Note 16 and working papers	To ensure the final accounts are accurately presented.	Our audit identified the value included in Note 17 of £38,000 did not reconcile with Note 16 and the supporting working papers.

Patterson,Liz
27/01/2025 14:49:03

Patterson,Liz
27/01/2025 14:49:03

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Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

Patterson,Liz
27/01/2025 14:49:03

Carl Cooper, Cadeirydd / Chair
Ffon / Phone: 01874 712502
E-bost / Email: carl.cooper@wales.nhs.uk

Hayley Thomas, Prif Weithredwr / Chief Executive
Ffon / Phone: 01874 712725
E-bost / Email: hayley.thomas@wales.nhs.uk

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

Auditor General for Wales

Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

10th January 2025

Representations regarding the 2023-24 financial statements

This letter is provided in connection with your audit of the financial statements of Powys Teaching Local Health Board Charitable Fund and Other Related Charities for the year ended 31 March 2024 for the purpose of expressing an opinion on their truth and fairness and their proper preparation.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

We have fulfilled our responsibilities for:

- the preparation of the financial statements in accordance with legislative requirements and Charities Act 2011; in particular the financial statements give a true and fair view in accordance therewith;
- the design, implementation, maintenance, and review of internal control to prevent and detect fraud and error.

Information provided

We have provided you with:

- full access to:
    - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;

Patterson,Liz
27/01/2025 14:

    - additional information that you have requested from us for the purpose of the audit; and
    - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Powys Teaching Local Health Board Charitable Fund and Other Related Charities and involves:
    - management;
    - employees who have significant roles in internal control; or
    - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by Powys Teaching Local Health Board

We acknowledge that the representations made by management, above, have been discussed with us.

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We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Powys Teaching Local Health Board on 10th January 2025.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:	**Signed by:**
Hayley Thomas	Carl Cooper
Chief Executive	Board Chair
Powys Teaching Local Health Board	Powys Teaching Local Health Board
Date:	Date:

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.2

Board	**29 January 2025**
Subject:	Annual Plan 2024/25: Q4 Finance Delivery Plan- Update
Approved and Presented by:	Hayley Thomas, Chief Executive Officer Pete Hopgood, Executive Director of Finance, Capital and Support Services & Deputy Chief Executive Officer Nicola Johnson, Executive Director of Planning, Performance and Commissioning
Prepared by:	Executive Director of Primary, Community Care and Mental Health Executive Director of Nursing, Quality, Women and Family Health Executive Medical Director Executive Director of People and Culture Assistant Director of Performance and Commissioning Deputy Director of Finance Head of Performance
Other Committees and meetings considered at:	Board Development Session 17 December 2024. Extraordinary Board 10 January 2024

PURPOSE:

Following discussion of the Month 8 financial position at the Extraordinary Board on 10th January, the purpose of this paper is to provide the Board with:

- An update on the implementation of the urgent actions agreed in Q4 to achieve the Health Board forecast deficit by the end of March 2025;
- The more detailed assessment of the options for further action for consideration and approval, including the risks to achieve the deficit forecast;
- The completed Integrated Impact Assessment to inform decision making.

RECOMMENDATION(S):

The Board is asked to:

- **NOTE** the update on the delivery of variable pay reductions through reduced use of agency and locums and the vacancy freeze.
- **CONSIDER** the more detailed assessment of the options for further action, following discussion with NHS England (NHSE) providers requesting the revision of elective activity during quarter 4 in 2024/25, noting the associated financial impacts and risks.

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- **CONSIDER** the final Integrated Impact Assessment which has been prepared to help inform this decision.
- **APPROVE** that the Health Board does not implement any changes to elective activity in quarter 4 of 2024/25.
- **NOTE** that further work is required with providers to review the approach to commissioning activity in 2025/26 within available resources.
- **NOTE** that ongoing dialogue will take place with Welsh Government advising of the Board's decisions and requesting ongoing discussion on next steps and strategic cash support for the remainder of 2024/25.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

EXECUTIVE SUMMARY

Powys Teaching Health Board (PTHB) approved and submitted an Integrated Plan to Welsh Government (WG) on 31 March 2024 which included a financial deficit of £24.9m. At the Board meeting in May 2024, the Board approved a revised financial plan for 2024/25 which aimed to achieve a financial deficit of £22.9m. The Health Board's Control Total remains at £12m and the Integrated Plan is not supported by Welsh Government.

In November 2024, the Health Board's escalation level was increased to Level 4 by Welsh Government for Finance, Strategy and Planning following a widening financial deficit. The Health Board remains in routine monitoring for all other domains of the Welsh Government Oversight and Escalation Framework. As reported to the Board in November 2024, at Quarter 2, there is good progress with delivery of the actions of the Integrated Plan 2024/25, and as reported through the Integrated Performance and Quality Report, as a provider, the Health Board is maintaining good performance against the Ministerial measures.

During the Extraordinary Board meeting on 10th January the Board considered that at month 8, the Health Board is reporting an overspend of £16.3m compared to a £10.5m year to date financial profile (based on the revised full year deficit plan target of £15.8m):

- Operational overspend £5.8m - major variance at £5.3m overspend is in the area of commissioned services from other NHS organisations where activity levels are higher than planned for.

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- Risk of adverse full year variance against the planned deficit of £10.4m with a range of mitigating actions already underway to the value of circa £1m, thereby reducing it to £9.4m.

The Board noted that the current assessed gap in 2024/25 of £9.4m and the mitigating actions that were presented to the Board. The Board noted and supported the immediate delivery of variable pay reductions through reduced use of agency and locums and a vacancy freeze. The Board discussed and supported the assessment of the opportunity with NHSE Providers to revise elective activity during Q4 in 2024/25, and to finalise the integrated impact assessment to inform the Board's final decision.

Due to the implications for the Health Board's financial forecast and the nature of the further action for consideration by the Board, in line with governance requirements, the Chief Executive sent an Accountable Officer letter to Welsh Government on 20th December. A reply was received on 24th December which clearly set out Welsh Government's expectation for the Health Board to deliver its Board-approved Plan. On 10th January, the Board noted that ongoing dialogue will take place with Welsh Government advising of the Board's decisions and requesting ongoing discussion on next steps and strategic cash support for the remainder of 2024/25.

This paper does not repeat the detailed information on the financial deficit as discussed in the last meeting, but sets out:

- An update on the implementation of the urgent actions agreed in Q4 to achieve the Health Board forecast deficit by the end of March 2025;
- The more detailed assessment following discussion with NHSE providers of the options to revise elective activity; and,
- The completed Integrated Impact Assessment to inform the Board's decision.

BACKGROUND AND ASSESSMENT

Financial Position – Month 8

As at month 8, the Health Board is reporting an overspend of £16.3m:

- Operational overspend £5.8m - major variance at £5.3m overspend is in the area of commissioning from other NHS organisations where activity levels are higher than planned for.
- Risk of full year adverse variance to the planned deficit of £10.4m with a range of mitigating actions already underway to the value of circa £1m, thereby reducing it to £9.4m.

In December 2024, WG provided an in-year recurrent allocation of £2.178m (in recognition of continued demand and inflationary pressures in relation to prescribing, secondary care medicines and packages of care) supported by a non-recurrent funding of £5m (in recognition of PTHB commissioning position). The impact of this funding reduces the planned deficit from £22.9m to £15.8m but does not change the financial outlook compared to the plan, the forecast indicating that without urgent remedial actions the Health Board financial performance could be £9.4m worse than planned.

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Progress with Implementation of the Urgent Actions agreed in Q4

Agency and Locums

The Variable Pay group continues to focus on scrutinising variable pay spend and driving solutions to reduce agency use. In addition to the ongoing programme of work led by the Variable Pay group, the following additional measures have been developed:

- From January 2025, an enhanced scrutiny and approval process for all agency requests.
    - For nursing, this includes the development and introduction of a dynamic risk assessment, with a dedicated form for completion that will see all requests being reviewed and signed off by senior nursing and operational management ahead of being submitted to the temporary staffing unit. The form has been developed to specifically identify potential alternative ways of filling the shift before approval is given.
    - A similar process is planned for development for medical and AHP agency use and will be deployed by end of January.
- Temporary redeployment of staff from other lower risk areas. As necessary, this will require broader conversations across other services and utilising our Organisational Change Policy as appropriate.
- Further roster scrutiny and efficiency measures which will include data analysis to assist and support with targeted discussions for areas of focus. There has been an operational group stood up to review the standardisation of shift times to support roster efficiency and will include a reduction in handover time between shifts. Roster approver guidance has been re-shared with all roster approvers.
- Service leads will be provided with data in relation to areas of consistently high agency use to inform the development of recovery plans to minimise the ongoing reliance on agency.
- Variable pay group will continue to monitor and drive the programme of work that will deliver against the sustained reduction in agency expenditure, with a Welsh Government target 30% reduction in 2025/26 from 2024/25 outturn. The aim is to achieve no off-contract expenditure on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025.

These actions are not without risk and the impact on clinical service delivery will be carefully assessed at an individual service and/or role basis and based on clinical need as the actions are implemented.

Vacancy Controls

In December 2024, a review of all vacancies took place by the relevant Executive Director and their senior teams to risk assess against an agreed set of criteria to establish whether the vacancy would be deferred (slow down recruitment to post), frozen or proceed to advert. With effect from 16th December, any new vacancy requests are subject to scrutiny against the same criteria by the relevant Executive

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Director and includes a review via the Executive Director of People and Culture and Executive Director of Finance (Deputy CEO). The following data table provides an updated position since the implementation of the refreshed vacancy control measures.

Total vacancy review (152 vacancies reviewed)		**Approximate savings (£)***
Progress	102	0
Slow down (defer to April start date)	44	134,854
Freeze	8	19,546
	Total	**154,400**

*based on part year effect (assumes 1 month of savings)

The savings figures against the roles that have been frozen or slowed down are based on one month of savings. This can be aggregated up and down depending on how long the roles are vacant. It also assumes that roles uploaded to Trac are already vacant.

A review of all existing fixed term contracts is also underway to establish the current position of fixed term contracts and utilising the same criteria that applies to vacancy freeze, consider whether fixed term contracts will be extended, remain as they are, or notice provided (given appropriate consideration to any potential implications in relation to redundancy). We anticipate that the outcome of this review will be completed by 31 January 2025.

Assessment following discussion with NHSE providers of the options to revise elective activity in quarter 4 of 2024/25.

As discussed on 10th January the rate of growth in commissioned activity in NHSE providers is a major driver of the financial deficit. This is partly driven by the commissioning incentives within the NHSE system to deliver increased activity as well as the differential waiting times targets for elective activity in England and Wales. Due to the configuration of services for the Health Board's resident population, commissioned activity accounts for over 40% of the Health Board cost base with the effect that the Health Board is heavily exposed to these cost pressures. Whilst there are other drivers of the commissioning overspend, such as in specialised services, this action considers the potentially influenceable spend in quarter 4 2024/25.

Following the Board meeting on 10th January a letter was sent to the three main NHSE providers and their Integrated Care System (ICS) colleagues to lay out the Health Board's Urgent Commissiong Intentions for Q4 for assessment. Meetings have also been held with each provider to support this assessment.

<u>Current Position of main NHSE providers</u>

As detailed on 10th January the three main providers for Powys residents in England are Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH), Shrewsbury and Telford Hospital NHS Trust (SaTH) and Wye Valley

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NHS Trust (WVT). The year-to-date performance is shown below as well as the projected forecast.

Table 1: Performance Year to Date Month 8 (November 2024) Acute activity						
Provider	Activity YTD	Plan YTD	(Under)/Over performance YTD	£ (Under) / Over performance YTD	£m Forecast to 31/3/25	£ Forecast (Under)/Over performance
RJAH	13,271	12,769	502	134,587	10,511,003	201,881
SaTH					35,037,007	(11,961)
WVT	342,935	323,873	19,063	1,443,586	26,367,703	2,969,792

The waiting times targets in the two systems remain as follows.

System	Inpatients	Outpatients
NHS England	65 weeks	No target
NHS Wales	104 weeks	52 weeks

As shown below SaTH and WVT are meeting the NHS Wales waiting times targets, whilst there is a cohort of patients exceeding the target at RJAH. All Trusts are still working towards the NHSE target of 65 weeks for inpatient treatment.

Table 2: Current waiting times for Powys residents						
Provider	Date of waiting list snapshot	Average weeks waiting	Median weeks waiting	95th centile waited	Maximum reported week of waiting	Total pathways waiting
RJAH*	October 24	29	22	75	286	3,563
SaTH**	October 24	24	20	59	86	5,105
WVT***	October 24	19	15	45	80	3,506

*PTHB accounts for 21.3% of RJAH waiting list.
** PTHB accounts for 10.7% of SaTH waiting list.
*** PTHB accounts for 14.4% of WVT waiting list.

Scenarios for Consideration

NHSE providers have been requested to assess the two scenarios with planning assumptions agreed consistently across all 3 as follows :

1. Deferring appointments that have not yet been booked at time of Board decision (agreed planning assumption with NHSE providers based on booking 6 weeks in advance therefore assumed activity deferred from 12th March 2025).

2. As Scenario 1 but also include: Deferring appointments that have been booked but not taken place at time of Board decision (agreed planning assumption with NHSE providers of reduction in activity from soon after decision made i.e. from w/c 3rd February 2025).

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The table below provides further detail on the Providers current assessment of the above scenarios and the associated expenditure.

Table 3: Scenarios						
Scenario	Provider	Patient procedures	£	Outpatient appointments	£	Total expenditure £
1	RJAH*	46	210,928	299	64,161	275,089
	SaTH**	85	86,215	732	95,510	181,724
	WVT***	304		729		467,000
	Total	**435**		**1760**		**923,813**
2	RJAH*	128	655,716	444	98,147	753,863
	SaTH**	287	293,130	2489	324,733	617,863
	WVT***	444		1077		683,000
	Total	**859**		**4010**		**2,054,726**

*** RJAH – Total reduced expenditure excludes administration charge.**
****SaTH – Total reduced expenditure excludes administration charge.**
****WVT – Total expenditure not separated for patient procedures and outpatient appointments and additional administration charge to be confirmed.**

The modelling is based on activity in the three main English provider Trusts and excludes cancer patients, under 18 year olds, patients on surveillance and those on urgent elective pathways. The implication of deferring activity is that patients could wait longer by at least 3 or 9 weeks depending on the scenario considered.

All providers have been constructive and open in their discussions of the draft urgent commissioning scenarios. However, all raised the administrative costs of contacting and re-booking patients, their inability to re-book into core capacity at short notice and the risk of them having 'stranded costs' that cannot be recovered from commissioners in the short term. It is also noted that NHSE has announced the capping of the Elective Recovery Fund and this adds to this risk. The additional costs of implementing the change, which are greater with Scenario 2, have been reflected in the overall assessment of the financial impact in Table 3.

Providers also undertook to review the Integrated Impact Assessment and the potential ethical, quality and equality impacts were jointly acknowledged.

All of these factors are discussed further in the Impact Assessment and Risk Assessment and Delivery Confidence sections below.

Summary of Financial Impacts

The following table provides a summary of the estimated financial impact. It shows the quantum of expenditure in the area under action / consideration and an estimate of the % that can be saved against the forecast £9.4m plan adverse variation.

Potential Remedial Action Areas	Amount of Expenditure under consideration /maximum	Percentage targeted as per current action	Expected Saving – subject to further actions

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	saving opportunity		
Vacancy freeze – 120 posts within process	0.400	75%	0.300
Use of agency and locums. Spend per month is circa £1.0m.	3.000	17%	0.500
Other actions across all areas	0.500 to 1.000	To Date	0.500
Sub-total			**1.300**
Defer elective activity in NHSE providers: – Scenario 1 – Scenario 2	 2.570 5.660	**Subject to Board discussion** 0.924 (subject to admin costs) 2.055 (subject to admin costs)	

Subject to Board decision, the current assessed total impact from the mitigating actions identified is £1.300m plus potential additional from scenario 1 of £0.924m and from scenario 2 of £2.055m. Overall potential total impact of £2.224m (if scenario 1 approved) and £3.355m (if scenario 2 approved).

The totals will be reduced by any additional administrative costs to be recharged from English providers.

Integrated Impact Assessment

The Health Board has a legal duty to pay due regard to the equality and quality impact of its decisions and a detailed Health Board Integrated Impact Assessment is attached as appendix 1. The draft is based on the impact of delayed elective activity. The draft was shared with Board members to support Board discussions during the meeting of the 10 January and the final document is included at Appendix 1 to inform the final decision on 29 January.

The Board is asked to note the main points of the final impact assessment are as follows:

- The legal, policy and ethical context of the further action is complex with conflicting statutory duties and considerations to take into account.
- The proposal increases waiting times for significant numbers of patients.
- The proposal is primarily to support financial management within the year given the higher levels of activity in NHS England providers that had been planned for. The proposal is not a quality-led proposal, and the further action has been assessed as having a high adverse quality impact.

There is limited equality detail available within the Waiting List Information and therefore an assessment has been made based upon what is known through available data. Potential adverse equality impacts have been identified within the following groups:

- Age: A higher proportion of those patients on the waiting list are over the age of 65. There are patients under 18 years of age on the waiting list, however due to the developmental and educational impact on children and young people waiting for assessment and treatment children and young people under 18 years of age are excluded from the proposed change.

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- Socio-Economic Circumstances: Delays to treatment may have an impact on individuals unable to work whilst awaiting treatment.
- Carers: Delays to treatments may have an impact of increased pressure or stress on carers.

Risk Assessment and Delivery Confidence

As outlined in the Integrated Impact Assessment the legal, policy and ethical context of this further action is complex and potentially arguable, with conflicting priorities. In this context it is important to acknowledge the decision will need to be made on the balance of risk; and the summary of risks is included below.

It is noted that the delivery confidence of the further action continues to be assessed as **Low**. The assessment is largely assessed as low on the basis the Health Board does not directly control activity levels, and any changes are subject to delivery with NHSE providers.

The risks have been reviewed following the assessment by NHSE providers and are as follows.

Type of risk	Description	Board Risk Appetite (May 2024)
Clinical	The quality impact on patients and staff of the further action is laid out in the Integrated Assessment section above. NHSE providers and clinicians are likely to seek measures for managing the clinical risk of patients waiting longer on their waiting lists. There is a risk that the further action will lead to greater demand across the wider system including social care and third sector, our staff and GP colleagues as patients wait longer.	The Board has an ADVERSE risk appetite in relation to Safety and a MINIMAL risk appetite in relation to Quality
Financial	The financial implications of taking the further action are outlined above. There is a risk that with all the actions undertaken the Health Board is not able to meet its financial plan requirements. This risk needs to be balanced against the risk of extending the forecast and the potential requirement for additional strategic cash. This means the Health Board would require strategic cash	The Board has an OPEN risk appetite for Financial Sustainability

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	support from WG to cover and pay its costs in the last quarter of the year. From a financial perspective, the risk of doing nothing or retaining the status quo is a significant risk in itself.	
Corporate	There is a legal risk of challenge from individuals who are affected by the change. The Health Board has a legal duty to pay due regard to the equality and quality impacts of the decision as laid out in the paper. There is a risk the Health Board could enter into dispute with a number of its main NHSE providers. There is a risk that the further action will move the Health Board into escalation for other domains of the NHS Wales Escalation Framework such as quality and outcomes, performance and/or governance and leadership.	The Board has a CAUTIOUS risk appetite in relation to regulation and compliance
Operational	The deliverability of the further action is heavily caveated as it is dependent upon delivery from the NHSE providers. The LTA framework would usually require 6 months' notice of change. There is a risk to the long-term strategic partnership arrangements with our main NHSE providers including to the in-reach models for many of our provider services.	The Board has a CAUTIOUS risk appetite in relation to Performance and Service Sustainability, and for Workforce
Reputational	There are severe reputational risks for the Health Board given that additional monies have recently been allocated to the Health Board. There are equally reputational risks for the Health Board of further Welsh Government escalation and/or requirements for strategic cash support. There are reputational risks in the context of the Cross-Border Statement and the recent announcements on closer working	The Board has an OPEN risk appetite in relation to reputation and public confidence in light of the challenging public sector funding environment.

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	between NHSE and NHS Wales on planned care recovery.	

The Board's Risk Appetite Statement is available from our website.

NEXT STEPS:

Actions will immediately be put in following Board decision which will include an appropriate communication plan.

IMPACT ASSESSMENT – SEE APPENDIX

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					An integrated impact assessment has been produced – see appendix 1.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An integrated impact assessment has been produced – see appendix 1.
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:

	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
					An integrated impact assessment has been produced – see appendix 1.

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Clinical					
Financial					
Corporate					
Operational					
Reputational					

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UPDATED AS OF 23 JANUARY 2025

Section A: Overview

A.1. Proposal Details	
1.1 Name of Proposal	Working with NHS England providers to defer elective activity in Q4 2024/25
1.2 Lead	Nicola Johnson, Executive Director of Planning, Performance and Commissioning Chris Moss, Assistant Director of Commissioning
1.3 Reference Number	Reference number for Level 1 Assessment – C4 (C2b Pow01 plus C4b Pow12)
1.4 Summary of Proposal	See below
1.5 Date / Version	23 January 2025

A.2. Proposal Overview	
2.1 Summary of Proposal	As reported at each Board meeting through the Integrated Quality and Performance Report there are longstanding differential waiting times between Powys residents who access planned care in NHS England and those who access planned care in NHS Wales. Healthcare is a devolved issue in the UK and the two systems set different policy and prioritisation choices in response to national needs and context as well as complex funding and political drivers. For 2024/25 the NHS Wales Ministerial measure is 104 weeks for treatment and first outpatient appointment within 52 weeks. NHSE targets are 65 weeks for inpatient treatment with no specific waiting times target for outpatients (targets incentivise productivity). The three main providers for Powys residents in England are Robert Jones and Agnes Hunt (RJAH), Shrewsbury and Telford NHS Trust (SaTH) and Wye Valley NHS Trust (WVT). All are achieving the NHS Wales waiting times targets, apart from a cohort of patients at RJAH; and are working towards the NHSE target of 65 weeks for inpatient treatment. NHS Wales providers are still working towards the 104 weeks target with Welsh Government expectations that this will be met in 5 out of 7 Health Boards in Wales by the end of March 2025.

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	Actual waiting times for Powys residents vary by provider as laid out in the cover paper to this Integrated Impact Assessment. At a meeting of the Board on 10 January 2025, further action it was proposed that the health board work with the three main NHS England provider Trusts (WVT, SaTH, RJAH) to defer elective activity in Q4 2024/25. Initial modelling was presented to inform the financial and patient activity impact. This was based on activity in the three main providers and excluded cancer patients, other urgent elective pathways, surveillance patients and those under 18 years of age. The HB has a legal duty to assess and pay due regard to the equality and quality impacts of the decisions it makes under the Equality Act 2010 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020. This document provides an integrated impact assessment to meet these duties. Two scenarios were considered and modelled based on good operational planning practice and waiting list management standards (i.e. sessions should be planned and patients booked 6 weeks in advance): 1. Deferring appointments that have not yet been booked at time of Board decision. As at 10 January 2025 it was assumed to take effect from w/c 24/2/2025, and that around 790 inpatients and over 3,000 outpatients would be delayed by at least 5 weeks. 2. Deferring appointments that have been booked but have not taken place at time of Board decision. As at 10 January 2025 it was assumed to take effect from w/c 13/01/2025, and that around 1,800 inpatients and 8,000 patients would be delayed by at least 11 weeks. At the meeting on 10 January 2025 the Board asked for updated proposals based on further discussions with the three providers. This work has taken place, and an updated paper is being presented to the Board on 29 January 2025 with revised activity impacts based on the two scenarios above: 1. Deferring appointments that have not yet been booked at time of Board decision– assumed to take effect from w/c 12/03/2025 - around 435 inpatients and over 1700 outpatients would be delayed by at least 3 weeks. 2. Deferring appointments that have been booked but have not taken place at time of Board decision (assumed to take effect from w/c 03/02/2025) - around 850 inpatients and 4,000 patients would be delayed by at least 9 weeks.
2.2 Situation, Background,	Please see the cover paper accompanying this Integrated Impact Assessment, and also the previous papers for the meeting of the Board on 10 January 2025 – 10 January 2025 - Powys Teaching Health Board

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Strategic Context	
2.3 Assessment: Current Service Provision	The 3 main providers affected by this change are RJAH, WVT & SaTH. The patients who access services from the providers are typically from the east of Powys along the whole border.
2.4 Assessment: Case for Change	The paper has been developed to support the improvement of the PTHB financial position in 2024/25 in line with the Health Board's statutory financial duties and Welsh Government expectations laid out in the response of 24th December to the Chief Executive's Accountable officer letter of 20th December.
2.5 Assessment: Options Appraisal	PTHB has considered remedial actions to improve the financial position, and two additional urgent actions have been agreed; a recruitment freeze and to limit agency and locum spend. This further action addresses one of the main drivers of the financial deficit (commissioning growth) and considers the influenceable spend in Q4 of 2024/25.
2.6 Recommendation: Preferred Option	The recommendation is as per the cover paper accompanying this Integrated Impact Assessment action for the meeting of the Board on 29th January 2025.
2.7 Governance Arrangements	The action was initially considered by the Board at its Extraordinary meeting on the 10 January 2025. As a result of this meeting further work was requested which included the updating of this IIA based on further work with providers. The further information including this IIA will be further considered by the Board on the 29 January 2025.
2.8 Engagement and / or Consultation considerations	Given the potential scale and impact of the further action, if agreed a plan is in place to directly communicate with principal stakeholders including affected patients, English provider Trusts / Integrated Care Boards / NHS England, Welsh Government / NHS Wales Executive and Llais. Wider stakeholder communications with politicians, partners, primary care colleagues and the public will also be required to raise awareness for the reasons for this proposal, and the consequences if the organisation's financial position does not improve in year. As this proposal relates to a tactical commissioning decision by PTHB and patients will continue to receive care in England in line with the NHS Wales Ministerial measure, our assessment is that it would not require formal service change engagement (NHS Wales Guidance on Changes to Health Services).

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A.3. Integrated Impact Assessment Summary			Risk of Adverse Impact		
			Likelihood	Impact	Score
3.1 Quality	**Headlines**	See assessment below.	4	4	16
	Full QIA required?	Yes			
3.2 Equality	**Headlines**	See assessment below.	3	4	12
	Full EQIA required	No			
3.3 Legal / Statutory		The legal requirements on the Health Board are complex with regard to this potential action. The Health Board is required to comply with a number of legal duties/requirements that have relevance to our assessment. These include: • The NHS (Wales) Act 2006 and subsequent further duties for the public sector which are set out in later legislation including that of the Future Generations (Wales) Act and Social Services and Wellbeing (Wales) Act to provide quality services and improve population health. • The NHS Wales (Finance) Act 2016 which requires the Health Board to produce a balanced medium-term plan and comply with its financial duties. • To pay due regard to the equality impacts of its decisions under the Equality Act 2010. • To work to improve quality of care under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The Policy context is also complex. The England / Wales Cross Border Healthcare Services: Statement of values and principles (2018) is not legally binding but states that both NHS Wales and NHS England should work in the best interests of patients at all times. However, it also states that Welsh patients with a Welsh GP should receive services in NHSE providers to 'NHS Wales Standards'. Welsh patients with an English GP should receive services in NHSE providers to 'NHS England Constitution'. Patients residing in England but registered with Powys GPs are still legally entitled to the treatment times set out in the English NHS Constitution albeit PTHB commissions and pays for their care. The NHS Wales Planning Framework is not directive with regard to cross-border arrangements, but an NHSE provider has indicated that NHSE Planning	4	4	16

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	Guidance mandates that Welsh and English residents should receive equitable waiting times in NHSE providers. It has not been possible to find this guidance in the public domain. There is a legal risk of challenge from an affected individual(s) on grounds of Duty of Quality, equality and quality impact assessment or process. Arrangements to commission and fund activity with NHSE providers are agreed via Long Term Agreements which are not legally binding in a court of law. However, arbitration and notice arrangements are included, with it being usual to give 6 months' notice of a change such as this further action. There is a significant risk of the Health Board finding itself in dispute and/or arbitration with NHSE providers as a result of this change.			
3.4 Strategic Alignment and Health Outcomes	Working with English providers to defer elective care could adversely impact on the delivery of the PTHB Integrated Plan and 'A Healthy Caring Powys' which is the long-term health and care strategy for Powys as it has the potential to adversely impact on key strategic partnership arrangements. However, there is a clear expectation from Welsh Government for the Health Board to deliver its Board-approved Financial Plan for 2024/25. Health outcomes may worsen for those patients who will wait longer. There is also the potential for patients to deteriorate whilst waiting and end up as an emergency admission. The further action reduces the differential waiting times between Powys residents' waiting times in NHS Wales and NHS England although it does this by increasing rather than decreasing them and is not planned on the basis of population health or outcomes.	4	5	20
3.5 Market and Partnerships	Stability and financial risks to NHSE providers and Integrated Care Boards Risks to long-term strategic partnership arrangements with NHSE providers, including in-reach provision for planned care. Increased pressure on Primary Care partners. This could also increase pressure on our social care partners if patient or carer disability or distress levels increase whilst waiting for treatment.	4	4	16

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3.6 Operational Deliverability	NHSE providers may challenge on the grounds for delivering the change based on the Cross-Border Statement, NHSE Planning Framework, LTA notice clauses, clinical governance risks to their own staff, creation of financial instability and administrative overhead of transacting the change. The deliverability of the further action is heavily dependent upon negotiation with the NHSE providers and is currently assessed as low confidence. The LTA framework would usually require 6 months' notice of change. There is a risk to the long-term strategic partnership arrangements with our main NHSE providers including to the in-reach models for many of our provider services. The operational consequences would be for the providers to manage but there would be an unplanned administrative burden and unintended consequences for rescheduling these patients for care as their individual clinical urgency could change if waits are extended. There would be further work needed to be undertaken by the providers to identify and risk-assess patients which would present an additional operational and clinical overhead. There is also risk of increased pressure across the whole system and on our Primary Care services and provider services such as physiotherapy, equipment services and district nursing.	5	4	20
3.7 Ethics, Reputation and Social Responsibility	Due to the political, system, legal and policy context the ethical considerations are complex and require balanced consideration. To choose to elongate waits where there is known capacity and the recovery of waiting times is improving for patients already waiting in England is potentially unethical and it is acknowledged that this will affect clinicians in both the NHSE providers and our primary care colleagues. It is acknowledged that the uncertainty could cause additional distress to patients and families. However, the current differential waiting times were not planned or commissioned on the basis of equity or population health and have a serious effect on the financial position of the Health Board. This is driving	4	4	16

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	other difficult choices to be made such as a recruitment freeze which impacts on the delivery of services within the community. There is a significant reputational risk to the Health Board and NHS Wales. This proposal would endorse a 'post code' approach to cross-border health care which may be subject to challenge under the NHS Act (Wales) 2006 and subsequent legislation including the Socio-economic duty, Equality duty and Quality duty. It could be contrary to the NHS Wales ethical framework developed as part of the NHS Health and Care Standards and subsequently mirrored in the framing of the Essential Services delivery protocol which was used under the powers of the Civil Contingencies Act during the Covid-19 pandemic. There are significant reputational risks for the Health Board acknowledging that additional monies have recently been allocated to account in part for the cross-border pressures. There is a risk to our reputation as a trusted healthcare provider and commissioner for our population and patients. There are equally ethical and reputational risks for the Health Board of further escalation and/or statutory financial duties. There are reputational risks for Welsh Government in the context of the Cross-Border Statement and the recent announcements on closer working between NHSE and NHS Wales on planned care recovery.			
3.8 Workforce	Possible associated impacts on morale, motivation, sickness and level of individual and collective staff grievances and disputes. Likely impact on PTHB staff and GPs through increase in patient complaints to the NHSE provider, GP practices and PTHB Primary Care, Commissioning and Quality Teams.	4	5	20

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Section 3.1 Summary Impact Assessment - Quality

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Standard is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in Explanatory Notes. A "deep dive" assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.1).

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Summary	The Quality and Safety Framework states that 'in order to have a quality-led system NHS Wales needs to ensure it has the right values underpinning it with a just culture and Compassionate Leadership' and that 'Quality is everyone's business and this concept needs to be embedded in the culture of our workforce to improve the quality of care we provide.' This decision is not a quality-led decision but is proposed in the context of all of the Health Board's statutory financial duties. Due to the potentially significant numbers of patients affected there are high adverse impacts across all domains.	4	4	16

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[1] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Safe	The proposal would see treatment times for patients being extended and this would be contrary to acting in the best interest of patients. Clinicians have listed patients for an outpatient appointment or treatment for a clinical reason. Avoidable harm that could be generated through the elongation of waiting times cannot be ruled out. The Royal College of Surgeons and Royal College of Emergency Physicians have collaborated to produce the table below. This attempts to measure harm and delay for a number of surgical procedures. A standardised method of patient prioritisation **Level of clinical harm** / **Clinical priority** Priority 1a: <24 hrs; Priority 1b: <72 hrs / Priority 2: <1 month (urgent and cancer) / Priority 3: <3 months (routine expedited) / Priority 4: >3 months (routine) / Adapt or bespoke investigation/ treatment site/follow up **None**: n/a / Stay P2 PTL review by 3 months / Stay P3 PTL review by 6 months / Stay P4 PTL review by 12 months / Adapt or bespoke investigation/ treatment site/follow up **Mild**: n/a / Stay P2 PTL review by 3 months / Stay P3 PTL review by 6 months / Stay P4 PTL review by 12 months / Adapt or bespoke investigation/ treatment site/follow up **Moderate**: Stay P1 PTL review daily or weekly / Stay P2 PTL review by 1 month / NEW P2 PTL review by 1 month / NEW P3 PTL review by 3 months / Adapt or bespoke investigation/ treatment site/follow up **Severe**: NEW P1a PTL Review daily / NEW P1 b PTL review daily or weekly / NEW P2 or P1b PTL review by 1 month / NEW P2 or 1b PTL review by 1 month / Adapt or bespoke investigation/ treatment site/follow up **Fig 1. The standardised matrix, combining priority and clinical harm.** PTL = patient tracking list. This proposal would result in elongated treatment times for routine care with the potential of clinical harm increasing for some patients.	4	3	12

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Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
	There may be an impact on other clinical services such as primary care and therapy services as patients seek assurance or support to manage symptoms.			
Timely	In Scenario 1, patients will be affected with waiting times being at least 3 weeks longer. In Scenario 2 patients will be affected with waiting times being at least 9 weeks longer. The definition of the domain of timely care is to provide care within an appropriate timeframe to avoid delays. There will a further adverse impact on significant numbers of patients, whilst noting NHSE patients wait less time than those in NHS Wales at present and urgent and cancer work will continue. Due to the equality impact providers will also be asked to exclude patients under the age of 18 from this action.	5	3	15
Effective	Effective care is to provide services and treatments that benefit patients based on scientific evidence. This further action will delay patients waiting for an outpatient or treatment having an assessment and diagnosis or care plan delivered commensurate with evidence-based pathways.	4	3	12
Efficient	Efficient care is about avoiding waste which doesn't add value to the patient or outcomes. This further action will add to the wasted time of patients waiting for assessment and treatment. A delay in resolution for a patient may create a continued or increased demand on other parts for the health and social care system. Potential inefficient use of resources in delaying treatment for patients, this presents an opportunity for their condition to deteriorate and/or co-morbidities to develop which may result in increased cost of care and treatment. In addition, there is operational inefficiency in terms of the administrative burden of implementing the action.	5	4	20

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Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Equitable	Equitable care is about providing care that doesn't vary in quality due to personal characteristics, geography or socio-economic status. There are longstanding differential waiting times between Powys residents accessing planned care in NHS England and NHS Wales due to different waiting times standards and delivery. The further action will increase waiting times for patients in NHSE providers. Whilst this will improve equity of access and performance across Powys, this will be achieved by increasing waits rather than decreasing them and is not planned on the basis of population health need or outcomes. The further action may widen existing health inequalities and socio-economic impacts as patients in more deprived areas are less likely to be able to mitigate harm by other means, e.g. accessing other support of private healthcare (inverse care law).	5	3	15
Person-Centred	Providing care that is respectful and responsive to the individual patient's needs. This proposal is not person centred as the further action does not put the individual person requiring NHS treatment at the centre of the proposal.	5	3	15
Workforce	This proposal would be enacted by English providers who provide planned care for Powys. It is likely to impact on PTHB's staff through an increase in patient complaints to the Primary Care, Commissioning and Quality Teams. Possible associated impacts on morale, motivation, sickness and level of individual and collective staff grievances and disputes. From an English provider perspective, the increase in treatment times is likely to place an additional burden on the providers' clinical and administration staff as they deal with the rebooking and the associated increase in complaints from patients.	5	4	20

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Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Leadership	This could damage the reputation of the Health Board. Possible associated impacts on morale, motivation, sickness and level of individual and collective staff grievances and disputes. There is a risk that the further action will move the Health Board into escalation for other domains of the NHS Wales Escalation Framework such as quality and outcomes, performance and/or governance and leadership.	4	5	20
Culture	The Quality and Safety Framework states that 'in order to have a quality-led system NHS Wales needs to ensure it has the right values underpinning it with a just culture and Compassionate Leadership' and that 'Quality is everyone's business and this concept needs to be embedded in the culture of our workforce to improve the quality of care we provide.' This decision is not a quality-led decision but is proposed in the context of all of the Health Board's statutory duties.	5	4	20
Information	Not applicable			
Learning, Improvement and Research	Not applicable			

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Standard	Potential Impacts	Risk of Adverse Impact[1]		
		Likelihood	Impact	Score
Whole Systems Approach[2]	The proposal does not demonstrate a whole system approach. It may significantly impact on the delivery of the PTHB Integrated Plan and 'A Healthy Caring Powys' which is the long-term health and care strategy for Powys and the basis of the Regional Partnership Board Area Plan. There is a risk to the long-term strategic partnership arrangements with our main NHSE providers including to the in-reach models for many of our provider services. There is a risk the Health Board could enter into dispute with a number of its main NHSE providers.	5	4	20

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[2] Include impact in relation to the seven Well-being of Future Generations wellbeing goals

Section B.2 Summary Impact Assessment – Equality Impact Assessment

Your commentary should outline positive and negative impacts. Further information about definitions and considerations for each Characteristic is available in the Explanatory Notes. Adverse impact scoring should focus on adverse impacts only. Further information about impact and likelihood scoring is available in the Explanatory Notes. A deep dive assessment will be required if the risk of adverse impact scores of 9 or more (see Section C.2). This should be undertaken in line with CGP009 using the template in Section C.2.

Characteristic	Potential Impacts	Risk of Adverse Impact[3]		
		Likelihood	Impact	Score

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[3] Impact scoring should focus on the impact/likelihood of adverse impacts. If there are no adverse impacts the score will be 1 x 1 = 1.

<table>
<tr><th rowspan="2">Characteristic</th><th rowspan="2">Potential Impacts</th><th colspan="3">Risk of Adverse Impact[3]</th></tr>
<tr><th>Likelihood</th><th>Impact</th><th>Score</th></tr>
<tr><td>Summary</td><td>
There is limited detail available within the Waiting List Information regarding equality data and therefore, the assessment has been made based upon what is known through available data about the Powys population. The long waiting specialties affected are Trauma & Orthopaedics, ENT, Orthodontics, Respiratory Medicine and Ophthalmology.

Maximum number pathways that could wait over 104 weeks by 31/03/2025 using latest available waiting list snapshot.
<table>
<tr><th rowspan="2">Provider</th><th rowspan="2">Waiting List Snapshot Date</th><th rowspan="2">Main Spec</th><th colspan="2">Under 18</th><th colspan="2">Adult</th><th colspan="2">Elderly</th><th rowspan="2">Total</th></tr>
<tr><th>Female</th><th>Male</th><th>Female</th><th>Male</th><th>Female</th><th>Male</th></tr>
<tr><td>RJAH</td><td>15/12/2024</td><td>110 - Trauma & Orthopaedics</td><td></td><td></td><td>23</td><td>18</td><td>28</td><td>23</td><td>92</td></tr>
<tr><td colspan="3">RJAH Totals</td><td></td><td></td><td>23</td><td>18</td><td>28</td><td>23</td><td>92</td></tr>
<tr><td rowspan="3">SATH</td><td rowspan="3">08/12/2024</td><td>120 - ENT</td><td></td><td></td><td>2</td><td></td><td></td><td>1</td><td>3</td></tr>
<tr><td>143 - Orthodontics</td><td></td><td></td><td>1</td><td></td><td></td><td></td><td>1</td></tr>
<tr><td>340 - Thoracic / Respiratory Medicine</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>1</td></tr>
<tr><td colspan="3">SATH Totals</td><td></td><td></td><td>3</td><td></td><td></td><td>2</td><td>5</td></tr>
<tr><td rowspan="2">WVT</td><td rowspan="2">30/09/2024</td><td>110 - Trauma & Orthopaedics</td><td></td><td></td><td></td><td></td><td></td><td>1</td><td>1</td></tr>
<tr><td>130 - Ophthalmology</td><td></td><td></td><td></td><td>1</td><td></td><td></td><td>1</td></tr>
<tr><td colspan="3">WVT - Total</td><td></td><td></td><td></td><td>1</td><td></td><td>1</td><td>2</td></tr>
<tr><td colspan="9">Grand Total</td><td>99</td></tr>
</table>
Potential adverse impacts have been identified within the following groups:

Age: a higher proportion of those patients on the waiting list are over the age of 65
Socio-Economic Circumstances: Delays to treatment may have an impact on individuals unable to work whilst awaiting treatment and patients in more deprived areas are less likely to be able to access care by other means e.g. private provision.
Carers: Delays to treatments may have an impact of increased pressure or stress on carers.

</td><td>3</td><td>4</td><td>12</td></tr>
</table>

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Age

- 28% of the Powys population is over 65 years old compared to 21% for Wales and 19% for the UK.

- From an analysis of the most recent waiting list snapshot for RJAH, SaTH and WVT, the following provides detail on the maximum number of pathways that could wait over 104 weeks by 31 March 2025 under current circumstances. The further action will impact on greater numbers than in the table below.

Provider	Waiting list snapshot date	Adult (<65)		Adult (>65)		Total
		Male	Female	Male	Female	
RJAH	15/12/2024	23	18	28	23	**92**
SaTH	08/12/2024	3	0	0	2	**5**
WVT	30/09/2024	1	0	0	1	**2**
Total		27	18	28	26	

- The deferral of elective activity would have a negative impact on all patients irrespective of age. However, as a slightly higher proportion (54%) of patients based on the snapshot waiting list information above, are over the age of 65, there is a more disproportionate effect on patients within this age group, which aligns with the age profile of the Powys population. Older patients are more likely to have other comorbidities that can exacerbate medical needs. Patients waiting for orthopaedic procedures may also have mobility issues that are also exacerbated by rurality and limited public transport.

- The 'Better Together' Discovery Report identified that around one-third of the Powys population lives alone, and that loneliness is a factor for poor health and social needs. This further action may exacerbate this for patients waiting for treatment or assessment.

- For RJAH, SaTH and WVT there are patients under the age of 18 on the waiting list, however as shown in the table none of these patients are currently at risk of breaching 104 weeks by 31 March 2025. Under its Quality duties the Health Board should promote and the wellbeing and

3	4	12

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	safety of children and therefore to mitigate the impact for those patients PTHB will ask providers to exclude them from this proposed change. • The Royal College of Paediatricians and Child Health state that "Long waits also disproportionately affect the developing child, compared to adults, have a major impact on vulnerable families and exacerbate long term health inequalities. Delayed treatments may affect physical milestones, communication skills, social development, educational outcomes, confidence and resilience as well as their mental wellbeing. (RCPCH 2024) The reference for this report and quote above is Welsh children left 'worried and waiting' as paediatric waiting lists soar by 62% since 2016 | RCPCH			
Disability	• In total 20.2% of the population in the 2021 Census was identified as disabled. • 8.7% of Powys population were identified as disabled under the Equality Act with day to day activities limited a lot. • 11.5% of Powys population were identified as disabled under the Equality Act with day to day activities limited a little. • From the 2021 census: ○ Disabled people whose day to day activities were limited a little were the most likely to provide unpaid care to another person. • There is insufficient detail contained within the waiting list information to identify if patients on the waiting list are disabled under the Equality Act, however based on the census information above, a proportion of these patients may be identified as disabled. • A further delay in treatment may add to the disability issues experienced for those patients awaiting routine elective care.	2	3	6

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Gender Reassignment	• Non-surgical and surgical gender identity services for adults, children and young people are commissioned centrally for the Welsh population by the Joint Commissiong Committee and will be unaffected by this further action. • There is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialties affected. • It is not anticipated there would be a significant impact on patients based on this characteristic.	1	3	3
Marriage and Civil Partnership	• 48.9% of Powys population aged 16 and over are married or in registered civil partnership. • 51.1% of Powys population aged 16 and over have other marital or civil partnership status. • There is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialities affected. • It is not anticipated that there would be any significant impact on patients based on their marriage status.	1	3	3
Pregnancy and Maternity	• Pregnancy and Maternity services are not included in this further action. • Specialised fertility services are centrally commissioned for the Welsh population by the Joint Commissiong Committee and will be unaffected by this further action. • It is not anticipated that there would be any significant impact on patients with these protected characteristics.	1	3	3

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Race	The 2021 Census showed that the Powys population is: • 0.9% of population Asian, Asian British or Asian Welsh. • 0.2% Black, Black British, Black Welsh, Caribbean or African. • 0.9% from mixed or multiple ethnic groups. • 97.7% White. • 0.3% from any other ethnic group. • There is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialities affected. • During the Covid 19 pandemic those patients from an ethnic minority group background were recognised as not coming forward quickly enough for vaccines and to the access of healthcare generally. • It is possible that those patients may be waiting longer and may be disproportionately affected by this change.	2	3	6
Religion or Belief	Ther 2021 Census showed that the Powys population is: • 42% of population have no religion. • 48.9% of population are Christian. • 0.4% of population Buddhist. • 0.2% Hindu. • 0.1% Jewish. • 0.3% Muslim. • 0.1% Sikh. • 0.7% Other religion. • 7.2% no answer. • There is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialities affected. • Religion and ethnic identity may be intertwined and therefore the effect of this change may be similarly affected.	2	3	6

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Gender	The 2021 Census shows that the Powys population is: • 50.7% female. • 49.3% male. • As can be seen in the table in the Age section there are slightly more men than women waiting as long waiters on the lists at present. • However, this is a very small sample of the overall number of the patients potentially affected and it is likely that the overall impact will reflect the Powys population.	2	3	6
Sexual Orientation	• 89.01% of population aged 16 and over are straight or heterosexual. • 2.26% of population aged 16 and over are LGBT+. • 8.87% of population aged 16 and over did not answer. • There is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialities affected. • It is not anticipated that there would be any significant likely impact on patients for this protected characteristic.	1	3	3
Welsh Language	• 98.08% of population aged 3 years and above speak English or Welsh as their main language. • 6.4% if population aged 3 years and above understand spoken Welsh only. • 18.8% of population aged 3 years and above can speak, read or write Welsh. • 74.8% of population aged 3 years and above have no skills in Welsh. • Patients receiving services in Wales are more likely to receive a bilingual service designed under the Active offer in Wales. • However, there is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialities affected. • It is not anticipated that there would be any significant likely impact on patients for this protected characteristic of this specific further action.	1	3	3

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Socio-Economic Circumstances	• 56.9% of Powys population aged 16 years and over are economically active, 43.1% economically inactive. • According to the Wales Institute for Social and Economic Research, Data and Methods (WISERD, 2011[4]), approximately a fifth of the Welsh population live in poverty (measured after housing costs). If patients are unable to work whilst they wait for planned care, delaying their care could have an adverse impact on their individual socio-economic situation. • The further action may widen existing health inequalities and socio-economic impacts as patients in more deprived areas are less likely to be able to mitigate harm by other means, e.g. accessing other support of private healthcare (inverse care law).	2	3	6
Social Exclusion	The Social Exclusion Unit report *Transport and Social Exclusion: Making the Connections* (2003)[5] highlighted the current challenges faced by socially excluded groups in accessing health and other services. They found people who are socially excluded are more likely to experience a number of factors that in themselves have a negative impact on gaining access to health services. These may include low income, disability and age coupled with poor transport provision or services sited in inaccessible locations. It also found that the location of health services and the provision of transport to health services can reinforce social exclusion and disproportionately affect already excluded groups. The 'Better Together' Discovery Report identified that around one-third of the Powys population lives alone, and that loneliness is a factor for poor health and social needs. This further action may exacerbate this for patients waiting for treatment or assessment.	2	3	6

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[4] Wales Institute of Social and Economic Research Data and Methods. (2011). *An anatomy of economic inequality in Wales*. Cardiff: EHRC.

[5] Social Exclusion Unit (2003). *Transport and Social Exclusion: Making the Connections*.

Carers	• 10% of Powys population provides unpaid care. • There is insufficient detail contained within the waiting list information to be able to determine if there are patients with this protected characteristic waiting on the lists for assessment or treatment for the specialities affected. • However, an additional waiting time for a patient who is being cared for could place additional stress on carers. • If the patient is an informal carer this is also likely to have a detrimental effect.	2	3	6

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Section C.1 Deep Dive Impact Assessment - Quality

Copy and complete this table for every adverse quality impact score of 9 or more (amber and red impacts).

Domain	**Safe Care: Avoiding Harm**						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
Avoidable harm that could be generated through the elongation of waiting times cannot be ruled out.	4	3	12	Primary Care Services Access to information on Self-Care Access to Therapy via self-referral	4	3	12

Quality Measures

All usual measures of safe care assessment will be used to monitor including contract management, complaints, incident reporting etc. These will be reported as usual routine through the committee and IQPD routes.

Patient feedback will be captured through Putting Things Right
Staff experience will be sought should be observe increase in demand in the above services

Any Further Mitigations Planned

Patients will have access to Primary Care if their conditions become more urgent
Patients have access to information on the organisation's website on self-care
Patients can request referral to other services via Primary Care or self-refer to certain services such as Physiotherapy

The quality team will monitor quality and safety issues.

Comments

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Domain	**Timely Care: Providing Care within an appropriate timeframe**						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
Scenario 1: Patients will wait at least 3 weeks longer Scenario 2: Patients wait at least 9 weeks longer	5	3	15	In the event of a patient deteriorating, Primary Care services would assess, triage and refer where required	5	3	15

Quality Measures

We will aim to ensure the patients are seen as soon as possible following any delay.

All usual measures of safe care assessment will be used to monitor including contract management, complaints, incident reporting etc. These will be reported as usual routine through the committee and IQPD routes.

Patient feedback will be captured through Putting Things Right
Staff experience will be sought should be observe increase in demand in the above services.

Any Further Mitigations Planned

- Patients will have access to Primary Care if their conditions become more urgent
- Patients have access to information on the organisation's website on self-care
- Patients can request referral to other services via Primary Care or self-refer to certain services such as Physiotherapy

The quality team will monitor quality and safety issues.

Comments

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Domain	**Effective Care:** Providing services and treatments that benefit patients based on scientific evidence.						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
Delayed access to treatment/ diagnosis/ diagnostics	4	3	12	In the event of a patient deteriorating, Primary Care services would assess, triage and refer where required	4	3	12

Quality Measures

Recommended pathways will still be followed but there will be a delay in accessing these
We will ensure we enact appropriate INNU procedures to prevent inappropriate referrals
We will further strengthen referral management to support referrals.

We will aim to ensure the patients are seen as soon possible following any delay.
All usual measures of safe care assessment will be used to monitor including contract management, complaints, incident reporting etc. These will be reported as usual routine through the committee and IQPD routes.

Patient feedback will be captured through Putting Things Right

Any Further Mitigations Planned

NONE

Comments

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Domain	**Efficient Care:** Avoiding waste that doesn't add value to the patient or outcome						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
Delays lead to wasted time for patients. Increased burden on operational and clinical services	5	4	20	INNU (Interventions not normally undertaken) will be monitored	5	4	20
Quality Measures							
We will ensure we enact appropriate INNU procedures to prevent inappropriate referrals We will review and strengthen referral management to support referrals.							
Any Further Mitigations Planned							
NONE							
Comments							

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Domain	**Equitable Care: Providing care that doesn't vary in quality due to personal characteristics, geography or socio-economic status.**						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
Delays to this patient cohort may lead to impact on protected characteristics/ vulnerable people	5	3	15	Access to Primary Care for assessment, triage and referral where appropriate	5	3	15

Quality Measures

Children are excluded

Health inequalities will be exacerbated. The inverse care law will apply and people in with lower socio-economic status and vulnerable people will be disproportionally affected. As many people on these waiting lists will be older people, this age group will also be dis-proportionally affected.

Quality measures as above

Any Further Mitigations Planned

NONE

Comments

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Domain	**Person-centred:** Providing care that is respectful and responsive to the person's needs						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
Impact on individuals unavoidable	5	3	15	Access to Primary Care for further assessment, triage and referral where appropriate	5	3	15
Quality Measures							
• As above							
Any Further Mitigations Planned							
NONE							
Comments							

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Section C.2 Deep Dive Impact Assessment - Equality

Where agreed, you should copy and complete this table for every adverse equality impact score of 9 or more (yellow, amber and red impacts). This will form part of a full Equality Impact Assessment in line with Health Board policy CGP009 Equality Impact Assessment Policy. The level of detail should be proportionate to the impact and likelihood.

Characteristic	**Age**						
Brief Description of adverse impact and potential consequences	**Initial Impact**			**Key controls and assurances (what is already in place)**	**Mitigated Impact**		
	Likelihood	**Impact**	**Score**		**Likelihood**	**Impact**	**Score**
This commentary and the initial impact scoring will reflect your Summary Impact in Section B.2	3	4	12	Access to Primary Care for further assessment, triage and referral where appropriate	2	2	6
Equality Measures							
Patients will have access to Primary Care if their conditions become more urgent Patients have access to information on the organisation's website on self-care Patients can request referral to other services via Primary Care or self-refer to certain services such as Physiotherapy The quality team will monitor quality and safety issues.							
Any Further Mitigations Planned							
Raise with Social Care and Third Sector to ensure demand is monitored and reported.							
Comments							

Where agreed, this information will form part of an Equality Impact Assessment document produced in line with Appendix 1 of the Equality Impact Assessment Policy CGP009 (PTHB intranet resources for Equality Impact Assessment).

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.3

Board	**29 January 2025**
Subject:	**Anti-Racist Wales: Local PTHB Action Plan**
Approved and presented by:	Debra Wood-Lawson, Executive Director of People and Culture
Prepared by:	Service Improvement Manager for Equality and Welsh Language
Other Committees and meetings considered at:	Executive Committee – 11 December 2024 who recommend the report to the Board.

PURPOSE:

The Board are asked to approve the new anti-racism plan included in appendix one which has been updated to include new activity as a result of the Welsh Race Equality Standards (WRES) report, the updated national anti-racism plan and the health board local context.

The paper also provides an update on activity that was closed from the previous anti-racism plan as well as identifying any areas of activity which have now been included within the new plan.

RECOMMENDATION(S):

The Board is asked to:

- **APPROVE** of the new anti-racism plan (appendix 1).

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

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	As part of the Wales-wide Anti Racist Wales Action Plan, the Welsh Government's ambition is that Wales becomes an anti-racist country by 2030. As a part of this plan, we have been asked to prepare and maintain a local anti-racism plan which outlines the steps we intend to take locally as a part of this ambition. Some of the steps are informed by the Workforce Race Equality Standard.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

The Welsh Government's Anti Racist Wales Action plan, originally published in June 2022 and updated in November 2024, sets out how the government intends to ensure its own services and workforce practices, and those of the organisations it funds (including Health Boards), will demonstrate anti-racist principles. Several of the actions identified in the Welsh Government (WG) plan include objectives for Health Boards/NHS organisations. A previous version of this plan was presented and approved in 2023.

This plan has now been updated (included in Appendix 1) to reflect developments in the national anti-racist Wales action plan and the recommendations identified in the Workforce Race Equality Standard report. As part of the plans development, a draft version was shared with the Minoritised Ethnicity Staff Network and Workforce Policy Review group to enable a wider consultation on the activities that were identified within the plan.

The paper requests approval for the adoption of the plan as a working document which will be monitored via the Workforce & Culture Committee and continue to develop as work progresses.

Alongside a draft of the plan, the paper also outlines actions which were completed as part of the previous action plan.

BACKGROUND AND ASSESSMENT

The current anti racism action plan (2022 – 2024) was approved in 2022, the Equality Team have worked with a number of services/representatives to monitor and deliver activity outlined within the plan and have completed the following actions:

Priority Action 1: Leadership

- Appointed an Executive Equality Champion.
- Received confirmation from WG that the previously mentioned "Cultural Ambassador" role (which PTHB had not appointed due to having not received a role profile or explanation of the requirements) is no longer a requirement.
- Encouraged the establishment of a PTHB Minoritised Ethnic Staff Network, based online on the Viva Engage (formerly Yammer) platform.
- Approved the local Anti-Racism action plan and reported on it internally and externally.
- Integrated the plan into our IMTP process.
- Board members have established personal objectives in support of an Anti-Racist Wales.

Priority Action 2: Workforce

- Contributed to the NHS-wide review of All-Wales Workforce policies, led by Diverse Cymru.

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- Updated our Equality for Managers training program to reflect Anti-Racist principles and include information on the Anti-Racism plan.

Priority Action 3: Data

- Contributed to the consultation on the development of the Workforce Race Equality Standard (WRES).
- PTHB provided all requested data to support the development of the WRES report
- Updated the Anti-Racism action plan to take into account data provided by the WRES.

Priority Action 5: Tackling Health Inequalities

- Actions relating to Covid-19 recovery have been marked as complete.

A number of the actions in the previous plan are ongoing actions which are also applicable to newly drafted plan, for example, we have published an ethnicity pay gap review (in the Annual Report), carried out action to increase returns of staff ethnicity data, presenting a staff stories to the board.

Welsh Race Equality Standards (WRES)

In June 2024, Welsh Government released the WRES report. The findings for the health board were representative or slightly better than for other NHS Wales organisations. The report identified that the following areas were key areas for consideration and as a result, the updated Anti-Racism action plan now includes specific activity to support us in actively identifying and addressing these areas:

WRES Area Identified	Actions Included within Plan
Absence of ethnic minority board membership	• Continue to provide staff and patient stories to board including stories of people of colour • Carry out a review of board level recruitment processes in line with WRES recommendations • PTHB will commit to the Aspiring Board Members program, and provide any participants assigned to PTHB as part of the program with the full range of existing corporate development opportunities.
Likelihood of ethnic minority staff being appointed after shortlisting	Investigate data behind WRES Recruitment / shortlisting data and develop an organisational understanding of the underlying causes; identify meaningful steps to address this. There is likely to be activity required as a result of this analysis, including consideration as to how any potential issues can be addressed, which may include a review to our recruitment processes.
Progression of ethnic minority	Progression of ethnic minority staff to senior grades

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staff to senior grades	Target coaching and development opportunities at staff networks Publicity campaign to promote awareness and membership of staff networks to help us drive this agenda Undertake a local analysis of career progression which looks specifically at comparing time in grade. Pending the outcome of this analysis, similar to the review related to recruitment, further activity may be required to consider how any potential issues can be addressed which may include targeted positive action.
Poor levels of declaration of ethnicity, especially by senior staff	Directly contact senior managers (Bands 8C+) and board members who have not completed this data requesting that they do so.

It is intended that the plan is a working document that supports the delivery of the health boards Strategic Equality Plan. The activity within the plan includes actions which span across the organisation and whilst a number of the actions will be driven by the Equality Team, there is a shared responsibility organisationally for delivery of activity. Therefore, if approved, it is proposed that the activity within the plan is monitored via the Workforce & Culture Committee on a quarterly basis.

NEXT STEPS:

Subject to approval, the equality team will:

- Lead the communication and publication of the revised plan.
- Work will also be programmed into the team activity to clarify a programme of monitoring through the Workforce & Culture Committee.
- Monitoring of progress will be formally required through the NHS performance review framework in addition to the annual report.

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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age	X				The Anti-Racism Action Plan specifically intended to address disadvantage experienced by some groups on the basis of race. There is no specific impact anticipated on any other protected characteristics, though there is a strong correlation between racial minorities and religious minorities within the health board.
Disability	X				
Gender reassignment	X				
Marriage / civil partnership	X				
Pregnancy / maternity	X				
Race			X		
Religion or Belief			X		
Gender	X				
Sexual Orientation	X				
Welsh Language	X				
Socio-economic status	X				
Social exclusion	X				
Carers	X				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	X				A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
Financial	X				
Corporate		X			
Operational	X				
Reputational		X			

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Powys Teaching Health Board

Anti Racism Action Plan

2024 - 2026

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Powys Teaching Health Board

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1. INTRODUCTION

In June 2022, the Welsh Government published its Anti-Racist Wales Action Plan, setting out Wales-wide objectives to incorporate anti-racist principles into the public sector's services and employment practices. Under the plan, public sector organisations like Powys Teaching Health Board are required to develop local Action Plans showing how they will work to achieve the various Wales-wide objectives locally over the timescales identified in the plan.

1.1 What is anti-racism?

Anti-racism is about changing the systems, policies and processes which for so long have embedded a negative view of ethnic minority people. These negative biases can only be tackled through an anti-racist approach. 'Fixing' ethnic minority people, either as individuals or as a group, is not the answer.

Often it is the systems for progression, and for selecting who will be mentored, coached or sponsored, that fail people. In service provision, it is often the 'colour-blind' approach that works against ethnic minority people. Frequently, the assumption is made that 'providing the same for everyone' will be the most appropriate service. Whereas in fact, **taking people's differences** (e.g. language, dietary needs, dress, etc.) **leads to a more sensitive, accessible and effective service**. Often the consequence of the 'colour-blind' approach is that ethnic minority people struggle to enter jobs, or to progress, or to receive services appropriate to their needs.

The approach is further explained in the Welsh Government approach; An Introduction to an Anti-Racist Wales

1.2 Purpose

Our local plan aims to provide simplified but measurable actions that enables the organisation to **actively** identify and remove (formal and informal) systems, processes or policies which produce radically different outcomes for ethnic minority groups. It requires us to acknowledge that even if we do not see ourselves as 'racist' we can, by turning our eye away, be complicit in allowing racism to continue.

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The purpose of this plan is to create an organisational culture in which all members of staff are able to enjoy working free from discrimination, regardless of their ethnic background. The plan attempts to ensure that anyone who works for our organisation or who uses its services can be confident that they will be treated without any form of discrimination related to their race or ethnic background.

In the development of our local plan, we have shared the document through a consultative approach with our **Minoritised Ethnicity Staff Network** and **Workforce Policy Review Group** (providing trade union input into the actions). We have also aligned our own local plan to the objectives and 'Priority Actions' identified in the health section of the overarching Anti-Racist Wales Action Plan; the wording in the first two columns of the local plan below reflects the wording in the original Welsh Government document.

1.3 Workforce Race Equality Standard

In July 2024, Powys Teaching Health Board received its first Workforce Race Equality Standard (WRES) report, a report taking data from various sources on a number of indicators. Intended to be an annual report, this initial iteration identified four "key headline areas of inequality", specific to PTHB:

1. absence of ethnic minority board membership
2. progression of ethnic minority staff to senior grades
3. poor levels of declaration of ethnicity, especially by senior staff
4. likelihood of ethnic minority staff being appointed after shortlisting

These areas have been included within the action plan as the key priority areas for delivery.

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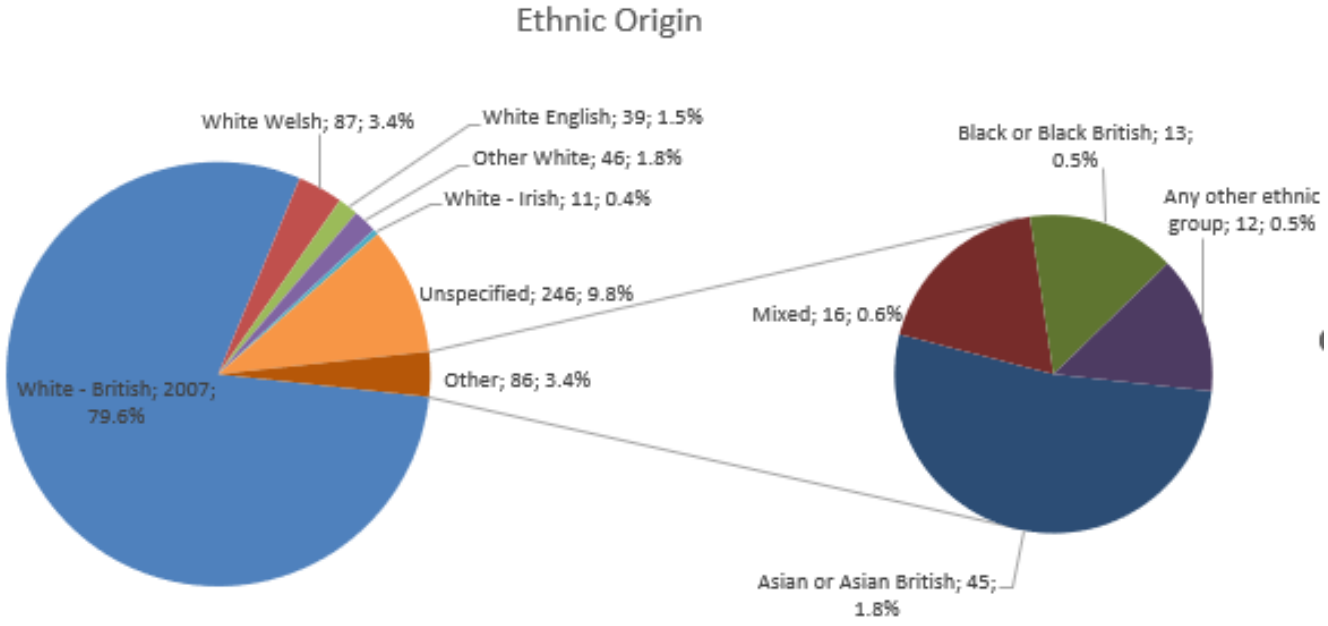
2. ORGANISATIONAL CONTEXT

In the 2021 census, **94.9% of the population of Powys described their Ethnicity as White** (Welsh, English, Scottish or British), rising to 97.7% when including all other White groups (including Irish, European and all Traveller groups). These figures are among the highest in Wales and correspondingly the proportion of the population identifying as Black, Asian or other non-white groups is one of the lowest in Wales at just **2.2%**, compared to 6.2% for the whole of Wales.

As of 31st March 2024, ESR reports **3.4%** of staff (a total of 86 individual staff members) identified as Black, Asian, mixed-race, or other non-white ethnic Minorities, or specified their ethnic group as 'other'. A further 46 staff identified as White but of non-UK or Irish ethnicity, and 246 were unknown.



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This is a significant difference compared to one year ago, where the equivalent returns were **2.6%** (67 individuals). This is likely due to efforts under the Anti-Racist Action Plan to improve the completeness of Ethnicity and other data (Unspecified (unknown) returns for Ethnicity reduced from 334 to 246 and there were similar reductions for unspecified for in other categories such as Disability and Sexual Orientation), but it is worth noting that the proportional increase in returns for staff from minoritised ethnic groups was significantly higher than the equivalent for white staff, suggesting that minoritised ethnic groups were previously disproportionately under-reported.

Whilst this number is higher than the local population, it is significantly lower than other Welsh health boards. It is clear that PTHB struggles to attract staff from these groups, and this may be due to the nature of Powys as a region (lacking large urban areas) and healthcare provider (with a smaller proportion of medical staff and less history of overseas recruitment) rather than factors within the health board's control. Whilst we cannot currently be certain of this, it is important that the **small numbers of individuals are not taken as a reason for inaction or de-prioritisation**. Indeed, it is possible that individual Black or Asian people are, in fact, ***more*** vulnerable to racism in contexts where they represent a smaller proportion of the population.

3. MONITORING & REPORTING

This Powys Anti-Racist Action Plan is owned by the Equality Team within the People and Culture Directorate and feeds into the Health Board's Strategic Equality Plan. The team provides expertise and guidance to the organisation and are the authors and controllers of this plan, accountable to the wider health board via:

- The **Board,** who approve the plan on behalf of the wider health board
- The **Director of People & Culture,** who is the executive lead for this plan

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3.1 Responsibilities

- The **Equality Team** are responsible operationally for producing resources, etc. to facilitate the aims of this plan. They are responsible for many of the specific actions in the plan, as well as for holding other departments accountable for their own actions.
- **Executive Directors** are responsible for delivering the actions in the plan within their own areas. Board members also have established personal objectives in support of an Anti-Racist Wales.
- **All Staff** need to understand the implications of the plan and their personal responsibility within this area.

The plan will be published internally on the Equality pages of the health board intranet. As per the guidance received from Welsh Government, progress against this plan will be reported publicly as a part of the health board's existing Equality reporting frameworks (specifically, the Equality Annual Report, published each financial year). In addition, local monitoring of progress will be led by the Equality team and regularly reported through the Workforce & Culture Committee.

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4. POWYS TEACHING HEALTH BOARD ANTI RACISM ACTION PLAN

National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Directorate(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
Providing assurance that the appointed executive equality champions are working with Black, Asian and Minority Ethnic staff networks to co-develop the organisation's annual anti-racism plans to correct inequities identified by workforce and patient data sources e.g. the Workforce Race Equality Standard	In social partnership, work to engage staff and staff side representatives in the development of the Health Board Anti-racism action plan - Minority ethnic staff networks on the development of the Health Board Anti-Racism action plan - Share through the Workforce Policy Review group (which includes staff side representatives in the development of the plan)	People & Culture Directorate: Equality Team	Q3 2024/25	Complete
	Ensure a review of the WRES recommendations is undertaken as part of the development of the actions within the Health Board anti-racism plan	People & Culture Directorate: Equality Team	Q2-Q3 2024/25	Complete
	Promote awareness/membership of the PTHB Minoritised Ethnic staff network (and other staff networks) – Launch a promotional campaign with posters – Build into the induction programme	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
	Explore opportunities to work with partner organisations to extend networks building on the work already undertaken in relation to the Neurodivergent Staff network	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	On Track
Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans, for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress with plan implementation will be reported through the Strategic Equality Plan and monitored through the IQPD and policy assurance mechanisms	In line with the Health Board strategic equality plan, a review of the local anti-racism action plan will be undertaken to ensure local progress and action is captured and monitored.	People & Culture Directorate: Equality Team	Q3-Q4 2024/25	Complete
	Plan will be monitored and reported on to both the board and Welsh government as part of the Equality Annual Reports, as per Welsh Government guidance.	People & Culture Directorate: Equality Team	Q4 2024/25	On Track
	Plan will also be integrated into the integrated planning process. [Complete for 2023-2026 Integrated plan]	Planning & Performance: Performance People & Culture Directorate	Ongoing	On Track
	Ethnicity Pay Gap Reporting to be included in 2022-23 Annual Report and onwards.	People & Culture Directorate: Equality Team	Ongoing	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
All NHS Board members will demonstrate anti-racist leadership through their diversity and inclusion objective, to enable meaningful impact of their organisational anti-racism plan.	Support the delivery of the Board development programme once commissioned by the Public Bodies Unit, Welsh Government.	Corporate	Awaiting commissioning by Welsh Government	On Track
	Board members to undertake Equality training session.	Corporate / People & Culture Directorate: Equality Team	Q4 2024/25 – Q1 2025/26	On Track
	All board members will be sighted on the actions within the anti-racism action plan – Promote and share the plan across the organisation	Corporate Team / People & Culture Directorate: Equality Team	Q3 2024/25 – Q2 2025/26	On Track
	Sign up to the Hate Crime Charter to reinforce and publicise our organisational commitment to a zero tolerance approach.	People & Culture Directorate: Equality Team	Q4 2024/25	On Track
	Establish Reverse Mentoring scheme and directly target this at staff networks including Black, Asian and Ethnic Minority Staff network.	People & Culture Directorate: Equality & OD Teams	Q3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
	We will build on opportunities to ensure that minority ethnic staff have direct access to our board that enables them to share their personal stories and supports organisational learning from their experiences – Invite Black, Asian & Minority Ethic staff to produce staff stories and present at least one to Board during 2024-25.	Corporate Team/ People & Culture Directorate: Equality Team Minority Ethnic Network	Ongoing	On Track
Local / WRES Actions:	Review internal governance framework through anti-racism, perspective to ensure integration with other decision-making forums.	Corporate Team/ People & Culture Directorate: Equality Team	2025/26	Not yet commenced
	Review internal incident reporting policies to ensure that incidents of racism are effectively captured, monitored and easily reported.	People & Culture Directorate: Equality Team / Nursing Directorate	2025/26	Not yet commenced

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Workforce: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.				
NHS Wales Boards, Trusts and Special Authorities and the Welsh Partnership Forum implement the recommendations from the independent NHS Wales Workforce Policy Audit (Diverse Cymru, 2023), working with Black, Asian and Minority Ethnic staff groups to support their effective application.	PTHB will incorporate the recommendations of the Diverse Cymru audit into local Workforce Policies, training programs (Equality Impact Assessment) and elsewhere as required. This will include: – Establish a rolling programme of audit of existing policies against the diverse Cymru recommendations – Introduction of a policy checklist for newly developed and reviewed policies to ensure recommendations are actively considered as part of policy development and review	People & Culture Directorate: Equality and Business Partnering Teams Workforce Policy Review Group	Q2-3 2024/25	Complete
Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes	The health board will mandate the nationally developed training this will include: - Ensuring this is mandated and reflected in ESR and reporting mechanisms - Publication and communication of the requirement throughout the organisation - Ongoing monitoring of completion of the training	People & Culture Directorate	Q3-4 2024/25 Ongoing monitoring of compliance	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Workforce: Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.				
Each NHS organisation will commit to their ongoing involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and Minority Ethnic background. Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.	PTHB will commit to the Aspiring Board Members program, and provide any participants assigned to PTHB as part of the program with the full range of existing corporate development opportunities.	Corporate	Awaiting details of program from WG/HEIW.	On Track
Local / WRES Actions: – absence of ethnic minority board membership – progression of ethnic minority staff to senior grades – likelihood of ethnic minority staff being appointed after shortlisting	We will undertake a review of our progression and training policies to ensure they are anti-racist and inclusive. This will include: - Exploring in detail staff progression, including length of time in role.	People & Culture Directorate: Equality, OD & Business Partnering Teams	Q3 2024/25 - Q2 2025/26	On Track
	Recruit to the international nurses' Pastoral Care Officer role, to ensure effective induction, support and onboarding of international nurses.	Community Services Directorate	Q2-3 2024/25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Leadership: The NHS in Wales will be anti-racist and will not accept any form of discrimination or inequality for employees or service users.				
Local / WRES Actions: – absence of ethnic minority board membership – progression of ethnic minority staff to senior grades – likelihood of ethnic minority staff being appointed after shortlisting	In light of the WRES recommendations relating to shortlisting data, the health board will undertake a review all aspects of recruitment policy and process to ensure they are anti-racist and inclusive. This will include; – Exploring in detail, shortlisting and recruitment data to develop an organisational understanding of the underlying causes – Based on the outcome of this review, we will explore opportunities to undertake positive action to support our recruitment approach – Explore how our outreach approach can be maximised to reach a diverse field of applicants, including for executive appointments to board.	People & Culture Directorate	Q3 2024/25 - Q2 2025/26	On Track
	Provide an ongoing program of events providing staff at all levels with opportunities to hear about the lived experience of individuals from Black, Asian and Minority Ethnic background to include for example, Equality Week, Refugee Week, Black History Month	People & Culture Directorate: Equality Team	Ongoing	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Data & Evidence: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients				
NHS Boards, Trusts, and Special Authorities will continue to: – improve workforce data quality – facilitate and support data collection against the WRES indicators – scrutinise WRES data to implement targeted anti-racist workforce actions captured within organisational anti-racist action plans, in response to evidence base through targeted structural change	Request all staff to update their demographic information on ESR, aiming to achieve 90% completion (up from 86.6% in March 2023) by year end. – Achieved target with 90.2% by end of 2023-24 financial year. – Maintain completion above 90% in future.	People & Culture Directorate: Equality Team Communications Team	**Completed** 2024 target. Maintain (ongoing)	On Track
Implement systemic monitoring of concerns of workforce discrimination and bullying raised by staff through the Joint Executive Team process	A quarterly review of employee relations activity will take place and any disproportionate effect relating to minority ethnic staff will be escalated to the Director of People & Culture and built into the Joint Executive Team process	People & Culture Directorate	2025/26	On Track
Local / WRES Actions: – poor levels of declaration of ethnicity, especially by senior staff	Directly contact senior managers (Bands 8C+) and board members who have not completed this data requesting that they do so.	Corporate / People & Culture Directorate: Equality Team	Q3 2024-25	Complete

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Data & Evidence: Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients				
	Explore opportunities to implement recording of requests for flexible working/retirement via ESR to enable analysis of ethnicity. Operational HR team to ensure data is being captured on ethnicity with regards to flexible working/retirement requests.	People & Culture Directorate: Business Partner Team / Workforce information	Q1-2 2025/26	On Track
Equitable Access: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.				
Support and oversee the implementation phase of the Maternity and Neonatal Safety Support Programme (2024-2027), with the aim of delivering local and national actions to support improvements in the experiences and outcomes of women, babies and their families from Black, Asian and Minority Ethnic communities	Ensure we improve our maternity ethnicity data to have an accurate picture of our maternity population.	Women & Childrens Directorate	Ongoing	On Track
	A review of our Powys general ONS data to have an increased understanding of ethnicity, language and religion within our community.	Women & Childrens Directorate	Ongoing	On Track
	Review of our social media, information and leaflets to ensure inclusivity.	Women & Childrens Directorate	Ongoing	On Track
	Language line app has been installed on staff's phones and laptops to ensure we provide visual interpretation services.	Women & Childrens Directorate	Ongoing	On Track

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National Priority Actions from Anti-Racist Wales Action Plan	Powys Teaching Health Board Actions to Support National Actions	Responsible Department(s)	Date	BRAG
Equitable Access: We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people.				
	Communication - Quarterly EDI Maternity Newsletter released with 'hot topic' areas to share good practice and EDI updates.	Women & Childrens Directorate	Ongoing	On Track
	Education - Diverse Cymru are providing us with 2 face to face sessions on EDI this year to increase staff awareness.	Women & Childrens Directorate	Ongoing	On Track
"Time to Change Wales" will develop and deliver an anti-racist mental health anti-stigma programme which is co-designed with people with lived experiences and from Black, Asian and Minority Ethnic people.	Following the publication of the programme, implement any recommendations or actions identified that are relevant to Mental Health services in Powys.	Mental Health	Ongoing, subject to publication of programme and any associated recommendations.	

BRAG KEY	Complete	Delayed (Major Issues)	Delayed (Minor Issues)	On Track

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 3.4

BOARD	**DATE** **29 January 2025**
Subject:	**Director of Corporate Governance Report**
Approved and presented by:	Director of Corporate Governance / Board Secretary
Prepared by:	Director of Corporate Governance / Board Secretary
Other Committees and meetings considered at:	The JCC Sub Committee Terms of Reference are recommended by the Joint Commissioning Committee.

PURPOSE:

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

- Board activity since the last meeting held on the 27 November 2024
- Application of the Common Seal
- Joint Commissioning Committee (JCC) Sub Committee Terms of Reference

RECOMMENDATION(S):

The BOARD is asked to:

- **RECEIVE** the Director of Corporate Governance report.
- **RATIFY** the application of the Common Seal applied on two occasion since 22 January 2025 and receive **ASSURANCE** that the action was taken in accordance with Section 9 of the Standing Orders.
- **APPROVE** the updated terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee and the JCC Planning, Performance & Finance Sub-Committee.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

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EXECUTIVE SUMMARY:

Board Activity since the last in routine meeting public meeting held on the 27 November 2024.

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

The Board has not met formally within In-Committee meetings since the last routine meeting of the Board on the 27 November 2024.

Additional In-Public Board meetings
The Board met in public on the 10 January 2025 for a single item meeting to consider the proposed temporary service changes. The agenda pack and video recording are available on the website - 10 January 2025 - Powys Teaching Health Board

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

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

The Board held Board Development sessions on the 17 December 2024 and 16 January 2025.

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

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

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

Purpose	Document /Purpose
Settlement Agreement relating to dilapidations at Machynlleth Health Centre	Legal agreement
Permitted use of Spa Road building (Llandrindod Wells)	Restrictive covenant agreement

NHS Wales Join Commissioning Committee – Committee Terms of Reference

SITUATION/BACKGROUND

Further to the 7 x Health Boards (HBs) approving the final elements of the NHS Wales Joint Commissioning Committee's (JCC) *("Joint Committee")* governance framework at their September 2024 Board meetings, the purpose of this report is present updated Terms of reference (ToR) for the JCC's sub committees which have been updated to reflect that CEO's are designated as members of sub-committees.

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs. On the 17 September 2024 the Joint Committee reviewed and endorsed the proposed sub-committee structure, the accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA) for submission to individual HB Board meetings in September 2024 for final approval.

Since then following discussions with the JCC members at the JCC meeting on 12 November and at the JCC Strategy workshop on 10 December 2024 it was agreed to include CEOs as members of the sub committees.

The NHS Wales Directors of Corporate Governance (DoCG) peer group have been consulted on this change and are aware of the JCCs decision to include CEOS as members and not attendees.

SUB COMMITTEE TERMS OF REFERENCE (TOR) AND MEMBERSHIP

In accordance with the JCC scheme of delegation and reservation of powers, approval of the Joint Committees governance framework is reserved to HBs.

On the 17 September 2024 the Joint Committee endorsed the proposed sub-committee structure for the JCC – see **Figure 1** and the 7 x individual HB Board meetings formally approved the structure and the documents at their Board meetings in September 2024.

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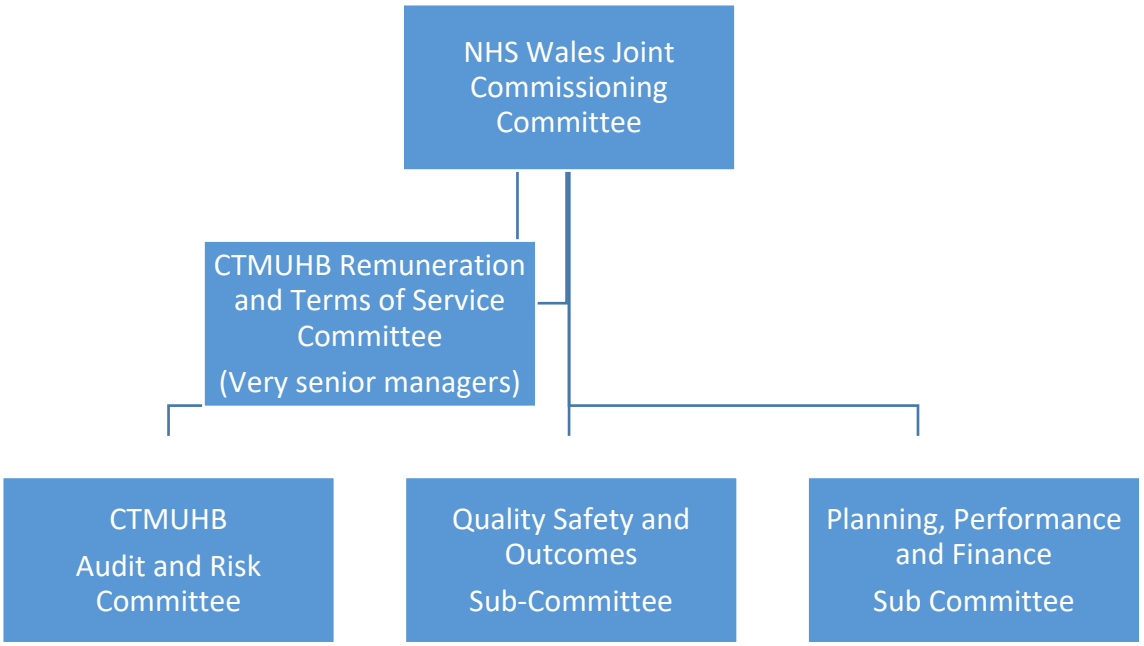
Figure 1 – Approved JCC Sub-Committee Structure



Following a request from the JCC to update the Terms of Reference (ToR) for the Quality, Safety and outcomes (QS&O) Sub-Committee and the Planning, Performance and Finance (PP&F) Sub-Committee to reflect the designation of a CEO representative as a member and not attendee, the ToR have been updated and are presented ***Appendices 1*** and ***2*** for approval, following endorsement at the JCC meeting on 21 January 2025.

The first meetings of each Sub-Committee will be held in February 2025 and Sub-Committee highlight reports will be provided to the JCC meeting by way of assurance and escalation in March 2025. Sub-Committee cycles of business will also be presented to ensure JCC oversight.

The membership and attendance for the sub committees is outlined below:

Table 1 – Membership/Attendance Quality and Safety and Outcomes Sub-Committee

Quality and Safety and Outcomes Sub-Committee	
Designation	**Lay Member/Attendee**
Chair	Susan Elsmore
Vice Chair	Mandy Rayani
Member	Shameem Nawaz
One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)	Phil Kloer, CEO HDdUHB
Llais Representative	Angela Mutlow

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Table 2 – Membership/Attendance Planning, Performance and Finance Sub Committee

Planning, Performance and Finance Sub Committee	
Designation	**Lay Member/Attendee**
Chair	Paul Worthington
Vice Chair	Nia Roberts
Member	Ian Green
One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)	Abigail Harris, CEO, SBUHB Deputy - Hayley Thomas, CEO PtHB

Now that the sub-committees have been established each sub-committee will report formally into the JCC via highlight reports from the sub-committee chairs. In addition, discussions are ongoing with the NHS Wales Directors of Nursing peer group and the NHS Wales Directors of Corporate Governance peer group to consider the most appropriate assurance reporting to Health Board sub committees and Boards to ensure effective governance.

NEXT STEPS

A formal review of the governance framework for the JCC will be undertaken in April 2025 in collaboration with the Health Board Directors of Corporate Governance following a full year of operation as the new JCC.

Acronyms / Glossary of Terms	
HBs	Health Boards
JCC	NHS Wales Joint Commissioning Committee
MoA	Memorandum of Agreement
PP&F	Planning, Performance and Finance Sub-committee
QS&O	Quality, Safety and Outcomes Sub-committee
SoD	Scheme of Delegation
SOs	Standing Orders
ToR	Terms of Reference

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

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

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Joint Commissioning Committee

PLANNING, PERFORMANCE AND FINANCE SUB-COMMITTEE (PPFSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Directors	Director of Finance and Information Director of Planning and Performance
Endorsed By	Joint Commissioning Committee 17 September 2024
Approved By	Health Boards – 25 and 26 September 2024 Board Meetings
Issue Date	1 December 2024
Review Date	~~1 June 2025~~ 12 January 2025
Version	2

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Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at HB September Board meetings	1 June 2025

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Sub-Committee Arrangements:
This schedule forms part of, and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

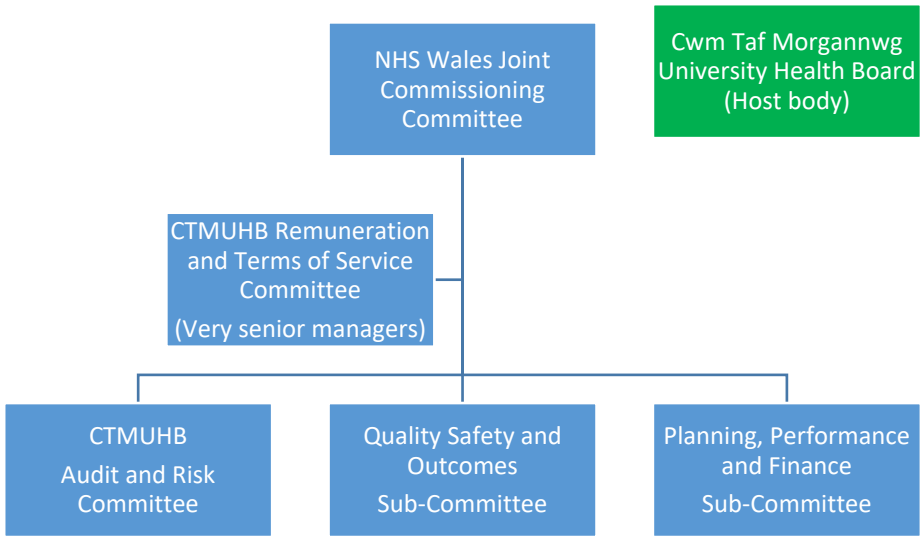
1.1 In accordance with JCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (JCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the JCC either to undertake specific functions on the JCC's behalf or to provide advice and assurance to others (whether directly to the JCC or on behalf of the JCC to each LHB Board and/or its other sub-committees). The JCC shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Planning, Performance and Finance Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. Purpose

2.1 The purpose of the Planning, Performance and Finance Sub-Committee is to be assured that the Joint Committee is effectively managing the strategic planning, performance and financial duties outlined in the Joint Committees SOs and Standing Financial Instructions (SFIs) relating to planning, securing and commissioning the services delegated to the JCC.

Figure 1 – JCC Sub Committee Structure



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3. Scope and Duties

The Sub-Committee will provide scrutiny and assurance in relation to the duties below:

3.1 **Planning**

- Monitor the process for the development of the Integrated Medium Term Plan (IMTP) in line with the relevant SOs, SFIs and the NHS Wales Planning Framework
- Receive assurance on the delivery of the IMTP
- Scrutinise the alignment of service, workforce, digital and financial commissioning plans in the IMTP (as appropriate to the business of the JCC)
- Scrutinise the development and delivery of strategic or major service plans through the agreed Service Transformation Programme in the IMTP.

3.2 **Performance**

- Advise on and assure the development and implementation of the JCC's Performance Management Framework
- Monitor in-year performance against the financial plan and activity targets that support the relevant metrics agreed by the Joint Committee
- Monitor overall performance of commissioned services against the JCC's IMTP and the national targets for NHS Wales (Ministerial Priorities).

3.3 **Organisational Risk Register**

- Regularly review the planning, performance and finance risks included on the JCC Risk Register and assigned to the Sub-Committee by the JCC.

3.4 **Finance**

- Monitor delivery of financial plans and savings programmes
- Monitor risk to financial delivery including mitigating actions to appropriately manage the risks
- Robustly challenge and support progress against delivery of
- savings plans including consideration of impact on services
- Scrutinise investments in line with the Standing Financial Instructions (SFIs) and the Scheme of Delegation prior to submission to the Joint Committee for approval
- Monitor activity and productivity including operational efficiency and effectiveness
- Report on significant financial variances and issues, including potential mitigation decisions.

3.5 **Sub-Committee Programme of work**

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Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's IMTP and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that

these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

3.6 The Sub-Committee, in monitoring and scrutinising the above areas, will discuss and recommend corrective action where necessary. This will include the transformation, recommissioning and value in health care approach.

3.7 The Sub-Committee will monitor the development of appropriate Key Performance Indicators (KPIs) across all parts of the organisation.

3.8 Where necessary, the Sub-Committee will undertake detailed "deep dives" of specific areas. These reviews will be supported by appropriate benchmarking information to ensure all of the JCCs commissioned services are striving to achieve "best in class" in relation to planning, performance and finance.

4. Membership

Members

4.1 The Membership of the PPFSC Sub-Committee is as follows:

Chair	Lay (Independent) Member of the JCC
Vice Chair	Lay (Independent) Member of the JCC
Member	One further Lay (Independent) Member of the JCC
Member	One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, will receive a nomination from the CEOs of Local Health Boards as outlined below.

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:

- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and

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- Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 **In Attendance**

JCC Director of Planning and Performance (co-lead JCC Director)
JCC Director of Finance & Information (co-lead JCC Director)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Sub-Committee Chair

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.

4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the sub-committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.

5.2 For effective governance, the Director of Finance and Information and the Director of Planning and Performance are required to attend all meetings.

6 Meeting Secretariat

6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

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7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.

7.3 Additional meetings may be held with the chairs of the LHBs Planning, Performance and Finance Committees where there is requirement.

7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.

7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Business.

8 Withdrawal of Individuals in Attendance

8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.

9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.

9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

10 Access

10.1 The Chair of the Planning, Performance and Finance Sub-Committee shall work closely with the Director of Finance and Information and the Director of Planning and Performance and have reasonable access to the Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

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11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board retains overall responsibility and accountability for ensuring the quality and

safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the JCC that Planning, Performance and Finance are being managed appropriately within the commissioning cycles.

Authority

11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference. The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with procurement, budgetary and other policy requirements.

Sub Groups

11.4 The Sub-Committee may, subject to the approval of the JCC establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Delegated Powers

11.5 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

Dealing with Members interests during meetings

11.6 Declarations of interest will be a standing agenda item for all meetings.

11.7 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.8 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Sub-Committee's activities. This includes:
  - Assurance that Planning, Performance and Finance are being managed appropriately
  - oral updates on recent activity
  - submission of written Sub-Committee highlight reports throughout the year
  - to receive annual reports, which will incorporate key information on planning, performance and finance

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- Bring to the Joint Committee's specific attention any significant matters under consideration by the Sub-Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.

12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.

12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Planning, Performance and Finance are being managed appropriately, for inclusion on suitable HB Sub-Committee agendas.

12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee's assurance role relates to a joint or shared responsibility.

12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

12.6 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the effective planning, performance and financial management of healthcare for commissioned services through the effective governance of its organisation.

12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.

12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub-Committees to provide advice and assurance to the JCC through the:

- joint planning and co-ordination of JCC and Committee business; and
- sharing of information.

12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

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12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Planning, Performance and Finance Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub-Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the sub-committee Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

16 Review

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16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

QUALITY SAFETY AND OUTCOMES SUB-COMMITTEE (QSOSC)

Terms of Reference & Operating Arrangements
(Schedule 3.1 of the Standing Orders)

Document Author:	Committee Secretary
Lead Director	Director of Nursing and Quality
Endorsed By	Joint Commissioning Committee 17 September 2024
Approved By	Health Boards – 25 and 26 September 2024 Board Meetings
Issue Date	1 December 2024
Review Date	~~1 June 2025~~ 12 January 2025
Version	2

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Version Control

Version	Issued To	Date	Outcome	Next Review Date
Version 1	Health Boards	17 September 2024	Approved at HB September Board meetings	1 June 2025

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Sub-Committee Arrangements:

This schedule forms part of and shall have effect as if incorporated in the NHS Wales Joint Commissioning Committee Standing Orders.

1. Introduction & Constitution

1.1 In accordance with JCC Standing Order 5.5, the NHS Wales Joint Commissioning Committee (JCC – the Joint Committee) may and, where directed by the LHB Boards jointly, or the Welsh Ministers must, appoint joint sub-committees of the Joint Committee either to undertake specific functions on the Joint Committee's behalf or to provide advice and assurance to others (whether directly to the Joint Committee or on behalf of the Joint Committee to each LHB Board and/or its other committees). The Joint Committee shall determine, for agreement by the LHBs, a joint sub-committee structure that meets its own advisory and assurance needs and in doing so the needs of the constituent LHBs.

1.2 In accordance with Standing Orders (SOs) (and the JCC Scheme of Delegation), the Joint Committee shall nominate annually a sub- committee to be known as the **Quality, Safety and Outcomes Sub-Committee**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

2. Purpose

2.1 The purpose of the Quality, Safety and Outcomes Sub-Committee "the Sub-Committee" is to be assured that the Joint Committee is commissioning appropriate, high quality and safe services from providers (Health boards, Trusts and private sector providers) on behalf of health boards in Wales.

This will be achieved by:

- Providing scrutiny and assurance to the Joint Committee for the Quality Safety and Outcomes of services commissioned from providers including health boards, NHS Trusts and private providers who are accountable for the provision of safe, quality services)
- Reporting to and providing advice to the Joint Committee, including escalation of issues that require urgent consideration and action by the JCC
- Addressing concerns delegated by the Joint Committee ensuring that individual LHB Quality and Patient Safety Committees are informed of any issues relating to their population recognising that concerns of the services commissioned may impact on primary and secondary and vice versa (whole pathway) and contribute to the achievement of the Duty of Candour; and
- Providing assurance to the Joint Committee in relation to improving the experience of patients, carers, citizens and those that come into contact with the services commissioned by the JCC.

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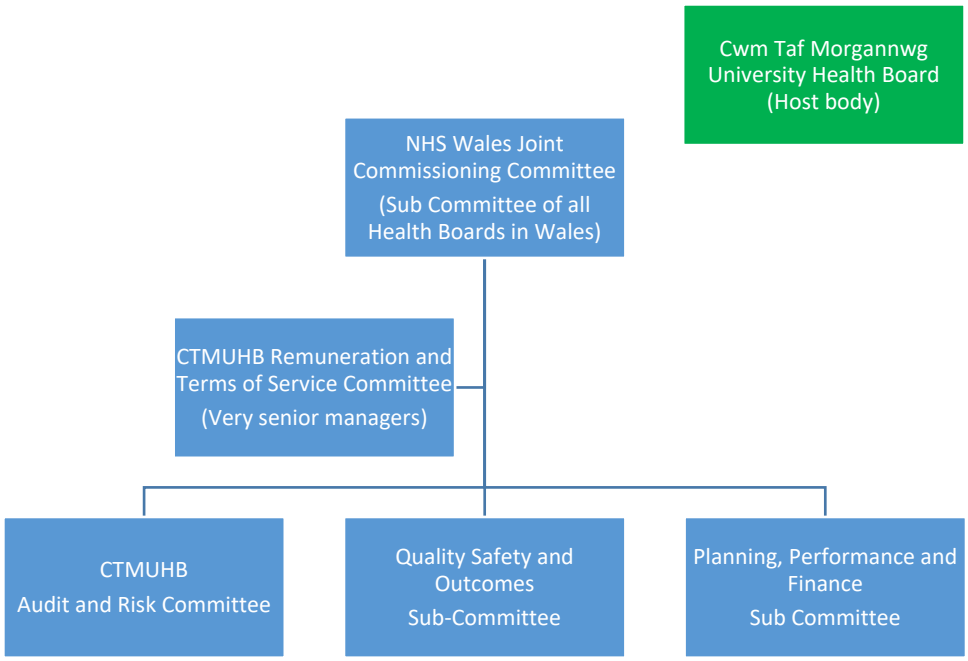
Figure 1 – JCC Sub-Committee Structure



3. Scope and Duties

3.1 The Sub-Committee will provide scrutiny and assurance in and will, in respect of its provision of advice to the Joint Committee:

- Monitor and support the development and implementation of the Commissioning Assurance Framework ensuring that there is continuous improvement in the commissioning of safe, effective and sustainable services for the people of Wales
- Consider the quality, patient safety and outcome implications arising from the development of commissioning strategies, including developments outlined in the agreed JCC Integrated Medium Term Plan (IMTP)
- Ensure that all aspects of commissioning activity, through regular reporting to the sub-committee consider quality, safety and outcomes as part of the commissioning of services
- Receive, when required, items for urgent consideration and escalation
- Ensure a robust process is in place for the development and approval of evidence-based service specifications, focussed on quality and safety of service provision, for all services commissioned by the JCC
- Have responsibility for the commissioning risks designated to the Sub-Committee for monitoring ensuring that quality, safety and outcomes of services commissioned are a priority for the organisation

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- Monitor and scrutinise risk management and assurance arrangements for the risks designated to the Sub-Committee for monitoring from the perspective of clinical and patient safety risks
- receive assurance from provider organisations that concerns management arrangements are robust and reported through the appropriate governance routes; and
- Receive assurance that patient safety incidents, complaints and claims (relating to the services commissioned by the JCC) are routinely monitored and are considered a critical part of the evaluation of services in the JCC commissioning cycle.

Sub-Committee Programme of work

3.2 Each year the Joint Committee will determine the Sub-Committee's priorities for its annual programme of work, based on the Joint Committee's Commissioning Assurance Framework and Corporate Risk Register. This approach will ensure that the Sub-Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Sub-Committee's annual programme of work and is not an exhaustive list for full coverage. This approach recognises that the Sub-Committee's programme of work will be dynamic and flexible to meet the needs of the Joint Committee throughout the year.

4. Membership

Members

4.1 The Membership of the QS&O Sub-Committee is as follows:

Chair	Lay (Independent) Member of the Joint Committee
Vice Chair	Lay (Independent) Member of the Joint Committee
Member	One further Lay (Independent) Member of the Joint Committee
Member	One representative Chief Executive or designated nominated deputy who must be an Executive Director from a health board (and would be fully briefed on the issues to be discussed)

4.2 The membership of the Sub-Committee shall be determined by the Joint Committee, based on the recommendation of the Chair of the Joint Committee and lay members, taking account of the balance of skills and expertise necessary to deliver the subcommittee's remit and subject to any specific requirements or directions made by Ministers or the Welsh Government.

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4.3 The Chair of the Joint Committee and the Chair of the Sub-Committee, receive from nominations from the CEOs of Local Health Boards

4.4 The Membership will be reviewed annually.

Support to Sub-Committee Members

4.5 The Committee Secretary, on behalf of the Sub-Committee Chair, shall:
- Arrange the provision of advice and support to Sub-Committee members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for Sub-Committee members as part of the overall JCCs Organisational Development programme.

4.6 **In Attendance**

JCC Director of Nursing and Quality (Lead Director for the Committee)
JCC Medical Director
JCC Director of Commissioning for Specialised Services
JCC Director of Commissioning for Ambulance and 111
JCC Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups (MH, LD & VG)
Committee Secretary or representative who will routinely attend meetings ensuring governance support and advice is available to the Committee Chair
Llais Representative

Directors may on occasion nominate a suitably senior deputy to attend the Sub-Committee on their behalf but should ensure that they are fully aware and briefed on the issues to be discussed.

By Invitation:

4.7 The Chief Commissioner, and other directors / senior managers may be invited to attend when the Sub-Committee is discussing areas of risk or matters that are the responsibility of that Director / member of staff.

4.8 The Sub-Committee may also co-opt additional independent external members from outside the organisation to provide specialist skills, knowledge and experience.

Member Appointments

4.9 The membership of the Sub-Committee shall be determined by the Chair of the Joint Committee, taking account of the balance of skills and expertise necessary to deliver the committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5 Quorum & Attendance

5.1 A quorum shall be at least two members comprising of two Lay (Independent) Members.

5.2 For effective governance, at least two JCC Team directors, one of which must be a Clinical Director should be in attendance at the meeting.

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6 Meeting Secretariat

6.1 The JCC Committee Secretary will determine the secretarial and support arrangements for the Sub-Committee.

7 Frequency of Meetings

7.1 The Meetings shall meet no less than 6 times a year, and otherwise as deemed necessary by the Chair of the Joint Committee.

7.2 Additional meetings may be called as appropriate with agreement of the Sub-Committee Chair.

7.3 Additional meetings may be held with the chairs of the LHBs Quality and Safety Committees where there is requirement.

7.4 Members will be required to attend a minimum of 75% of all meetings. Attendance will be monitored and reported to the Joint Committee through the Sub-Committee's Annual Report.

7.5 The Sub-Committee will arrange meetings and align with key statutory requirements during the year consistent with the Joint Committee's annual plan of Committee Business.

8 Withdrawal of Individuals in Attendance

8.1 The Sub-Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

9 Circulation of Papers

9.1 All papers will be distributed at least 7 calendar days in advance of the meeting.

9.2 The Committee Secretariat will ensure that the draft minutes will be provided to the Sub-Committee Chair within ten working days following the meeting.

9.3 The JCC Committee Secretariat will ensure that a Sub-Committee highlight report is provided for presentation by the Sub-Committee Chair to the next Joint Committee meeting.

9.4 The Sub-Committee highlight report will also be shared with members and HB Directors of Corporate Governance / Board Secretaries.

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10 Access

10.1 The Chair of the Quality, Safety and Outcomes Sub-Committee shall work closely with the Director of Nursing and Quality and have reasonable access to the JCC Directors and other relevant senior staff within the JCC Team.

11 Accountability, Responsibility & Authority

11.1 Although health boards have delegated authority to the Joint Committee and subsequently to this Sub-Committee for the exercise of certain functions as set out within these terms of reference, each health board retains overall responsibility and accountability for ensuring the quality and safety of healthcare for their citizens through the effective governance of their organisation.

11.2 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the commissioning cycles.

Authority

11.3 The Sub-Committee is authorised by the Joint Committee to investigate, or have investigated, any activity within its terms of reference.

11.4 The Sub-Committee is authorised by the Joint Committee to obtain outside legal or other independent professional and clinical advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the JCCs procurement, budgetary and other requirements.

11.5 The Sub-Committee will ensure that it is aware of and receives relevant reports on the activities and reports of external independent regulators and agencies, such as Healthcare Inspectorate Wales, Care Quality Commission, National Audit Office and Audit Wales, that relate to the commissioning of services.

Sub Groups

11.6 The Sub-Committee may, subject to the approval of the Joint Committee establish sub-groups or task and finish groups to carry out on its behalf specific aspects of Sub-Committee business.

Strategy

11.7 Oversee and monitor the development and implementation of the JCCs Strategies for patient quality, safety and outcomes:

- **Patient Quality, Safety and Outcomes**

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- Provide assurance to Joint Committee on implementation of the Quality aspects within the Integrated Medium Term Plan (IMTP) for the Joint Committee
- Provide assurance to the Joint Committee in relation to the Commissioning Assurance Framework.
- Contribute to and oversee the development of effectiveness of the Joint Committee's Annual Quality Statement and the Annual Governance Statement
- Monitor quality via the Quality Dashboard.

- Monitor and receive reports on the organisation's progress with embedding and implementing the Health & Care Quality Standards
- Ensure arrangements are in place to review and act on clinical audit activity which responds to national and local priorities applicable to the business and services commissioned by the JCC as part of the commissioning cycle.
- Receive recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response.

Organisational Risk

11.8 Regularly review and provide assurance to the Joint Committee on the risks included on the organisational Risk Register and assigned to the Sub-Committee by the Joint Committee.

Quality Improvement activities

11.9 The Commissioning Assurance Framework provides the framework for quality improvement projects supporting compliance with the Duty of Quality. The Quality, Safety and Outcomes Sub-Committee will:

- Provide scrutiny and assurance to the Joint Committee that priorities relating to quality, safety and outcomes are progressing.

11.10 **Patient Experience**

- Receive and review progress reports relating to Patient Experience and the requirements identified in the Commissioning Assurance Framework
- Ensure that the JCC engages with and co-operates with representatives of Llais as appropriate on ongoing patient engagement or major service change. (S.O. 7.7)

11.11 **Concerns**

- Receive as presented within the quarterly quality report, reports on Concerns relating to the services commissioned by the JCC (reported patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with emphasis on ensuring that lessons are learnt and are built into the evaluation of services as part of the JCC commissioning cycle.
- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) relating to commissioned

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services from across NHS Wales, in accordance with the legislation under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 and the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

- Receive assurance of effective and timely management of concerns (including incidents, complaints & claims) contributing to HB approaches providing information related to the services commissioned to support them in complying with their have legal and contractual requirements.

Delegated Powers

11.12 Although the Joint Committee has delegated authority to the Sub-Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of its organisation.

11.13 This Sub-Committee is responsible for providing scrutiny and assurance to the Joint Committee that Quality, Safety and Outcomes are being managed appropriately within the evaluation of services as part of the JCC commissioning cycle.

The Sub-Committee will:

- Seek assurance that the JCC's **Commissioning Assurance Framework** remains appropriate, is aligned to the Duty of Quality and is embedded in practice.
- Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:

    - Seek assurance on the delivery of the Patient Experience Plan within the Commissioning Assurance Framework; and
    - Contribute information from the commissioning perspective to HBs in their implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned through the commissioned service lens.

- Seek assurance that arrangements for the **provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:
    - the Commissioning Assurance Framework arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of commissioned services
    - the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities
    - the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response
    - the development of the Joint Committee's Annual Quality Statement including annual quality priorities; and

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- performance against key quality focussed performance indicators and metrics.

- Seek assurance on the arrangements in place to support **improvement and innovation**, including:
  - an overview of the research and development activity for commissioning within the organisation
  - alignment of the commissioning of services with the national objectives published by Health and Care Research Wales (HCRW);
  - an overview of the quality improvement activity for commissioned services within the organisation.

- Seek assurance that arrangements for commissioned services are **compliant with mental health legislation** are sufficient, effective and robust, including:
  - the Mental Health Act 1983
  - Mental Health Act Code of Practice for Wales and associated regulations (2016);
  - the Mental Capacity Act 2005 Code of Practice and associated regulations;
  - the Mental Capacity Act 2005 Deprivation of Liberty Safeguards Code of Practice and associated regulations; and
  - the Mental Health Measure (Wales) 2010.

11.14 The Sub-Committee will seek assurances on the management of strategic risks delegated to the Sub-Committee by the Joint Committee, from the JCC Risk Register.

Dealing with Members interests during meetings

11.15 Declarations of interest will be a standing agenda item for all meetings.

11.16 Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

11.17 Interests declared at the start of, or during a meeting will be managed in accordance with section 8.2 of the JCC Standing Orders.

12 Reporting

12.1 The Sub-Committee Chair shall:

- Report formally, regularly and on a timely basis to the Joint Committee on the Committee's activities. This includes:
  - Assurance that Quality, Safety and Outcomes are being managed appropriately
  - oral updates on recent activity
  - submission of written Sub-Committee highlight reports throughout the year

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- to receive annual reports, which will incorporate key information on quality, safety and outcomes.

- Bring to the Joint Committee's specific attention any significant matters under consideration by the Committee; and
- Ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Commissioner, HB Chief Executive or Chairs of other relevant Sub-Committees of any urgent/critical matters that may affect the operation and/or reputation of the JCC and HBs.

12.2 The Sub-Committee shall provide a written, annual report to the Joint Committee on its work in support of the Annual Governance Statement specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the Sub-Committees self-assessment and evaluation.

12.3 The Sub-Committee shall provide a highlight report to each HB after each meeting providing assurance that Quality, Safety and Outcomes are being managed appropriately, for inclusion on suitable HB Committee agendas.

12.4 The Joint Committee may also require the Sub-Committee Chair to report upon the activities at public meetings or to community partners and other stakeholders, where this is considered appropriate e.g. where the Sub-Committee's assurance role relates to a joint or shared responsibility.

12.5 The JCC Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the Sub-Committee's performance and operation.

Relationship with the Joint Committee and its Sub-Committees / Groups

12.6 Although the Joint Committee has delegated authority to the sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality, safety and outcomes of healthcare for its commissioned services through the effective governance of its organisation.

12.7 The Sub-Committee is directly accountable to the Joint Committee for its performance in exercising the functions set out in these Terms of Reference.

12.8 The Sub-Committee, through the Sub-Committee Chair and members, shall work closely with the Joint Committees other Sub- Committees to provide advice and assurance to the JCC through the:

- joint planning and co-ordination of Joint Committee business; and
- sharing of information.

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12.9 In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the JCCs overall risk and assurance arrangements.

12.10 The Sub-Committee, through its Chair and members, shall work closely with LHB Quality and Safety Committees to ensure that LHB Boards are informed of any issues relating to their population, recognising that concerns of the services commissioned by the JCC may impact on primary and secondary services and vice versa (i.e. the whole pathway). The Sub-Committee shall embed the JCC's standards, priorities and requirements e.g. equality and human rights, through the conduct of its business.

12.11 The Sub-Committee shall embed the organisational values and strategic objectives through the conduct of its business, and in doing and transacting its business shall seek assurance that adequate consideration has been given to the sustainable development principle and in meeting the requirements of the Well-Being of Future Generations Act.

13 Applicability of Standing Orders to Sub-Committee Business

13.1 The requirements for the conduct of business as set out in the JCC Standing Orders are equally applicable to the operation of the Sub-Committee, except in the area relating to the quorum.

13.2 This Sub-Committee is a scrutiny and assurance sub-committee and therefore where a decision is required the matter will be referred to the JCC Team or Joint Committee, as appropriate.

14 Chairs Action on Urgent Matters

14.1 There may, occasionally, be circumstances where decisions which normally be made by the Sub-Committee need to be taken between scheduled meetings. In these circumstances, the Sub-Committee Chair, supported by the Committee Secretary as appropriate, may deal with the matter on behalf of the Sub Committee, after first consulting with one other Lay (Independent) Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Sub-Committee for consideration and ratification.

14.2 Chair's urgent action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

15 In Committee (Private Meeting)

15.1 The Sub-Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

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16 Review

16.1 These Terms of Reference shall be adopted by the Sub-Committee at its first meeting and subject to review at least on an annual basis thereafter, with endorsement ratified by the Joint Committee.

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BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 27 NOVEMBER 2024 AT 09:30

HELD VIA TEAMS

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

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1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/125)

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

CC noted that Members will be aware that during October, the Health Board was placed into Targeted Intervention, a higher level of escalation by Welsh Government for finance, strategy and planning. The escalation status being a result of being in financial deficit, ongoing system demand and workforce pressures. This position continues to be of significant concern for the Board with the need to balance the delivery of plans and statutory responsibilities for providing high quality healthcare for the population, with the reality of rising costs and operational challenges.

The Board is the governing body of the Health Board, is made up of both independent and executive members which together forms a unitary Board with responsibility for:

- Setting the strategic direction of the organisation
- Setting the risk appetite in the delivery of our strategic aims
- Monitoring delivery and performance against our strategic aims
- Setting the tone and culture of the organisation

1.2 DECLARATIONS OF INTEREST (PTHB/24/126)

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

1.3 BOARD ACTION LOG (PTHB/24/127)

The action log was presented.

PTHB/24/66 (explore and feedback to Board concerns regarding access to services) was flagged as 'at risk' and seeking Board acceptance that this report is re-scheduled to be reported to Board in January. RL noted that this could be linked to the existing commitment to engage with patients and working with Llais.

The Board **REVIEWED** and **ACCEPTED** the action log.

1.4 STAFF EXPERIENCE STORY (PTHB/24/128)

DWL introduced the item which provided an overview of a staff members experience with the Health Board. CMo is based at Llanidloes Hospital and shared her journey and recent experience of the Objective Structured Clinical Examination (OSCE) in order to practice as a nurse in the UK. CMo advised that the OSCE experience had inspired her and she is now becoming an OSCE trainer to help others grow their skills and offer the chance to make a difference. CR thanked CMo for her presentation and dedication in an important area of work for our internationally educated nurses, using her own experience to encourage future nurses.

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DWL and the Board welcomed the presentation and echoed thanks to CMo for sharing her story and enthusiasm which enabled the Board to understand and visualise the process for internationally educated nurses to practice in the UK and the importance for staff recruitment, retention and wellbeing.

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/129)

One question from a member of the public had been received. The response is outlined below and will be provided in writing to the correspondent.

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

HB advised that the priority as a health board is to ensure the best possible care and experience for patients and their families receiving end of life care.

The modelling shows that no significant change to the current arrangements for end of life care will be needed in terms of admissions criteria.

It was noted that patients who currently receive end of life care will continue to do so.

The Health Board's standard operating procedures include working closely with the palliative care team and the nature of palliative care also means we will continue to discuss and work closely with patients and their families.

1.6 UPDATES FROM: (PTHB/24/130)

REPORT FROM THE CHAIR

CC presented the report and invited any questions.

The developing relationship with the local authority is welcomed. What actions are being taken in respect of delayed discharges to hospital and a data dashboard?

CC and DF advised that the Health Board and County Council are working on a shared data system (Digiflow) to ensure that both organisations have access to exactly the same information.

REPORT FROM THE VICE CHAIR

CC presented the report.

REPORT FROM THE CHIEF EXECUTIVE OFFICER

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

- Escalation status had increased to level 4 for Finance, Strategy and Planning (targeted intervention) but remain in 'routine arrangements' in all other aspects of health board delivery. Awaiting first formal meeting with Welsh Government (WG).
- The Joint Executive Team met covering a large amount of business with a strong focus on Duty of Quality, winter planning and resilience, NHS waiting times, women's health and population health.

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- Joint Commissioning Committee (JCC) update: the JCC had approved the commissioning intention for Recommendation 4 'The development of a commissioning proposal for bespoke road-based model'. Noted the work currently being undertaken to respond to the Letter Before Action received in relation to the judicial review in relation to EMRTS.
- Additional grants secured for energy performance.
- Catherine Davies was announced the winter of Learning Disability Nurse of the Year at the RCN Wales Awards.

In terms of staff recognition and highlighting the fantastic work across the organisation every day, to what extent is that good practice shared across the organisation?
HT noted there are some barriers around capacity in being able to get some learning fully rolled out across teams. This is a key issue that the Improvement Team will be looking at to ensure learning is applied more broadly across the organisation.

CM noted that there are mechanisms in place both locally and at national meetings, to share learning.

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

1.7 ASSURANCE REPORTS OF THE BOARD'S COMMITTEES (PTHB/24/131)

HB introduced an updated format for Committee Assurance reporting for the Delivery and Planning and Patient Experience, Quality and Safety Committees, via an 'Alert, Advise and Assure' report. HB welcomed feedback and depending on that feedback, would be seeking to extend to other Committees ahead of January's Board meeting.

The following Chair's Assurance Reports were received:

<u>Audit, Risk and Assurance Committee</u>
RL presented the item which provided an overview of matters considered by the Committee on 8 October 2024. Attention was drawn to the following matters:

- Internal Audit Reports: Cleaning Standards, which achieved reasonable assurance (clarity of which Committee this reports to was being sought).
- Reviewed the Cost Saving Arrangements.
- Spent time on developing the Board Assurance Framework, particularly focusing on the strategic level risks.
- Assisted in developing the Board Governance, the process and the ability of this system to allow for thematic reviews to be conducted.
- Counter Fraud Update: pleasing to note that there has been an increased emphasis on prevention now that staffing levels had been restored.

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Executive Committee

HT presented the item which provided an overview of matters considered by the Committee on the 18 September, 24 September, 2 October and 16 October 2024. Attention was drawn to the following matters:

- Internal escalation of the neurodevelopmental services for children and young people.
- De-escalation of Mental Health services, as part of the integrated quality and performance framework.

Delivery and Performance Committee

RL presented the item which provided an overview of matters considered by the Committee on the 22 October 2024. Attention was drawn to the following matters:

- New targeted intervention status, financial performance and the Integrated Quality and Performance Report (IQPR) had been discussed, noting these are scheduled for today's Board meeting.
- Noted the neurodevelopmental service had been placed in internal escalation, with further updates integrated into the IQPR report. This matter was transferred to PEQS for monitoring.
- The General Medical Services (GMS) commissioning assurance framework was reviewed and assurance taken, noting further work was needed to understand the fragility of the General Practitioner service.
- Received the cyber security and national digital programme risks.

Patient Experience Quality and Safety Committee

SW presented the item which provided an overview of matters considered by the Committee on the 7 November 2024. Attention was drawn to the following matters:

- Received a report for information on the de-escalation of Mental Health Services; will continue to receive assurance updates.
- Neurodevelopmental Services had gone into local escalation (monitoring of this item had been transferred from Delivery and Performance Committee to enable a focus on quality)
- Previous identified items (Civica and Infection Prevention and Control) are closely monitored by the Committee and remain escalated to Board.
- Assurance was taken on Q1 and Q2 metrics on the patient focused Health and Safety report.
- Reviewed the Medical Devices and Point of Care Testing annual report and took assurance that requirements had been fulfilled.
- Assurance taken that the Clinical Audit is progressing as planned.

The rollout of Civica in relation to patient experience has been an escalated item to Board for sometime. Will the People's Experience Framework enable the use of Civica to be strengthened and broadened to good effect?

CR noted that discussion on the People's Experience Framework had taken place at the Patient Experience, Quality and Safety Committee noting this was a nationally driven piece of work which was due to be finalised in early 2025 – working alongside other peers to be able to influence and ensure it offers an opportunity for a structured framework to take forward.

MG recognised the need to invest in an effective Peoples Experience Framework and suggested this be brought to a future Board for discussion. **Action: Director of Corporate Governance.**

Planning, Partnerships and Population Health Committee

RL presented the item which provided an overview of matters considered by the Committee on the 14 November 2024. Attention was drawn to the following matters:

- The strategic change report noted the good news from the Robert Jones and Agnes Hunt Hospital where capacity was being considerably expanded, and a new diagnostic centre being built in Wye Valley NHS Trust.
- The draft maturity matrix and winter plan were scrutinised, which form part of the agenda today.

Workforce and Culture Committee

SE presented the item which provided an overview of matters considered by the Committee on the 03 October 2024. Attention was drawn to the following matters:

- The Workforce Performance report showed that vacancy levels remain a challenge. The latest cohort of international educated nurses included 12 nurses and 2 doctors. Turnover rate of staff had continued to reduce and was now below the Welsh average.
- A presentation on Theme 2 of the Workforce Futures programme was received.
- The proposed temporary changes were considered from a workforce perspective ahead of the Board decision.
- A progress update on Agile working, a key enabler for making best use of the health board estate, was received.

Workforce Futures is undertaking impactful work but is heavily reliant on external, time limited funding. To what extent is this a risk to the future of the workstream and what mitigations can be put in place?

DWL acknowledged it was a risk but was working closely with partners to ensure that the priorities of the Workforce Futures team are aligned to the priorities of the organisation. A number of members within the team are Regional Partnership Board (RPB) funded, and all projects will undertake an evaluation exercise for the RPB to consider the in-year position. The project was entering the delivery phase where the powerful work being undertaken (in particular with schools) can be evidenced.

HT noted the shared workforce challenges being seen across the whole system and that one of the key risks was how to attract, recruit, retrain and retain the workforce, and was on the view that this work will need to continue and build in the future to deal with the matters at hand.

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

Statement of 27/11/2024 14:49:03

2. CONSENT AGENDA BUSINESS

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

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1 DIRECTOR OF CORPORATE GOVERNANCE REPORT (PTHB/24/132)

HB presented the report which provided an update on Board activity since the last meeting held on the 25 September 2024 and drew attention to the following matters:

- No in-committee meetings of the Board had taken place.
- An additional public Board was held on the 10 October 2024.
- The Common Seal had been applied once in relation to the allotments at Welshpool Hospital.
- The Register of Interests report was confirmed to relate to 2024/25 and is subject to continual update as registerable interests change

The Board:

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

3.2 MINUTES OF PREVIOUS MEETING HELD ON 25 SEPTEMBER AND 10 OCTOBER 2024 (PTHB/24/133)

The minutes of the meetings held on the 25 September and 10 October 2024 were **AGREED** as an accurate record.

3.3 COMPASSIONATE LEADERSHIP CHARTER (PTHB/24/134)

DWL introduced the item and brought attention to the following key matters:

- The approach to embedding the compassionate leadership model was part of organisational culture.
- The development and delivery of compassionate leadership was regularly reported to the Workforce and Culture Committee.
- Compassionate leadership had been embedded at a leadership since 2021.
- If endorsed today, the signing of the compassionate leadership pledge would demonstrate the commitment to display in the right behaviours and values.

At what level is this leadership programme going to be offered? Will it include clinicians, aspiring leaders and the Board?

DWL confirmed that the compassionate leadership training is offered at all levels including to mature leaders, new leaders and for those aspiring to moving into a leadership role. The Collaborative Learning In Practice (CLIP)

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immersive programme also helped and reinforced the support for individuals.

HB confirmed that colleagues in HEIW have developed an online tool and were examining how this could be incorporated into Committee and Board effectiveness reviews.

HT supported the pledge and welcomed the work from an organisational and partnership perspective.

The Board **NOTED** the approach to and progress in embedding Compassionate Leadership in the organisation and **APPROVED** the signing of the Compassionate Leadership Pledge.

10:48-11:05 - Break

4. ITEMS FOR BOARD ASSURANCE

4.1 PTHB TEMPORARY SERVICE CHANGE UPDATE (PTHB/24/135)

DWL presented the report which set out the progress on the two temporary service changes, approved by Board on the 10 October 2024. It was noted that workstreams have continued to prepare for implementation with staff and their representatives, engaged with stakeholders and prepared for the operationalisation of the plans. It was reported at the recent Strategic Change Programme Board that plans are progressing well with no unforeseen issues arising. This will be kept under close review. A digital leaflet for public communication will be circulated to Board.
Action: Director of Corporate Governance.

The temporary changes to MIU opening hours in Brecon and Llandrindod Wells were implemented from the 18 November 2024 with no escalated risks or issues to report. The progress against mitigation plans for the agreed temporary changes for the colocation wards (ready to go home units and dedicated rehabilitation units) was set out in the report. Formal sign-off of standard operating procedures is due to take place this week. Full implementation will commence from 02 December 2024. The report sets out the approach for evaluation and monitoring, with the baseline data being captured along with the criteria to inform future decision making. This will form part of the update report to Board in January.

DWL extended thanks and gratitude for invaluable contributions from all teams, members of staff, Llais, Staff Side and for the public for their comments throughout the process.

When the decision to implement the changes was made, concerns had been raised regarding transport. Have these concerns been addressed?
DWL advised that the workstream have assessed any of the potential issues and are satisfied that it is either resolved or not material.

Have the changes implemented on 18 November 2024 in relation to the Minor Injury Units resulted in increased workforce stabilisation?
DF reported there have been some benefits in terms of stabilisation of the workforce, and there have been no closures during this period. It was

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difficult to be clear if this was due to the changes implemented or the greater availability of staff during the day.

These temporary changes are primarily driven by quality, safety, patients, experience concerns, however, there is no reference in the evaluation criteria to monitor the financial impact. The ambition is for a safer, more effective model, and it should be hope that some financial benefits will accrue as a result of delayed discharges and reduced length of hospital stay. Why is no financial evaluation included within the suite of measures?
DWL advised the work is still being undertaken on the suite of measures and financial monitoring and tracking will be included. This will be shared in the report to Board in January 2025.

NJ noted that the report will intersect with the financial performance report and Winter Plan which examine the financial impact as well as quality.

How are the discussions that staff are having with families regarding colocation going? Is support available to staff when difficult conversations are taking place?
DF reported that senior managers are actively supporting the wards and working with the flow team, sharing the experiences of some of these more difficult conversations. Whilst some families were expressing concerns around the impacts, but having those conversations can help assuage those concerns by demonstrating the benefits of these plans.

What level of confidence is there that the working relationship between 111 and the MIUs is as smooth as it should be? If there are issues are these being addressed?
KW noted that this is a very complex system, and the health board need to ensure residents have a clear understanding to know where to go for help when needed.

The ready to go home units appear to be adding an additional step into the process and whilst this is in mitigation for the pressures in social care, what actions are being taken to enable patients to go home as soon as they are ready?
CR assured the Board that colleagues from Powys County Council and the Third Sector had been key members of the colocation workstream, with flow teams working together adopting a person-centred approach (putting person and family at the centre of the decision.

CM confirmed that the home first approach is primary aim, however, on occasion this may not be possible and the ready to go home units will enable patients' condition to be maintained.

HT advised the Board that the Executive Committee receive regular reports from the Strategic Change Programme Board and noted the importance of demonstrating the expected benefits have materialised.

Page 9 of 20 Liz 27/01/2025 14:49:00

The Board took **ASSURANCE** about the operational readiness to implement the Temporary Service Changes to date.

The Board **NOTED** that the temporary services changes continue to be progressed to full implementation under the oversight of the Strategic Change Programme Board, with further updates through Executive Committee to Board in January and March 2025.

4.2 FINANCIAL PERFORMANCE MONTH 07 – 2024/25 (PTHB/24/136)

CC noted the risks to delivering the in-year deficit forecast of £23m carries significant risks for the Health Board, and the Board recognise that there is a need to either change the forecast or take further action to reduce costs to achieve the forecast deficit for this financial year. CC advised that the Board will be having a further discussion in the In-Committee section of the meeting, due to the sensitive and commercial nature of those discussions. This will be reported in public in the next reporting cycle, or sooner if more immediate action is needed.

PH introduced the item to the Board and brought attention to the following key matters:

- Performance against the unsupported deficit plan continues to be monitored noting that it has been off profile against that plan for a number of months.
- The impacts from the actions that have been taken are shown, but the position remains off profile against the deficit plan.
- At Month 7, there is a £17.182m overspend against the planned year to date deficit giving an operational overspend of £37.94m. If the rate of expenditure continues to the end of the year, there would be a forecast variance against the plan of £6.5m.
- Key pressure areas continue to be commissioning, both in terms of elective and emergency activity, Continuing Health Care and ongoing agency expenditure.
- The opportunity cost of secondary care delays is £11.3m to Month 07.
- It is unlikely that the Health Board will be allocated consequential funding to meet the pay award which will create an additional financial pressure of £3.5m.
- There is a need to take further urgent mitigating actions to enable the Health Board to meet the target deficit plan of £23m.
- The Health Board will be submitting a request to Welsh Government in terms of the strategic cash support that will be required this year given the deficit position.

Given that there is a predicted overspend of £6.5m beyond the target deficit plan of £23m. What does the additional predicated overspend of £3.5m bringing the total to £10m relate to?

PH advised that actions taken to mitigate the overspend are predicted to decrease this by £1m thus reducing the £6.5m to £5.5m. The additional £3.5m relate to an assumption that the pay award would be funded via consequential payments, however, it will be funded via the overall uplift for inflation and growth of 3.67%. The uplift is insufficient to meet the inflation, growth and the pay award.

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It appears that funding has not been provided to improve waiting times for Powys patients. Is this fair for the people of Powys?
PH advised that the Health Board had received support to improve waiting times for neurodiversity patients, but that the waiting times in Powys for directly provided services were lower than those in other Health Boards and therefore no additional funding was received for these services. Funding had been made available to other Welsh Health Board and long waiting Powys patients for secondary care in Wales would benefit from improvements in secondary care waiting times in Wales. The Health Board are working with partners to ensure that double payments are not being made in relation to these patients. The waiting times for Powys patients accessing secondary care in England is better than waiting times in Wales.

Will Powys benefit from consequential funding?
HT advised that Welsh Government were working through the figures to allocate any additional funding thought to be in the region of £22m and Health Boards would receive details of any allocations in due course

Is there a year on year consistent approach to funding from Welsh Government?
PH confirmed that the funding approach has varied over the years. There is a focus on savings with all areas expected to have a pipeline of opportunities to make savings.

What is the process within the executive team to ensure that savings are being delivered?
PH outlined the process in place and the levels of assurance meetings including with each Executive Director, the Chief Executive and himself.

HT noted the clear view and position of Welsh Government, that with the escalated targeted intervention status the expectation will be for the Board to take the necessary action to be able to deliver the forecast that was set at the beginning of the year.

CC confirmed that Board would consider the financial forecast in greater detail In-Committee due to commercial sensitivities around this matter.

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

4.3 INTEGRATED QUALITY AND PERFORMANCE REPORT 2025/25 MONTH 06 (PTHB/24/137)

NJ presented the Month 6 IQPR report, noting the importance for the Board to monitor and be assured on the performance and delivery whilst in Welsh Government Level 4 escalation. NJ brought attention to the following matters:

- Good performance has been achieved in relation to vaccination measures.
- Referral to treatment for planned care measures was showing improvement.
- Therapies waiting times targets are being achieved. Health Board Minor Injury Units performed well.
- Mental Health services have been de-escalated from local escalation.
- Neurodevelopmental services for children and young people were put into internal escalation in October. Welsh Government funding has been received to reduce waiting times to access this service.
- Further improvements need to be made on the Mental Health Adult Part 1a measures. It is expected this to be evidenced from month 8 onwards.
- A continuing steady improvement in diagnostics waiting times. Colonoscopy waiting times, which are dependent on in-reach services continue to improve, however, some fragility is evident.
- The difference between NHS England and NHS Wales planned care waiting times remain.
- Additional monies have been released into the system for planned care in Wales. The benefits are expected to be seen in future months.
- Detailed processes are in place to ensure that financial consequences are minimised.

Regular issues with different in-reach services are reported. At what point might it become necessary to accept that in-reach is not sustainable and Powys residents will need to travel to a District General Hospital?
NJ advised that the Delivery and Performance Committee will be receiving a position statement on the in-reach services. It was a complex area and there were a range of mitigations and solutions that are being put in place. It will be considered as part of the transformation programme.

KW noted that fragility is being seen across the whole system which has an impact and alternatives to in-reach such as joint appointments were being explored with neighbouring Health Boards for improved service stability.

Although there are some local issues in provider services overall performance is positive. However, there are difficult performance challenges in commissioned services. What levers does the Health Board have to influence performance in commissioned care, how are these being applied, and what more could be done to drive incremental improvement?
NJ noted the transactional levers in terms of performance management were in the way that contracts with providers were designed and implemented, looking for efficiency and value for example via pricing reform. This work had been started and would continue in relation to this years and next year's contracts. This work intersected with the transformation programme which aimed to provide all services that could be safely provided locally and only commissioning complex care from providers where there is evidence of good outcomes.

Paterson Liz
27/01/2025 14:49:16

HT advised she would be keen to see allocation of funding to come through on a commissioner basis; and noted there are other strategic levels that

could be used if funding allocation was on a commissioner basis which is what the health board should be encouraging and advocating in discussions with WG.

The finance report states the Welsh Long Term Agreements were signed off by the deadline of 30 June and contract proposals from English providers were being reviewed. Are the contracts with English providers yet to be signed off for this year?
NJ noted this is an area of work that is being accelerated and that contracts are at a different status in terms of sign-off.

HT advised that contract sign-off would be brought forward, but this year there were problems with data availability. CC highlighted he would seek a further discussion with NJ to understand the query raised on contracts.

What are the reasons for the challenges and poor performance in the Neurodevelopmental Service? Where is the demand coming from and how are expectations being managed?
NJ advised there was a demand/capacity imbalance in the service, which had led to long waiting times, in common with a national increased demand for these services.

CR reported that a diagnostic deep dive had identified several improvements needed locally and that work was being progressed at pace to address the backlog. The team were working with Public Health colleagues to understand demand and capacity requirements.

NJ confirmed that the performance against the measure had deteriorated whilst additional work and capacity had been directed towards assessment of the position. Additional funding had been received from Welsh Government to address backlog position which will result in improved performance against this measure.

HT chairs the national strategic programme for mental health and was keen to take further action at a national level to understand the referral demand across Wales.

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

4.4 ANNUAL DELIVERY PLAN 2024/25 QUARTER 2 (PTHB/24/138)

NJ introduced the report which provided an update of the progress made against the Integrated Plan at quarter 2, noting that the plan was approved by the Board but was unsupported by Welsh Government.

NJ reported overall good progress against delivery of the plan, noting that a small number of objectives were off-track related to community and primary care services; the major health conditions plan and some digital schemes where the intersection with national funding had led to delays.

Paper Only 27/01/2025 19:09:03

The proportion of actions yet to be started (57%) and those in varying states of progress (22%) means nearly 80% are incomplete halfway through the year. The organisation is entering a busy period, what confidence is there that these actions will be delivered, or might it be necessary to roll some forward to next year, and has the plan been correctly profiled?
NJ noted that there was medium to high confidence for delivery for the rest of the year. Colleagues scrutinise and challenge each other on this. Going forward, will be seeking to improve in terms of the impact, the outcomes, the actions and how those are measured. The team will be looking at and taking away learning from other health boards to assist in this.

HT confirmed that some activity that traditionally took place over the winter period including capital spend and audit activity could lead to difficulties and requests were made to audit partners to front load audits to lessen the impact during quarters 3 and 4. It is generally the case that a small number of actions are rolled over to the following years plan.

The plan is well structured; the process appears to be well managed, but there is a limited use of metrics and focus on outcomes. What difference does all this activity make?
NJ confirmed the use of metrics and outcome measures across Wales would be examined to identify learning that can be implemented locally.

HT acknowledged that there is further work to be done on the outcome measures, development and maturity but this paper should be taken together with the finance and performance reports which give a rounded picture of performance.

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

4.5 CORPORATE RISK REGISTER (PTHB/24/139)

HB presented the Corporate Risk Register and brought the below to the Board's attention:

- There are 12 corporate risks on the register (risks 8, 11 and 12 will be considered In-Committee)
- The risk register has been reviewed by the Risk and Assurance Group and Executive Committee.
- Board Committees have received the relevant risks related to their work and have undertaken deep dives where appropriate.
- No significant changes to report since September 2024.

In relation to CRR001 Financial Forecast, given the financial position considered earlier, might this risk score change?
HB noted that there is a case to reconsider scoring depending on actions taken and mitigations.

Paterson Lloyd
27/01/2025 15:49:03

CRR010: given that the vast majority of controls are in place, and have a reasonable / substantial assurance, should there be a difference between

the inherent risk rating and whether the likelihood or impacts reduce given actually quite a confident position around the controls?
MB responded and noted that the risks, in terms of emergency planning, were reviewed regularly reviewed. There were regularly tested plans in place. The risk related to and was aligned to the national risk register.

The Board **RECEIVED** the Corporate Risk Register as a full and accurate record of the Health Board's strategic risks and took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

4.6 WINTER PLANNING / RESILIENCE (PTHB/24/140)

NJ introduced the report with the Final Regional Partnership Board System Resilience Plan ('Winter Plan') for 2025/25. NJ noted that the report brought together several organisational, system and national requirements and collectively represented the system wide preparations and response arrangements.

The implication of a winter plan was that the actions were seasonal. In recent years has this changed to a restatement of existing ongoing actions. If there are new activities and actions planned, have they been full costed?
DF acknowledged that many of the actions are underpinned in daily activities but noted that new actions have been introduced which have been costed. Much additional work that was done as part of the winter planning, has become an annual refresh which offers the system assurance ahead of what will be a busier period.

HT acknowledged that although there is pressure all year round, there are heightened levels of both demand and expectation around surge and escalation planning.

Can what seems to be a disconnect between the more positive comments in this plan around progress on pathways of care delays, compared to what is stated in the finance report be explained?
NJ noted that the Local Authority have undertaken market development work, particularly around domiciliary care and were reporting that they are able to release a significant number of hours. The impact on the bed delays in provided and commissioned care is yet to be seen.

DF advised of the variability in these metrics which was due to the small numbers of patients in Powys. Confidence was expressed in the delivery plan, noting there were some external elements that affect both demand and availability of workforce.

The Board:

- Took **ASSURANCE** that arrangements are in place for system resilience planning across the Powys Regional Partnership Board.
- Took **ASSURANCE** that PTHB has actively contributed to those arrangements ('Winter Plan')

Patterson,Liz 27/01/2025 14:49:03

- **RECEIVED** the RPB System Resilience Plan ('Winter Plan') attached to this report, which is the end product of those arrangements across partners.
- **APPROVED** that the health board's Board support is given to the final approval of the plan, which will take place at RPB Board in December 2024.

4.7 INTEGRATED PLAN (PTHB/24/141)

NJ presented the report which set out the proposed approach for the development, governance and timeline for the Integrated Plan, noting following Board approval it will be submitted to Welsh Government at the end of March 2025. Mechanisms have been set up internally to integrate the plan with finance, workforce and digital, ensuring that quality and the duty of quality is a golden thread throughout.

Page 10 of the report references internal audit, that gave an overall rate of 'reasonable' with two matters relating to the financial position. What two matters were raised?
PH advised the two matters from the internal audit were ensuring that future plans identify the best schemes to deliver the full annual savings requirement, and to develop a robust and sustainable recovery plan.

Given there are decisions yet to be made, how confident are we of the integration and support with Powys County Council, knowing this may have a material impact on our planning and ability to deliver for the people of Powys?
NJ advised of the mechanisms in place both through the Joint Leadership Team and the Regional Partnership Board Executive Team to ensure that plans are aligned. Both partners were working closely around the impact of budget setting and were actively engaged in their engagement activities with the communities.

HT noted that there will be further discussions and close working with Welsh Government as to what a supportable plan means from their perspective, in relation to pace, delivery and ability to get through the necessary statutory process to submit an overall balanced plan.

What steps are being taken to ensure that Primary Care are appropriately engaged in the development of the plan?
NJ advised of the well-established planning process for Cluster plans, which were aligned with those of the Board and Regional Partnership Board Executive. It was acknowledged that GPs are key stakeholders to any service changes in Powys and the connector to the communities. As the route map is developed, along with the stakeholder analysis and communications and engagement plan, GPs support will be crucial.

The current Integrated Plan is supported by quality analysis, is well structured and had clear priorities and principles but lacked the key steps needed to reach the end point. Will these key steps be included this year?
. There was a close relationship between the planning and transformation teams, to ensure that sustainability theme of the route map is visible.

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DWL noted that the Health Board were attending the Local Authority Town and Community Council engagement sessions to discuss the risks in relation to estates and workforce demand and intend to have further engagement sessions in 2025 with the public where the responses will be used to in future plans.

The Board:

- Took **ASSURANCE** on the plan approach, noting the current position, the theme of 'Risk, Recovery and Sustainability', the summary of feedback and learning, and the recap of the national requirements and context.
- **APPROVED** the Strategic Framework, based on the refreshed PESTLE analysis in Appendix 1, which has been developed through consideration at Board Development and Planning, Partnerships and Population Health Committee in November 2024.
- **APPROVED** the Initial Draft Strategic Priorities as the basis for the detailed technical / organisational planning and partnership alignment processes.
- **APPROVED** the Planning Maturity Matrix in Appendix 3, for submission to Welsh Government as part of the Escalation and Intervention arrangements – noting that this has been developed through consideration at Board Development and Planning, Partnerships and Population Health Committee in November 2024.

13:03 – KW left the meeting.

4.8 REPORT OF THE CHIEF OFFICER OF LLAIS (PTHB/24/142)

KB presented the Chief Officer's report to the Board and drew attention to the following matters:

- Visits have been undertaken in both Hay and Talgarth with coffee mornings held in both towns and practices visited.
- A Public Forum in Crickhowell being held on the 04 December 2024, which provides the public an opportunity to come and talk about any issues with regards to health and social care.
- The sessions are used as part of planning process and looking at what could be improved going forward.
- Looking at priorities for 2025/25 including neurodiversity.
- Four social care visits have been undertaken.

HT thanked KB for the valuable work and update and for the commitment in listening to patients and visiting a good mixture of sites. HT noted that the insights raised in this report are linked to the Health Coard's committee work programme; strengthening arrangements and triangulating the information.

The Board **NOTED** the report.

Patterson, Liz 27/01/2025 14:36:03

5. CONSENT AGENDA

The below reports were taken under the Consent Agenda and recommendations supported:

- **ASSURANCE** Report of the Board's Joint Committees
- **ASSURANCE** Report of the Board's Partnership Arrangements
- **ASSURANCE** Report of the Board's Local Partnership Forum (07 October 2024 – written)
- Board Work Programme (for **ASSURANCE)**

6. OTHER MATTERS

6.1 ANY OTHER URGENT BUSINESS (PTHB/24/143)

No other urgent business was raised.

6.2 DATE OF NEXT MEETING (PTHB/24/144)

29 January 2025, via Microsoft Teams.
Meeting closed 13:11

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

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

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

PRESENT		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance) (left 14.35)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Rhobert Lewis	RL	Independent Member (General)
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Cathie Poynton	CP	Independent Member (Trade Union) (withdrew 14.35 – 14.35)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Simon Wright	SW	Independent Member (University)
Mick Giannasi	MG	Independent Member (General)
IN ATTENDANCE		
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
David Farnsworth	DF	Assistant Director Community Services
Liz Patterson	LP	Head of Corporate Governance (meeting support)
APOLOGIES FOR ABSENCE:		

Patterson, L 27/01/2025 14:49:53

Ronnie Alexander	RA	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Kirsty Williams	KWi	Independent Member Vice-Chair
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Kate Wright	KW	Executive Medical Director

7.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB IC/24/145)

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

7.2 DECLARATIONS OF INTEREST (PTHB IC/24/146)

CP declared an interest in a matter under Any Other Business (staffing matter) as a Trade Union representative and withdrew from the meeting for Item 8.5.

7.3 MINUTES OF PREVIOUS IN-COMMITTEE MEETINGS (PTHB IC/24/147)

The minutes of the meetings held on 25 September 2024 were CONFIRMED as an accurate record.

7.4 FINANCIAL PERFORMANCE: YEAR END FORECAST (PTHB IC/24/148)

Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and not in the public interest at this time.

The Board:

- **APPROVED** that further options, that had previously been discounted, be developed and brought back to Board in December 2024

SE left the meeting 14.35

7.5 ANY OTHER BUSINESS (PTHB IC/24/149)

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

Staffing Matters

CP withdrew from the meeting (14.35)

The Board **RECEIVED** this update for information, and **NOTED** further information would be provided in due course.

CP rejoined the meeting (14.45)

7.6 JUDICIAL REVIEW (EMRTS) UPDATE (PTHB IC/24/150)

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

Pattinson Liz 27/01/2025 14:44:03

The Board **RECEIVED** this update for information, and **NOTED** further information would be provided in due course.

7.7 IN-COMMITTEE CORPORATE RISK REGISTER (PTHB IC/24/151)
Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential and legally privileged. The Board considered the following strategic risks In-Committee (008 (Cyber), 011 (Power outage) and 012 (Digital Programmes). The Board • Took **ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.
7.8 ANY OTHER BUSINESS (PTHB IC/24/151)
Rationale for item being held in private: Information relating to an incident whereby the individual could be identified. **Incident at Llandrindod Wells Memorial Hospital** The Board **RECEIVED** this update for information.

Meeting closed 15.00

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BOARD

UNCONFIRMED

MINUTES OF THE MEETING HELD ON 10 JANUARY 2025 AT 10:27

HELD VIA TEAMS

MEMBERS		
Carl Cooper	CC	Chair
Hayley Thomas	HT	Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Steve Elliot	SE	Independent Member (Finance)
Pete Hopgood	PH	Executive Director of Finance, Capital and Support Services / Deputy Chief Executive
Nichola Johnson	NJ	Executive Director of
Rhobert Lewis	RL	Independent Member (General)
Elaine Lorton	EL	Executive Director of Planning, Performance and Commissioning
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital (to 11.00)
Jennifer Owen Adams	JOA	Independent Member (Third Sector)
Cathie Poynton	CP	Independent Member (Trade Union)
Claire Roche	CR	Executive Director of Nursing, Quality, Women and Family Health
Ian Thomas		Independent Member (Generic)
Chris Walsh	CW	Independent Member (Local Authority)
Debra Wood-Lawson	DWL	Executive Director of People and Culture
Kirsty Williams	KWi	Independent Member Vice-Chair
Kate Wright	KW	Executive Medical Director
Simon Wright	SW	Independent Member (University)
IN ATTENDANCE		
Katie Blackburn	KB	Regional Director Llais
Helen Bushell	HB	Director of Corporate Governance / Board Secretary
Nina Davies	ND	Associate Member (Director of Social Services, Powys County Council)
Chris Moss	CM	Assistant Director, Performance and Commissioning
Adrian Osborne	AO	Deputy Director (Engagement, Communication and Corporate Governance)
Liz Patterson	LP	Head of Corporate Governance (meeting support)

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Hywel Pullen	HP	Deputy Director Finance
APOLOGIES FOR ABSENCE:		
Ronnie Alexander	RA	Independent Member (General)
Mick Giannasi	MG	Independent Member (General)

1. PRELIMINARY MATTERS

1.1 WELCOME AND APOLOGIES FOR ABSENCE (PTHB/24/152)

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

1.2 DECLARATIONS OF INTEREST (PTHB/24/153)

CC recognised that the matter under discussion has an impact on all Board Members who work in Powys, and a particular impact on Members who are residents of Powys and possibly in receipt of healthcare, or whose close relatives may be receiving and/or awaiting treatment. CC reminded the Board of its responsibility to act solely in the interests of Powys Teaching Health Board and the population it serves.

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

1.5 QUESTIONS TO THE BOARD FROM THE PUBLIC (PTHB/24/154)

CC confirmed no questions to the Board had been received.

2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

2.1 CHARITABLE FUNDS ANNUAL ACCOUNTS AND REPORT 2023/24 (PTHB/24/155)

This item was deferred due to the significant nature of the Board's agenda and would be rearranged at the appropriate opportunity.

2.2 ANNUAL DELIVERY PLAN 2024/25 – URGENT MITIGATING ACTIONS (PTHB/24/156)

CC introduced the item reminding Board that the Annual Delivery Plan 2024/25 had been approved by Board with a deficit budget of £24.9m against a control total of £12m. In May 2024 a revised plan was submitted improving the forecast deficit to £22.9m. The Board recognise the duty to financially breakeven, regrettably this has not been possible. The plan did include an ambitious savings target of £9.9m which the Health Board were on track to achieve, and CC thanked colleagues whose efforts have delivered these savings and efficiencies.

The Board have monitored finance and performance against the forecast deficit of £22.9m throughout the year, ensuring the responsibilities to patients and the population are at the heart of decision-making. However, it is now necessary to consider previously discounted options to improve the financial position. The Health Board are grateful for the additional funding provided to the organisation in December which has reduced the target forecast deficit to £15.8m, but the in-year financial pressures remain, and

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21.01.25

Welsh Government are clear that the Health Board must meet its requirements in relation to finance and the provision of safe, high quality and timely healthcare to the people of Powys.

HT gave an overview of the drivers of the financial deficit, the actions the Health Board have taken to date and would need to take to mitigate the forecast end of year deficit, and further actions that will be required (including risks) to achieve the forecast deficit.

The additional pressures on the budget, above those planned for, are because of increased commissioning costs due to substantial pathways of care delays and increased length of stay in community and other hospitals. Without taking additional action, the Health Board are at risk of a £9.4m overspend beyond the revised planned deficit forecast of £15.8m. The Health Board is in Level 4 (targeted intervention) for Finance, Strategy and Planning of Welsh Governments Escalation and Intervention Framework and remains in routine arrangements for all other areas.

Colleagues from the Executive Team gave a presentation covering the following areas:

Financial position (PH)

- In May 2024, the Health Board approved a deficit plan of £22.9m (including savings of £9.9m), the plan saw an additional £2m further level of savings from an earlier draft but remains unsupported by Welsh Government
- Additional pressures mean the forecast outturn has deteriorated
- An additional allocation of £7.178m in December 2024 means the revised deficit plan is £15.8m
- Additional action is required to mitigate a potential overspend of £9.4m
- Key overspend areas relate to:
    - The pay position (£1.9m overspend on agency – particularly in Mental Health Services)
    - Health care services from other bodies (overspent by £5.2m – the main pressure is in relation to English providers where significantly improved levels of performance have cost an additional £4m, additional emergency activity in Cwm Taf Morgannwg University Health Board, and additional activity in relation to the Joint Commissioning Committee of £0.5m)
    - Delays in relation to social care capacity
    - Continuing Health Care and Funded Nursing Care (a variance of £2m) due to an increase in the number and acuity of these packages
- Key areas of opportunity to reduce spend by up to £10m include:
    - Vacancy freeze (up to £0.4m)
    - Reduction on agency and locums (up to £3m)
    - Reducing commissioning activity (up to £5.7m)
    - Other areas (up to £1m)

Staffing (DWL)

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- Staff are valued and a substantively appointed workforce will reduce the reliance on agency staff
- The Health Board are not in the position of calling for redundancies at this time
- Some staff may be required to undertake different tasks on occasion
- Vacancy control and agency bookings will be overseen at a senior level to support existing practice
- Of the 122 current vacancies, the current assessment is that 40 will be frozen or slowed down
- A further 6 Internationally Educated Nurses are arriving next month to support nursing teams, and an additional 6 internationally educated registered mental health nurses will join before April 2025. This will help reduce agency spend.

Commissioned activity (NJ)

- Activity in England is accelerating above planned activity and waiting time targets in England and Wales are different.
- Waiting time targets in Wales differ to England with 104 weeks in Wales and 65 weeks in England.
- Wye Valley NHS Trust (WVT) and Shrewsbury and Telford NHS Trust (SaTH) are both meeting the Welsh waiting times with Welsh patients assessed against English waiting targets
- Two scenarios were examined:
    - Defer unbooked activity to the end of March 2025 (5 weeks of activity)
    - Defer all activity to the end of March 2025 (11 weeks of activity)
    - NB – this would not apply to patients on cancer pathways or patients under the age of 18

Integrated Impact Assessment (IIA) (CR, KW and MB)

- The draft IIA had been prepared in relation to the affected cohort of patients for the worst-case scenario. In summary, the draft IIA found:
    - Avoidable harm could not be ruled out
    - Delays in pathway of care may be counter to evidence based pathways
    - Delay would apply without regard to individual circumstances
    - Delays were likely to increase administrative burden
    - Potential to create additional demand
    - Does not meet individual patient need
    - Patient experience would be adversely affected
    - Not a quality led decision
    - A final integrated impact assessment would need completion to assess impacts based on actual scenarios

Summary (HT)

- It is recommended that discussions take place with English providers to assess the confidence of deliverability and implementation risks
- Integrated impact assessment would need to be finalised in discussion with English providers

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- Into and beyond 2025/26 it will be necessary to address significant and substantial underlying deficit
- Planning guidance and draft settlement have been received from Welsh Government for 2025/26
- 2025/26 Plan will be approved at Board in March 2025

CC thanked the Executive Team for the presentation and invited the Llais Regional Director to comment on the paper.

KB confirmed that Llais were not part of the decision-making process but had the role of ensuring that people's views were listened to. Disappointment was expressed in relation to the proposals around elective activity with waiting times and access to care key topics for communities. Concerns were raised regarding increased waiting times impact on patients' mental health, their families and carers, and their ability to work. Patients in east Powys have benefited from reduced waiting times and this proposal would result in levelling down rather than levelling up. The draft integrated impact assessment is acknowledged but it is of concern that a short-term decision could have a long-term impact on up to 10,000 patients.

EL confirmed that a meeting had taken place with Primary Care colleagues and the Local Medical Committee who made the following comments:

- This would result in additional demand at GP practices at a time of high seasonal demand
- An ongoing and potentially increasing implication for pain medication
- Concerns over Health Board communication with the population and affected patients.

Independent Members asked the following questions for assurance:

Have all other actions been taken to manage budgets before this difficult decision is taken?
PH advised there had been a focus on variable and agency pay, a decision had been taken to implement the temporary service changes which was to increase efficiency. All non-pay spend above a certain level was reviewed and challenged and all areas had been asked to reduce spend. Reviews had been undertaken for administration, estates and roster standardisation.

How successful have the finance and performance reviews been in enhancing assurance and control?
HT advised that reviews provide an opportunity for enhanced scrutiny in relation to delivery of the financial plan, savings delivery and further mitigation actions as necessary.

Why is WVT overperforming significantly above other English providers?
NJ advised that there had been incentives in England to improve performance. Robert Jones and Agnes Hunt NHS Trust (RJAH) had experienced operational difficulties in year which had reduced over performance and there were issues with data flows with SaTH. WVT are

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overperforming and the underlying trend in England is an increase in elective activity.

What are the implications of not receiving Strategic Cash Support?
HT advised that the request for Strategic Cash Support had been submitted in relation to the original plan (£22.9m), and subject to the Board decision a further letter regarding Strategic Cash Support may need to be submitted to Welsh Government. Strategic Cash support is required to enable the health board to cover its costs during Q4 of the financial year.

What actions can be taken to mitigate the effects of delayed planned activity for patients?
EL described the work undertaken by the Waiting Well team in the Living Well service.

The cost of delayed transfers of care is likely to exceed the cost of savings proposed at this meeting. Whilst this is not the focus of the meeting today, and much of it is beyond the control of the Health Board, it is difficult to envisage an operationally and financially sound health service in the future whilst this remains the case.
EL confirmed this was a daily challenge. The recent temporary service changes had resulted in a greater 20% number of admissions compared to the same period last year. The Local Authority had increased the level of domiciliary care available to an approximately 2,000 additional hours/week. However, significant challenges remain and colleagues in the Health Board and Local Authority were working together to address the gap between demand and capacity.

Beyond speaking to NHS England what further work is required to complete the Integrated Impact Assessment, and how quickly might this be completed?
CR advised that the draft impact assessment had been a significant piece of work, however, further detail was required in relation to the cohort of patients that could be affected by the proposed delay to commissioning in NHS England providers. The Integrated Impact Assessment was draft but gave assurance that it would be completed within the next two weeks.

The Health Board was put into Targeted Intervention for Finance, Strategy and Planning in 2024. Given the financial situation has deteriorated, is the Health Board at risk of increased escalation?
HT confirmed that in November 2024 the Health Board was put into Targeted Intervention for Finance, Strategy and Planning. Regular assessment meetings take place, and Welsh Government will require evidence of improvement against the position. Care will need to be taken to ensure that in addressing the financial issues, that performance in other domains such as performance does not deteriorate.

Given that the financial problems appear to be as a result of commissioned activity at a rate higher than that planned, how robust are our planning arrangements?

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HT advised that planning arrangements were robust and had worked well in recent years, however, emergency and elective activity in England had been at a rate greater than anticipated and learning from this will be used when testing assumptions for the 2025/26 plan. The other area that has had a particular financial impact is patients delayed in acute and community settings.

To what extent have Welsh Government been appraised of the position that the Health Board are in, and the consequences of the proposals under debate?
HT confirmed that Welsh Government had been advised of the financial position throughout the year, including the unpalatable options that were under current discussion.

Can assurance be given, that in relation to curbs on agency staffing and the vacancy freeze, the quality of service provided will not be affected?
CR confirmed that the aim is to have wards fully staffed with substantive staff which would negate the need for agency staff. At present, it is necessary to use agency staff to ensure safe staffing levels.

Given what has been shared regarding delivery confidence and the assurance that a full Integrated Impact Assessment will be available shortly, could the proposals be paused whilst discussions are held with English providers, particularly in relation to the appropriateness of follow-up appointments. This would enable the Board to be able to take an evidenced decision later in January.
CC proposed that this view should be considered at the end of questions on this item.

Is the growth in demand due to an increase in our demographic age profile which is greater than other areas of Wales?
NJ advised that the demographic drivers are stark in Powys and this trend is expected to grow. In addition, Powys is particularly affected by the accelerated rate of recovery in England.

Can assurance be given that, when considering the proposals before Board, that existing staff are not overloaded which would impact on quality, retention and recruitment?
DWL advised that this will be monitored by senior managers, and it may be the case that some work may have to slow down or change to accommodate the situation that is being faced.

CC proposed to the Board, following the earlier discussion, that further work was needed, in conjunction with NHS England providers, to consider the extent of opportunity in quarter 4 to revise elective activity, which would allow a final integrated impact assessment to be produced.

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In conclusion, the Board therefore:

- **NOTED** the financial position at Month 8 and that an Accountable Officer letter has been written by the Chief Executive to Welsh

Government highlighting the current assessed gap in plan and need for mitigation;

- **NOTED** Welsh Government's response that there is an expectation that the Health Board delivers its Board-approved financial plan for 2024/25, a deficit of £15.8m (amended in year from £22.9m)
- **NOTED** the actions already underway and the additional urgent actions that have been agreed for quarter 4 of 2024/25 to help mitigate the financial deficit;
- **NOTED** the current assessed gap in the 2024/25 plan of £9.4m therefore requiring mitigating actions of £9.4m needing to be agreed to increase confidence in delivery of the health board's forecast deficit position of £15.8m.
- **NOTED** a potential total of £10M worth of mitigating actions have been presented to the Board, all of which need to be progressed fully to deliver the forecast deficit position.
- **NOTED** no further contingency is available to support investments, mitigate any unforeseen pressures in quarter 4 or any changes in funding/planning assumptions.
- **NOTED AND SUPPORTED** immediate delivery of variable pay reductions through reduced use of agency and locums.
- **NOTED AND SUPPORTED** a vacancy freeze for all posts to be overseen by the revised vacancy control process.
- **DISCUSSED and SUPPORTED** the assessment of the opportunity with NHSE Providers to revise elective activity during Q4 in 2024/25, and to finalise the integrated impact assessment to inform the Board's final decision.
- **NOTED** that ongoing dialogue will take place with Welsh Government advising of the Board's decisions and requesting ongoing discussion on next steps and strategic cash support for the remainder of 2024/25.

3. OTHER MATTERS
3.1 ANY OTHER URGENT BUSINESS (PTHB/24/157)
There was no other urgent business.
3.2 DATE OF NEXT MEETING:
The next meetings of Board will be held on 29 January 2025.

Meeting closed 12:52

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Powys THB Finance Department
Financial Performance Report
Board

Period 09 (December 2024)
FY 2024/25

Date Meeting: 29 January 2024
Item 4.1

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27/01/2025 14:49:03

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

Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 09 OF FY 2024/25
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 22 January 2025

PURPOSE:

This paper provides an update on the December 2024 (Month 09) Financial Position, including progress with savings delivery.

RECOMMENDATION:

The Board is asked to:

- receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
- recognise that, given the current overspend and underlying trends, remedial actions with an impact of £9.4m are necessary to achieve the financial plan.
- Recognise the financial forecast may need to be revised pending the outcome of Board discussions, which are subject to a separate paper to the Board.

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

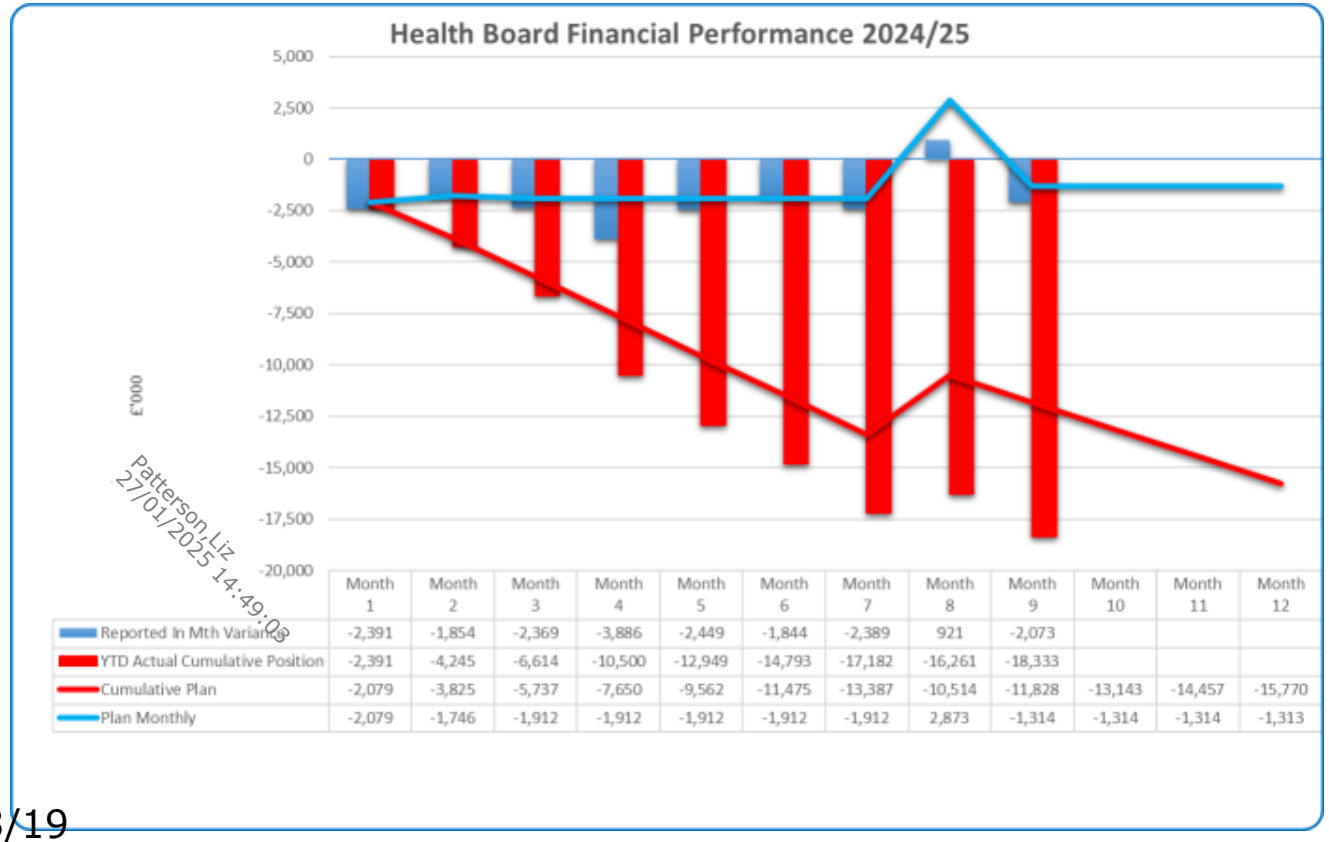
Strategic Objectives:	• Focus on Wellbeing	✖
	• Provide Early Help and Support	✖
	• Tackle the Big Four	✖
	• Enable Joined up Care	✖
	• Develop Workforce Futures	✖
	• Promote Innovative Environments	✖
	• Put Digital First	✖
	• Transforming in Partnership	✓
Health and Care Standards:	• Staying Healthy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

Approval/Ratification/Decision	Discussion	Information
✓	✓	

Summary Health Board Position 2024/25

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	**Plan £'000**	**Actual £'000**	**Trend**
Reported in-month financial position – (deficit)/surplus	-1,314	-2,073	↑
Reported Year To Date financial position – (deficit)/surplus	-11,828	-18,333	↑
Year end – (deficit)/surplus	-15,770	-15,770	→

Capital		
	Value £'000	**Trend**
Capital Resource Limit	13,138	↑
Reported Year to Date expenditure	2,599	→
Reported year end – (deficit)/surplus – Forecast	0	→



	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Reported In Mth Variance	-2,391	-1,854	-2,369	-3,886	-2,449	-1,844	-2,389	921	-2,073			
YTD Actual Cumulative Position	-2,391	-4,245	-6,614	-10,500	-12,949	-14,793	-17,182	-16,261	-18,333			
Cumulative Plan	-2,079	-3,825	-5,737	-7,650	-9,562	-11,475	-13,387	-10,514	-11,828	-13,143	-14,457	-15,770
Plan Monthly	-2,079	-1,746	-1,912	-1,912	-1,912	-1,912	-1,912	2,873	-1,314	-1,314	-1,314	-1,313

Following notification of additional WG funding allocations of £7.178m in Month 8, the Financial Plan for 2024/25 has been revised from a £22.948m deficit to a deficit £15.770m.

At month 9, there is a £18.333m overspend against the revised planned year to date deficit of £11.828m giving the Health Board an operational overspend of £6.504m.

The year end forecast remains in line with the adjusted Plan at £15.770m, but given the current overspend surpasses this figure, significant remedial actions of over £9m, as discussed by the Board, would be required to achieve the Plan.

The capital resource limit for 2024/25 is £13.138m. To date £2.599m has been spent – £1.362m in month 9. The low level of capital expenditure raises a concern but the work in progress, plans and action are in place to ensure that this is utilised in full. Robust project management arrangements are in place to maximise delivery.

DAY FIVE – summary report

- Commissioning is £6.0m YTD overspent at M09, mainly due to increased Elective and Emergency activity at providers and increased community bed usage.
- Agency expenditure of £0.4m in the month, which is lowest it has been all year and lower than any point in the prior year.
- CHC is overspent by £2.1m YTD in month 9. There are 343 packages of care, a net increase of 12 clients this month.
- Pressures above have been partly offset due to reduced expenditure on prescribing and dental services.

Revenue Variance Position 2024/25

Overall Summary of Variances £'000s

Table B Categories	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(321,427)	(321,427)	0
02 - Capital Donations	(97)	(97)	0
03 - Other Income	(7,731)	(8,482)	(751)
Total Income	**(329,255)**	**(330,006)**	**(751)**
05 - Primary Care - (excluding Drugs)	34,795	33,821	(974)
06 - Primary care - Drugs & Appliances	28,656	26,718	(1,938)
07 - Provided services -Pay	85,227	87,107	1,880
08 - Provided Services - Non Pay	19,667	19,174	(493)
09 - Secondary care - Drugs	1,062	1,020	(42)
10 - Healthcare Services - Other NHS Bodies	132,533	138,621	6,088
12 - Continuing Care and FNC	24,093	26,190	2,096
13 - Other Private & Voluntary Sector	3,462	4,101	639
14 - Joint Financing & Other	7,604	7,604	(0)
15 - DEL Depreciation etc	3,874	3,874	0
16 - AME Depreciation etc	111	111	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	**341,084**	**348,339**	**7,255**
Reported Position	**11,829**	**18,333**	**6,504**

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At Month 09, there is a £18.333m overspend against the readvised planned deficit of £11.829m giving the Health Board a year-to-date operational overspend of £6.504m.

The most significant adverse variances are on:

- Commissioning of Healthcare Services from other NHS Bodies is £6.088m overspent at M09.
  - This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.

- Continuing Care and FNC at £2.096m. The number of CHC packages has increased by 12 from 331 in October to 343 in December.

- Pay budgets at £1.880m - driven by the use of agency, from both on and off contract suppliers running at a high rate.

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

Health Board Provider Services

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

Subset of Table B Categories and Directorate View Variances

Subset of Table B Categories	WTE Bud	WTE Act	WTE Var	Avg WTE	Budget (£'000)	Actual (£'000)	Variance (£'000)
03 - Other Income	0	0	0	0	(7,731)	(8,482)	**(£751)**
07 - Provided services -Pay	2,320	2,098	(222)	2,107	85,227	87,107	**£1,880**
08 - Provided Services - Non Pay	0	0	0	0	19,667	19,174	**(£493)**
Grand Total	**2,320**	**2,098**	**(222)**	**2,108**	**£97,163**	**£97,799**	**£636**
Directorate View							
Corporate and other Sevices	508	464	(44)	481	29,197	26,417	**(£2,780)**
A01 - Assistant Director Community Services	995	910	(85)	904	35,887	34,951	**(£936)**
A02 - Assistant Director MH/LD	502	411	(91)	410	19,105	22,978	**£3,873**
A04 - Assistant Director Women and Children	165	155	(10)	158	5,518	5,681	**£162**
N04 - Assistant Director Support Services	150	158	8	155	7,455	7,772	**£317**
Grand Total	**2,320**	**2,098**	**(222)**	**2,108**	**£97,163**	**£97,799**	**£636**

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

Explanation of Performance

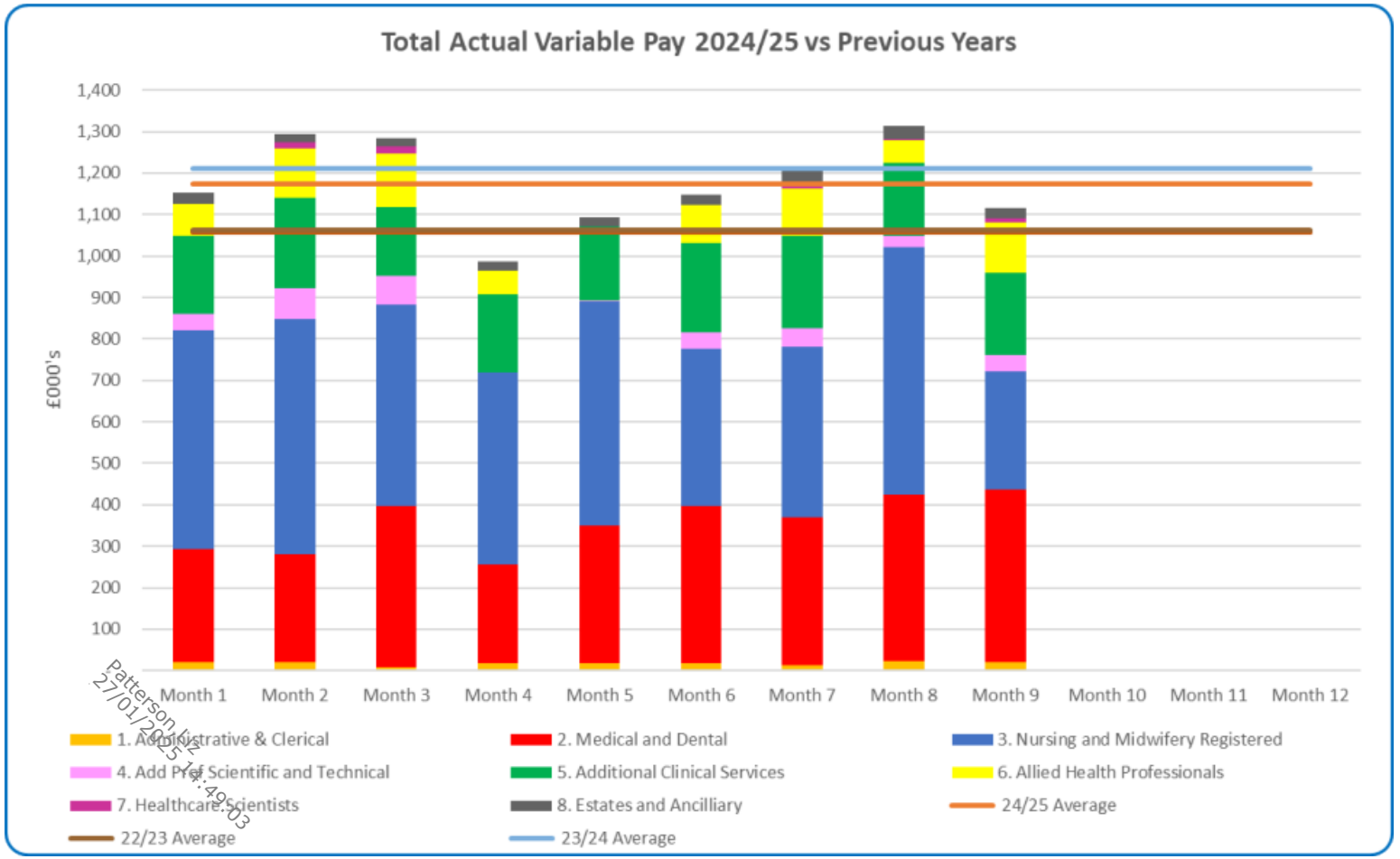
- The Month 09 YTD position is showing an overspend of £0.636m over these categories
- Corporate and Community services are underspent, whilst other directorates are over-spent.
- The service with the largest overspend is Mental Health. This is predominately due to increased agency and locum expenditure and the underachievement of savings.
- Vacancies are running at 18% (91 WTE) for MH Services and 9% (85 WTE) for Community Services.
- The following page provides more detail on agency expenditure and the actions being taken to address the high usage.

Risks

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

Health Board Agency Spend

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



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

Performance and Actions

- Pay budgets are overspent by £1.880m against the year-to-date plan, due to the high level of vacancies.
- The chart opposite demonstrates in December variable pay is lower than prior months. It is broken down by staff type.
- Powys continues to be an outlier within NHS Wales as agency spend was on average 9.5% of total pay in Month 8, against the Wales average of 2.8%.
- The HB's Variable Pay Reduction group is implementing its action plan. There are improvements on the wards in CSG, but high expenditure run rates remain in non-ward services and Mental Health.

Risks

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

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

Status Update
Welsh LTAs for 2024/25 were agreed by the deadline of 30 June and the contract proposals from English providers are currently being negotiated. The variances against budget are based on the seven months of activity information that has been received to date, with the exception of Shrewsbury and Telford Hospitals (SaTH), which is unable to report its activity. Providers ability to deliver both core and recovery activity is variable and is monitored closely.

NHS Commissioning Variance to Date 2024/25

Commissioning	Budget to Date £000	Actual to Date £000	Variance to Date £000
Welsh Providers	33,583	34,530	947
English Providers	53,854	58,325	4,470
JCC	41,043	41,715	673
Other NHS Providers	3,388	3,358	- 30
Mental Health (LTAs Only)	665	693	28
Total	**132,533**	**138,621**	**6,088**

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Risks

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

Performance

Expenditure is affected by system delays for patients (see next page) and the pace of recovery of elective activity by provider organisations.

Notable pressures:

- Cwm Taf Morgannwg Health Board is reporting a 19% increase in emergency activity (at Prince Charles Hospital in Merthyr Tydfil).
- Wye Valley Trust - significant increase in community hospital attendances; length of stay in hospital and emergency and elective admissions.
- JCC - the ICP approved on an All Wales consensual basis above financial plan allocation with assumption that further savings would be achieved.
- Private Providers – due to Velindre Ward, Bronllys, not operating at full capacity earlier in the year. (YTD overspend of £1.2m is in addition to the variance in the table opposite)

Secondary Care and Community hospital delays

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

- The table opposite includes both health and adult social care (ASC) related delayed discharges. It distinguishes between Powys community hospitals and the two English health systems (Shropshire and Herefordshire).
- The District General Hospital (DGH) delays includes information from our neighbouring hospitals around the perimeter of Powys.
- The table shows that of delayed discharges to date:
  - 4,867 days within Powys community hospitals related to Health processes and 12,279 days as a result of Social Care. Associated costs of £2.9m and £7.2m, respectively.
  - 4,109 days within English community and district general hospitals (DGHs) related to Health processes and 9,557 days as a result of Social Care. Associated costs of £1.3m and £3.1m, respectively.

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

Gross Cost of Delays	Health YTD		Social Care YTD	
	Days	£m	Days	£m
PTHB Provider Delays	1,408	£0.8	6,814	£4.0
PTHB Provider Assessment Delays	3,459	£2.0	5,465	£3.2
Subtotal PTHB Provider	**4,867**	**£2.9**	**12,279**	**£7.2**
Shropshire Community Bed Delays	30	£0.0	465	£0.2
WVT Community Bed Delays	131	£0.1	1,245	£0.5
DGH Bed Delays	3,948	£1.2	7,847	£2.4
Subtotal English & Welsh Providers	**4,109**	**£1.3**	**9,557**	**£3.1**
Total Opportunity Cost (at full cost)	**8,976**	**£4.1**	**21,836**	**£10.4**

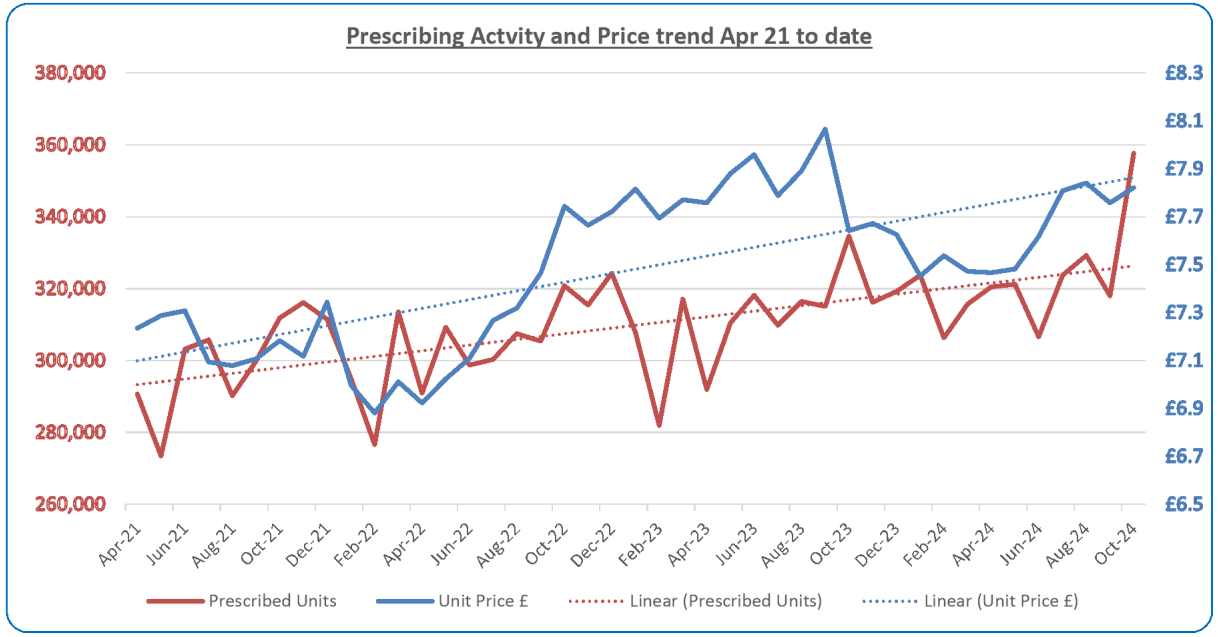
Performance and action:
This is a challenging situation with increased risks for patients, the effective operation of services and the financial performance. The Heath Board works in partnership with the Council to address the underlying issues.

We are focused on this because:
The costs of prescribing have risen significantly from April 2022. This was driven by both price inflation and increased prescribing activity. Whilst prescribing costs rose during FY23-24, the final outturn reduced significantly from earlier forecasts in line with reduced prices on certain drugs, and other successful savings initiatives. This trend has continued into FY24-25 which is driving a significant saving against budget in the M8 forecast.

Status Update

A forecast underspend of -£1.8m on 2024/25 budget of £31.1m (incl £1.1m saving target). Prescribing costs are reported 2 months in arrears. This is a £200k deterioration from the M8 forecast.

- YTD costs, M1-M7, are broadly in line with M1-M7 in 2023-24, 1.5% increase.
- Unit price decrease year on year of -0.5% in FY24-25, driven by NCSO/price concessions. Unit costs are expected to continue at a lower rate until Q3 when the full year effect of the Apixaban cost reduction is fully included.
- Prescribing activity year on year increase of 3.7%.



Prescribing cost increases	FY20-21	FY21-22	FY22-23	FY23-24	FY24-25 (f'cast)
	£k	£k	£k	£k	£k
Prescribing Budget	22,320	23,182	24,694	28,959	31,161
Prescribing Annual costs	25,953	25,610	27,469	29,195	29,324
Yr on Yr % increase/decrease	4.4%	-1.3%	7.3%	6.3%	0.4%
Yr on Yr increase £ Total	**1,086**	**-344**	**1,859**	**1,727**	**128**
Yr on Yr increase £ Growth	-109	475	655	747	971
Yr on Yr increase £ Inflation	1,196	-819	1,204	980	-843

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Risks & Challenges

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

Medicines Management savings performance and actions

- Schemes forecast to deliver £2.211m savings, an increase over target of £1.111m (price reductions for DOACs).
- Guidance and support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and presc. guidelines, audit & shared care agreements.
- Active involvement in NHS Wales pharmacy and finance fora, including the Value and Sustainability Board workstream.

Continuing Healthcare Forecast 2024/25

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

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Year end Position £'000	24/25 Budget £'000	24/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast £'000	Growth 2023/24 to 2024/25 Forecast %
Children	£267	£151	£157	£296	£310	£331	£566	£256	82.6%
Learning Disabilities	£957	£1,568	£1,639	£2,461	£3,549	£3,836	£4,476	£927	26.1%
Mental Health	£7,344	£7,801	£10,611	£13,949	£16,201	£17,324	£19,597	£3,397	21.0%
Mid Locality	£981	£925	£1,635	£1,882	£2,123	£2,297	£2,628	£504	23.8%
North Locality	£1,365	£1,537	£2,098	£2,646	£3,475	£3,817	£4,188	£713	20.5%
South Locality	£1,495	£1,958	£1,853	£1,904	£1,955	£2,030	£1,186	(£769)	-39.3%
Grand Total	**£12,410**	**£13,941**	**£17,994**	**£23,138**	**£27,613**	**£29,636**	**£32,642**	**£5,029**	**18.2%**
Number of active clients	**230**	**243**	**285**	**295**	**327**	**315**	**343**	**16**	**4.9%**
D2RA				**£696**	**£201**	**£0**	**£8**	(£194)	-96.2%
FNC	**£2,218**	**£2,095**	**£1,960**	**£2,131**	**£2,279**	**£2,489**	**£2,649**	**£370**	**16.2%**
Total	**£14,628**	**£16,035**	**£19,954**	**£25,966**	**£30,093**	**£32,124**	**£35,298**	**£5,204**	**17.3%**

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

As at month 09, there is an overspend of £2.096m on year-to-date budget of £24.093m against Continuing Care and FNC. The number of CHC packages has increased by 12 from 331 in November to 343 in December.

Across Wales, at Month 8, the forecast is for an 9.9% increase in costs in 2024/25 compared to 2023/24.

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

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What the table tells us

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

Risks

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

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

Health Board 2024/25 Savings Programme

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

Forecast Performance of Saving Schemes by Programme

	(£ '000s)						
	In-year 2024/25					Recurrent for future years	
Targeted Area	24/25 Recurrent Savings Target	Green (forecast)	Amber (forecast)	Green + Amber (forecast)	Forecast vs Target	Forecast FYE	FYE vrs Recurrent Target
2% Saving	**970**	2,509	11	2,520	1,550	901	-69
Continuing Health Care (CHC)	**430**	430	0	430	0	430	0
Commissioning	**1,650**	732	60	792	-858	824	-826
Community	**1,180**	1,283	0	1,283	103	1,187	7
Covid	**1,250**	1,324	0	1,324	74	730	-520
Medicine Management	**1,100**	2,211	0	2,211	1,111	2,211	1,111
Mental Health	**1,320**	646	75	721	-599	75	-1,245
Commissioning - Delayed Transfer of Care Repatriation	**750**	434	0	434	-316	434	-316
Community - Discharge Support	**1,250**	176	0	176	-1,074	0	-1,250
Total	**9,900**	9,746	146	9,892	-8	6,792	-3,108

What the table tells us

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

Risks

Timescales and capacity of teams to deliver the schemes.

WG Value & Sustainability Board

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

Performance and Actions

- As shown in the table £9.892m savings have been forecast in 2024/25, giving an under achievement of £0.008m against the £9.9m target.
- The recurrent impact of saving schemes at £6.792m, is a shortfall of £3.108m against the £9.900m recurrent target. This has an adverse impact on the Health Board's underlying deficit.

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

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Risks and Opportunities

We are focused on this because:
The revised £15.770 deficit budget is ambitious and there is an increased risk associated with it. It is based on key underlying assumptions and a range of risks and opportunities the Health Board is exposed to as it seeks to achieve the revised £15.770m target deficit total.

Table reported to Welsh Government

Risk	£ '000	Likelihood
Continuing Healthcare	-500	Medium
Prescribing	-950	Medium
Other Contract Performance	-1,000	High
Dental PCR Income	-200	High
Other Non Pay	-400	Medium
Achievement of Further Mitigations	-9,444	High
Band 2 to 3 HCSW employment dispute	Not Quantified	Medium
Total	**-12,494**	
Opportunity		
Commissioning	500	Low
Continuing Healthcare - Winter Impact	500	Medium
Core	1,000	Medium
Prescribing - Drug Price Reduction	500	Medium
Total	**2,500**	

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Risks

- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan and Forecast.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- There is a potential risk of circa £1.000m for the Health Board relating to the level of activity undertaken by our providers, compare to Forecast.
- **Achievement of Further Mitigations – There is a potential risk of circa £9.444m around remedial actions that are needed to manage the Health Board's financial performance.**

2024/25 Financial Forecast and associated Underlying Deficit

We are focused on this because:
Currently, the financial forecast for 2024/25 is to achieve the readvised financial plan of £15.8 deficit budget. However, as set out in the previous slide the balance of risks far outweigh opportunities. The Board would need to authorise a series of urgent and highly impactful remedial actions to achieve the Plan.

1. In March 2024, when the financial plan for a £25m deficit was approved, it was acknowledged that it was challenging, but reflected the ambitions of the Board and was based upon clear, robust assumptions.

2. In May 2024, the financial plan was improved to £23m based upon the identification of two specific further actions to seek funding for the Ready To Go Home units from the RIF and to prioritise the repatriation of patients in Herefordshire and Shropshire.

3. In November 2024, the financial plan was improved to £15.8m following the notification of additional funding allocations of £7.2m from Welsh Government to be applied to the planned deficit.

4. Based upon the financial position at Month 9, it is forecast that significant remedial actions with an impact of £9.4m are necessary to achieve the financial plan.

5. The underlying deficit of the organisation has been re-evaluated. As some of the existing off-setting savings and options for further mitigations being considered by the Board are non-recurrent in nature, the underlying deficit is assessed at £27.6m. This will be kept under review.

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Summary & Key Messages

1. At month 09, PTHB is reporting a £18.333m deficit. This comprises the profiled revised planned deficit £11.829m, with an **operational overspend of £6.504m**.
   - Actions are progressing to deliver the £9.9m savings target. Further work is required to achieve it recurrently.
   - Commissioning of healthcare is overspending, due to increased emergency and elective activity and associated costs.
   - The key operational pressures needing to be addressed are discharging patients from hospitals and agency expenditure, especially within mental health services.
   - CHC costs are much greater than budgeted for, due to greater number of packages of care and the case mix.

2. Following the additional allocations of £7.178m in Month 8, there is a revised plan for 2024/25, which aims to achieve a deficit £15.770m. Achieving this forecast will be increasingly challenging to the Health Board, given the expenditure run rates it is experiencing and the level of risks it is subject to. **To achieve the Plan, the Board needs to authorise a series of urgent and highly impactful remedial actions.**

3. The Health Board's planned underlying position has been revised taking into account the £7.2m allocation (£5m conditionally recurrent) and the recurrent nature of specific cost pressures. These need to be managed in 2024/25. Some of the existing off-setting savings and options for further mitigations being considered by the Board are non-recurrent in nature. The underlying deficit is assessed at £27.6m.

4. Other financial matters:
   - The Health Board has a £13.138m capital allocation, which it will manage within. As highlighted on Page 1, capital expenditure in the first 9 months is relatively low with work in progress, plans and action in place to utilise the allocation in full. This will be closely monitored.
   - Due to the £15.8m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff. An Accountable Officer letter has been sent formally requesting this, any variance against the plan would be subject to further discussion and agreement.
   - The Health Board is not currently achieving the target of paying 95% of non-NHS invoices within 30 days. This is due to delays in the process for approving agency invoices. By number, the YTD performance is 93.5%.

Paul Tyson (ext. 1416) 2/10/2024 14:16:03

Powys THB Finance Department
Financial Performance Report – Appendices

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

Monitoring Return Reported

Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 14th January 2025.

MMR Narrative

MMR Tables

Microsoft Excel Worksheet

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Capital 2024/25

Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2024
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.978	0.978	0.568
EFAB Infrastructure	0.304	0.304	0.041
EFAB Fire	1.208	1.208	0.200
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.127
Diagnostic Equipment 2024-25	1.700	1.700	0.160
Backlog Maintenance 2024-25 - Llandrindod Wells	3.000	3.000	0.509
DPIF - RISP	0.214	0.214	0.137
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	0.198	0.198	0.107
Decarbonisation Programme	3.624	3.624	0.749
Year End Funding - October 2024	1.028	1.028	0.001
Diagnostic and Medical Equipment 2024-25	0.100	0.100	0.000
Digital Eqipment - December 2024-25	0.391	0.391	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	-0.130	-0.130	0.000
TOTAL APPROVED FUNDING	**13.138**	**13.138**	**2.599**

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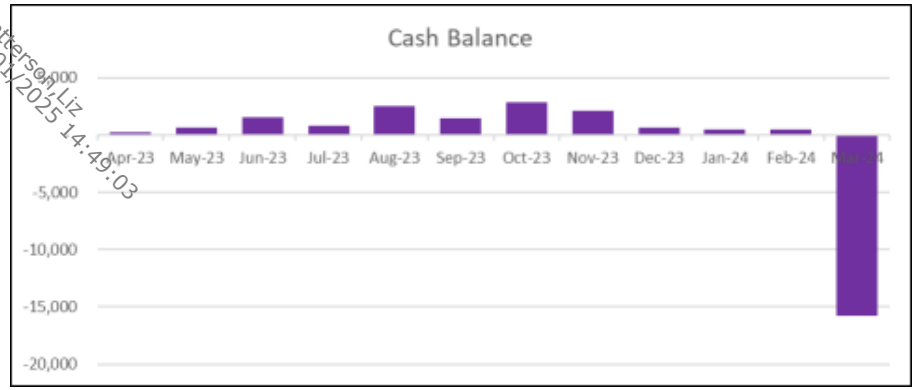
Cash Flow 2024/25

Appendix 3

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**215**	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**2,092**	**682**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	40,899	35,800	38,570	37,047	15,127
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	76	1,061	57	4	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	300	3,128	500	4,464	7,151
Income from other Welsh NHS Organisations	1,075	484	343	419	731	778	403	681	425	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	686	860	567	700	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,570	37,676	42,354	39,926	41,378	42,565	26,386
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,716	2,990	2,781	2,779	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	425	1,087	319	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,589	3,022	1,561	1,400	1,400	0
Primary Care Services : General Dental Services	478	426	474	484	523	367	439	407	494	500	500	0
Non Cash Limited Payments	86	130	152	135	134	118	117	137	116	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,836	8,898	10,557	10,953	9,500	9,500	9,500
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,565	21,428	24,655	23,123	23,704	24,009	26,570
Capital Payment	0	111	83	63	48	62	410	461	1,991	2,906	3,306	3,337
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	36,664	36,296	43,107	41,336	41,560	42,565	42,657
NET CASH FLOW IN MONTH	**(14)**	**462**	**914**	**(794)**	**1,776**	**(1,094)**	**1,380**	**(753)**	**(1,410)**	**(182)**	**0**	**(16,271)**
Balance c/f	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**2,092**	**682**	**500**	**500**	**(15,771)**



Due to the £15.8m revised forecast financial deficit, the THB will require Strategic Cash in February 2025 to meet its obligations to suppliers and staff. An Accountable Officer letter has been sent formally requesting Strategic Cash.

Core Financial Plan Year 1 2024/25

Financial Plan	(£m)
Underlying Deficit	25.4
Inflationary Pressures	11.7
Demand / Service Growth	5.7
Net Effect of Allocation Adjustments and COVID	-10.0
Mitigating Actions	-9.9
Additional Funding from Welsh Government	-7.2
TOTAL DEFICIT	**15.8**

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

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

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

There is a range of significant risks to be managed.

Following the additional allocations of £7.178m in Month 8, the 2024/25 Financial Plan has been revised further. It aims to achieve a deficit £15.770m.

DIRECTOR OF FINANCE COMMENTARY
FINANCIAL YEAR 2024/2025
FINANCIAL PERFORMANCE TO MONTH 9 (DECEMBER 2024)

1. Introduction

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

Following the additional allocations of £7.178m in Month 8, we have revised the plan for 2024/25, which aims to achieve a deficit £15.770m control total.

2. Summary Position

As at month 9, the Health Board is reporting an overspend position of £18.333m. This can be categorised as:

- Operational overspend - £6.504m.
- Planned deficit - £11.829m.

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

Table 1 – Summary of PTHB Position

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(321,427)	(321,427)	**0**
02 - Capital Donations	(97)	(97)	**0**
03 - Other Income	(7,731)	(8,482)	**(751)**
Total Income	**(329,255)**	**(330,006)**	**(751)**
05 - Primary Care - (excluding Drugs)	34,795	33,821	**(974)**
06 - Primary care - Drugs & Appliances	28,656	26,718	**(1,938)**
07 - Provided services -Pay	85,227	87,107	**1,880**
08 - Provided Services - Non Pay	19,667	19,174	**(493)**
09 - Secondary care - Drugs	1,062	1,020	**(42)**
10 - Healthcare Services - Other NHS Bodies	132,533	138,621	**6,088**
12 - Continuing Care and FNC	24,093	26,190	**2,096**
13 - Other Private & Voluntary Sector	3,462	4,101	**639**
14 - Joint Financing & Other	7,604	7,604	**(0)**
15 - DEL Depreciation etc	3,874	3,874	**0**
16 - AME Depreciation etc	111	111	**0**
18 - Profit\Loss Disposal of Assets	0	0	**0**
Total Costs	**341,084**	**348,339**	**7,255**
Reported Position	**11,829**	**18,333**	**6,504**

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

Table A:
The overall plan reported in Table A of a planned deficit of £15.770m for 2024/25 is in line with the revised plan submitted to WG on the 31 May 2024 reduced by the new allocations of £7.178m in month 8. Achieving this forecast will be increasingly challenging to the Health Board, given the expenditure run rates it is experiencing and the level of risks it is subject to. The Board continues to be especially focussed on the financial performance of the Health Board and is keeping the forecast under review.

Table A shows that further mitigating actions with an impact of £9.4m are required to enable the Health Board to achieve its financial plan. An informal Board Development session was held on 17 December 2024 and focused on the options for further remedial action. These options predominantly relate to deferring elective activity into 2025/26 and, thereby, avoiding expenditure in 2024/25. This has been the subject of an Accountable Officer letter (dated 20 December 2024) from the Chief Executive to the Director General.

An extraordinary public Board meeting took place on 10 January 2025 for the Board to consider actions to improve the financial position of the Health Board, mindful of the risk of any associated consequences. The Board paper is available on the internet at - 10 January 2025 - Powys Teaching Health Board

The following table, updated from the Board paper, summarises the scope of the mitigating actions as considered by the Board:

Potential Remedial Action	**Amount of Expenditure under consideration / maximum saving opportunity**	**Percentage as per current action**	**Confirmed Saving – subject to further actions**
Vacancy freeze – 120 posts within process	0.400	25%	0.100
Use of agency and locums. Spend per month is circa £1.0m.	3.000	10%	0.300
Other actions across all areas	0.500 to 1.000	TBC	0.500
Constant focus to maximise the impact of the actions above			
Sub-total			**0.900**
Defer elective activity in NHSE providers: – Scenario 1	2.570 5.660	Subject to Board discussion	

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– Scenario 2		

The Board noted and supported the immediate delivery of variable pay reductions through reduced use of agency and locums and a vacancy freeze for all posts to be overseen by the revised vacancy control process.

It also noted and supported the formal initiation of discussion with NHS England (NHSE) providers requesting the revision of elective activity during quarter 4 in 2024/25 and finalised impact assessments. It is planned that the outcome of this work will be reported to Board on 29 January. The Health Board's forecast financial performance for 2024/25 will be updated once a formal decision is made in this area and the financial consequences agreed.

Table B, B2 & B3:

- Primary Care (Table B Line 8)
  The Month 9 position is based on the 2023/24 outturn adjusted for known non-recurrent items or known new year adjustments, with all uplifts to the contracts assumed to be funded by WG.

- Primary Care Drugs (Table B Line 9)
  The Month 9 position is informed by extrapolation of M07 PAR actual spend and the PAR forecast.

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

- Healthcare Services Provided by Other NHS Bodies (Table B Line 13)
  There is a YTD £6.088m adverse variance on the NHS commissioning position. This is predominantly caused by issues in the health and social care system manifesting in increased costs in the acute and community sector and increased elective activity.

Area	**YTD Variance**	**Action**
Wales	0.946	Negotiation with CTM in respect of charges for emergency flows at PCH
England	4.470	Consideration of remedial actions as outlined above
JCC	0.672	Discussion with JCC on remedial action
TOTAL	**6.088**	

- Continuing Care and FNC (Table B Line 15)
  There is a £2.096 m overspend reported against CHC and FNC at month 9. CHC will continue to pose a risk to financial plan delivery, as currently there are 343 packages being funded, which is greater than the planning assumption of 315. Using the metric of CHC days there has been an 10.6% increase in 2024/25 compared to 2023/24.

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

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

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

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

The Health Board's planned underlying position has been revised taking into account the £7.178m allocation (assumed that conditions will be met for it to be recurrent) and the recurrent nature of specific cost pressures. These need to be managed in 2024/25. Some of the existing off-setting savings and options for further mitigations being considered by the Board are non-recurrent in nature. Therefore, the underlying deficit has been included in Table A1 at £27.6m.

As highlighted above the Board continues to be especially focussed on the financial performance of the Health Board and is keeping the forecast, including the underlying deficit, under review.

5. Risk Management (Table A2)

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

Table 4 – Risks

Risk	£ '000	Likelihood
Continuing Healthcare	-500	Medium
Prescribing	-950	Medium
Other Contract Performance	-1,000	High
Dental PCR Income	-200	High
Other Non Pay	-400	Medium
Achievement of Further Mitigations	-9,444	High
Band 2 to 3 HCSW employment dispute	Not Quantified	Medium
Total	**-12,494**	

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Table 5 – Opportunities

Opportunity	£ '000	Likelihood
Commissioning	500	Low
Continuing Healthcare - Winter Impact	500	Medium
Core	1,000	Medium
Prescribing - Drug Price Reduction	500	Medium
Total	**2,500**	

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

Risks

- Given the level of growth seen over recent years there is a risk that CHC cases will exceed that assumed in the Plan and the forecast expenditure.
- There has been significant volatility in prescribing growth and inflation over recent years together with dispensing fees, and there is a risk that should these continue into 2024/25 that this may present a risk of circa £0.950m.
- The Health Board incurs circa 40% of its expenditure on commissioning services from others. There is a potential risk of circa £1.000m for the THB relating to the level of activity undertaken by our providers. The Joint Commissioning Committee is also forecasting a significant level of risk in the financial position, which it is reporting.
- Dental Income – it is too early to ascertain if the dental price increase has mitigated the loss in income from patient charges.
- Non-pay inflation expenditure – there is a risk that this will be greater than allowed for.
- Achievement of further mitigations – there is a risk estimated at circa £9.444m around actions that are needed to manage the Health Board's financial performance.
- Resolution of the employment dispute regarding the banding of some healthcare support workers could have financial implications in 2024/25.

Opportunities

- Providers are experiencing some capacity issues in their plans to recover waiting times. Should this continue in 2024/25, there could be a reduction in expenditure of circa £0.500m.
- Continuing healthcare – during the winter period there could be a reduction in CHC costs.
- Core – the HB will continue to receive non-recurrent funding and based on historic trends there is likely to be slippage. As the financial year progresses a realistic assumption can be made. Also, inflationary pressures may be lower than assumed.
- Prescribing - If the price reductions in drugs, including those that are coming off patent continue there is an opportunity of £0.500m above the forecast expenditure.

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

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The table below provides a summary of the ring fenced and directed allocations. At Month 9, the PTHB does not anticipate any underspends against the areas shown.

Table 6 - Ring-fenced and Directed Allocations

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

Table N – GMS and O - Dental

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

7. Pay including Agency/Locum (Table B2)

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

Table 7 – Pay Breakdown 2024/25

	Month 01	Month 02	Month 03	Month 04	Month 05	Month 06	Month 07	Month 08	Month 09	Total
Net Budget YTD	**8,537**	**8,784**	**8,966**	**9,262**	**9,095**	**9,375**	**9,088**	**12,244**	**9,875**	**85,226**
Spend to date:										
Contracted	7,996	8,161	8,035	8,001	8,030	8,207	8,162	11,217	8,736	76,545
Bank	245	217	183	184	208	197	223	294	253	2,003
Agency	635	818	712	546	539	569	627	619	448	5,513
Locum	274	259	389	240	331	381	355	400	416	3,045
Total Spend to date	**9,150**	**9,454**	**9,319**	**8,971**	**9,109**	**9,354**	**9,367**	**12,530**	**9,853**	**87,107**
YTD Variance	**(613)**	**(670)**	**(353)**	**291**	**(14)**	**21**	**(280)**	**(285)**	**22**	**(1,881)**

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

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

- An ambitious recurrent £9.9m (original £7.9m plus additional £2.0m as per revised plan) savings target. Delivering this in year and on a recurrent basis will be a significant challenge for the Health Board and work continues in finalising delivery values and profiles.
- Schemes assessed as green or amber amounting to £9.9m have been identified to date.

9. Income Assumptions (Tables D and E)

As per Table E the overall RRL at month 9 for 2024/25 is £428.990m and this includes £6.618m of anticipated allocations as detailed on Table E, including:

- £1.7m relating to paying the real living wage to staff working for organisations providing CHC.
- £1.8m relating to Pay Award over a number of lines.

10. Health Care Agreements & Major Contracts

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

11. Statement of Financial Position (Table F)

A list of the provisions brought forward from 2023/24 is included below Table F. The THB is reviewing the quarterly data and PES discount rate change to update the position from that reported at the year end. It is anticipated that a movement on the provisions will be calculated for the Month 10 return.

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

12. Aged Welsh Debtors (Table M)

There are three aged debts reported as of 31st December 2024 that have been outstanding for more than 11 weeks. One has subsequently been paid and payment for the other two are expected shortly.

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13. Cash Flow (Table G)

	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	**215**	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**2,092**	**682**	**500**	**500**
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	39,840	39,210	34,850	36,165	39,722	33,631	35,502	40,899	35,800	38,570	37,047	15,127
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(140)	(160)	(150)	(150)	(150)	(150)	(150)	(150)	(131)	(152)	(150)	(150)
WG Revenue Funding - Other (e.g. invoices)	405	4	289	4	18	76	1,061	57	4	1,100	50	2,000
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	0	0	500	549	0	300	3,128	500	4,464	7,151
Income from other Welsh NHS Organisations	1,075	484	343	419	731	778	403	681	425	860	754	658
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	1,439	587	502	653	1,179	686	860	567	700	500	400	1,600
Total Receipts	42,619	40,125	35,834	37,091	42,000	35,570	37,676	42,354	39,926	41,378	42,565	26,386
Payments												
Primary Care Services : General Medical Services	2,996	2,435	3,298	2,724	2,566	2,716	2,990	2,781	2,779	3,000	3,300	2,700
Primary Care Services : Pharmacy Services	274	1,161	0	391	929	0	425	1,087	319	450	450	450
Primary Care Services : Prescribed Drugs & Appliances	1,441	2,889	0	1,468	2,896	0	1,589	3,022	1,561	1,400	1,400	0
Primary Care Services : General Dental Services	478	426	474	484	523	367	439	407	494	500	500	0
Non Cash Limited Payments	86	130	152	135	134	118	117	137	116	100	100	100
Salaries and Wages	8,859	8,851	8,790	8,748	8,754	8,836	8,898	10,557	10,953	9,500	9,500	9,500
Non Pay Expenditure	28,499	23,660	22,123	23,872	24,374	24,565	21,428	24,655	23,123	23,704	24,009	26,570
Capital Payment	0	111	83	63	48	62	410	461	1,991	2,906	3,306	3,337
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	42,633	39,663	34,920	37,885	40,224	36,664	36,296	43,107	41,336	41,560	42,565	42,657
NET CASH FLOW IN MONTH	**(14)**	**462**	**914**	**(794)**	**1,776**	**(1,094)**	**1,380**	**(753)**	**(1,410)**	**(182)**	**0**	**(16,271)**
Balance c/f	**201**	**663**	**1,577**	**783**	**2,559**	**1,465**	**2,845**	**2,092**	**682**	**500**	**500**	**(15,771)**

The THB confirms, based on its current revenue financial forecast, that it will require £21.6m cash assistance. This will be a mixture of circa £6m working capital (as defined in Table E) and as shown in the table above circa £16m of strategic cash assistance. This will be refined further as the year progresses but based on this figure it is likely that the THB will require working capital/ Strategic Cash in late February 2025 to meet its obligations to suppliers and staff.

14. PSPP (Table H)

Non-NHS Invoices Paid Within 30 Days - By Number – the Q3 performance is 93.5% which is a slight deterioration from the Q2 performance of 93.8%. The THB is reviewing its processing to electronic means where possible but still has some improvement areas underway in high volume invoice areas such as Agency and CHC. It is hoped continuing work in these areas will conclude by the end of the financial year and bring benefit to performance for next year and onwards.

The THB has continued to seek an improvement to its performance for NHS invoices at the start of the financial year with the implementation of new payment processes focussing on NHS Invoices. However, at 71.6% for Q3 (Q2:71.8%) the THB continues to fall short of the 95% target.

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

The capital allocation shown below is based on the Capital Resource Limit dated 8th Jan 2025.

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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st December 2025
WG CRL FUNDING	**£M**	**£M**	**£M**
Discretionary Capital	0.978	0.978	0.568
EFAB Infrastructure	0.304	0.304	0.041
EFAB Fire	1.208	1.208	0.200
Replacement Roofing, Bronllys Hospital	0.216	0.216	0.127
Diagnostic Equipment 2024-25	1.700	1.700	0.160
Backlog Maintenance 2024-25 - Llandrinodod Wells	3.000	3.000	0.509
DPIF - RISP	0.214	0.214	0.137
DPIF - Electronic Prescribing and Medicines Administration (EPMA) I	0.198	0.198	0.107
Decarbonisation Programme	3.624	3.624	0.749
Year End Funding - October 2024	1.028	1.028	0.001
Diagnostic and Medical Equipment 2024-25	0.100	0.100	0.000
Digital Equipment - December - 2024-25	0.391	0.391	0.000
IFRS16 Leases - Tranche 1	0.177	0.177	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	**13.138**	**13.138**	**2.599**

Discretionary Capital £0.978m

The discretionary capital limit for the year is £0.978m made up of £1.431m discretionary allocation less an agreed 30% contribution to EFAB. From this allocation there are a number of Estates and Statutory Compliance programmes being undertaken. An amount of £0.568m has been expended to date.

EFAB – Infrastructure £0.304m

An amount of £0.304m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Infrastructure. This is part of a 2 year programme of works and the funding will be used to continue next phase BMS at Ystradgynlais. Spend to date is £0.041m.

EFAB – Fire £1.208m

An amount of £1.208m has been awarded from the NHS Estates Funding Advisory Board for works relating to PTHB Fire compliance. This is part of a 2 year programme of works and the funding will be used to continue the fire compliance works at Brecon and at the back of the hospital at Machynlleth. An amount of £0.200m has been expended to date.

Replacement Roofing, Bronllys £0.216m

Capital funding was made available of £1.684m in respect of funding for replacement roofing at Bronllys Hospital. The purpose of the funding was to replace the Adult Mental Health ward roof £1.016m and Outpatient department roof £0.668m including PV panels for both. The funding spans two financial years with the remaining £0.216m profiled to spend in 2024/25. Spend to date is £0.127m.

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Diagnostic Equipment £1.700m

As part of the procurement of the 'All Wales Radiology Informatics System' (RIS) an amount of £1.700m has been awarded to Powys to enable the purchase of equipment and associated capital works. There has been £0.160m spend to date.

Backlog Maintenance 2024-25 – Llandrindod Wells £3.000m
An amount of £3.000m has been awarded in respect of backlog maintenance at Llandrindod Wells Hospital. The works will continue the upgrades at the site and protect recent investments and will include replacement windows, roofing and external access improvements. Spend to date is £0.509m.

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

DPIF - **Electronic Prescribing and Medicines Administration (EPMA) Implementation - £0.198m**
Capital funding of £0.198m has been received to fund the procurement of Digital Mobile Hardware to enable the continuation of the EPMA implementation. £0.107m has been spent to date.

Decarbonisation Programme - £3.624m
An amount of £3.624m has been awarded to undertake energy efficiency, decarbonisation and renewable energy generation projects across the estate of Powys Teaching Health Board to enable decarbonisation targets to be met. Spend to date £0.749m.

Year End Funding – October 2024 - £1.028m
Capital funding of £1.028m has been made available from Year End Funding – October 2024. Estates and Statutory compliance works will be carried out to the value £783k and £245k of medical equipment will be purchased. Spend to date £0.001m

Diagnostic and Medical Equipment 2024-25 - £0.100m
Funding of £0.100m has been made available for the purpose of Diagnostic and Medical Equipment 2024-25 and will be used to purchase a CBCT Dental Machine.

Digital Equipment – December - 2024-25 - £0.391m
Funding has been approved to the value of £0.391m for the purpose of Digital Equipment and will be used to purchase the following; Networking firewalls and wireless access point refresh, Hosting uninterruptable power supplies and Client Services Monitor, Laptop and Mobile phone refresh.

IFRS16 New Leases £0.177m
An amount of £0.177m has been received in respect of new IFRS16 leases relating to 11 new pool car contracts entered into. A recent IFRS16 submission has been made in early December but this is not yet reflected in the capital tables. The THB notes the finalisation date of 7th March 2025 for any Q4 related leases.

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

16. IFRS 16 & CAME (Table Q)

This table has been updated in line with the recent IFRS16 return submitted on the 4th November.

17. Authorisations and Reporting

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

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

This report together with Tables A, A2, B3 and C, C1, C2 and C3 will be presented to the Delivery and Performance Committee on the 6 February 2025.

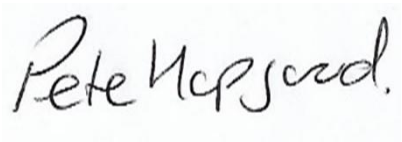
18. Conclusions and key issues

In summary this paper identifies that:

- The THB is reporting an overspend at month 9 of £18.333m.
- The THB is forecasting a £15.770m deficit in line with the revised plan submitted in May reduced by the additional £7.178m allocation it has been notified of. There are significant risks surrounding this position, which the THB is seeking to mitigate.
- The THB will continue to maximise all opportunities to improve its financial position in 2024/25.
- The THB is likely to require working capital/strategic cash assistance in February 2025.

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

19. Authorisation of Return



Pete Hopgood
Director of Finance
14th January 2025

Hayley Thomas
Chief Executive
16th January 2025

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Action Point for Month 9

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

Action Point 8.1

As referenced in the accompanying letter, please provide a full update on the actions considered by the Board, to provide assurance that the £9.444m of mitigating actions will be delivered this year. We will also look to Table A2, for a revised assessment of the risk to delivery of the outturn position.

Noted. An update on the actions considered by the Board has been included in this report. A2 has been reviewed and updated.

Action Point 8.2

Please report the conditionally recurrent WG funding of £7.178m on line 23, "Additional In Year & Movement in Planned Welsh Government Funding (Non Covid)" instead of line 16, "Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves".

Agreed, this was entered here in error given haste and late change to the treatment of the allocations. Corrected in M09.

Action Point 8.3

The net in year operational variance to IMTP/AOP shows a positive £3.049m in the month of December, please provide a supporting explanation.

Given late change in the HB's planned deficit required in M08, we were not able to adequately consider the phasing of the operational variances. The phasing has been reviewed and revised in M09.

Action Point 8.4

Please ensure your narrative refers to the Accountancy Gains and which category these relate to when released. It is assumed the November gains related to CHC, as there was a similar reduction in spend; however, clarification would be helpful. The scheme title (in the Tracker) does not provide any further detail, and the Non-Pay analysis has been used for all Gains.

The moderate reduction in CHC in M08 relates to discharge of CHC patients impacting the forecast. The HB's accountancy gains are all accounted for and captured under non-pay within the Saving tracker and Table B.

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Action Point 8.5

The COVID forecast surplus of £0.520m has been entered in the table as recurring. Please review and amend in your month 9 submission, as unless this has been agreed with the Policy Lead, this should be treated as a non-recurrent benefit.

Noted and amended to non-recurring.

Underlying Position (Table A & A1)

Action Point 8.6

Please review the recurring FYE assessment of the in-year cost pressures which are currently all shown in Table A as recurrent, which also requires a supporting explanation, and have a same in-year value, despite them having a PYE.

Given the delay in some of the data that supports the forecast in these areas, they have been added later in the year once confidence in the trends have been established, and phasing has simply been phased equally over the remaining month once added, whilst in reality the forecasts here are also indicative of the FYE in the following year. The Table has been updated in month 9.

Action Point 8.7

The underlying in-year values in Table A1 are shown in the New Recurring Cost Pressures column (G), this is despite conditionally recurrent funding recently provided which should have been shown in Column E.

Funding has been moved to Column E as noted.

Risks & Opportunities (Table A2)

Action Point 8.8

Some items appear to be listed as both risks and opportunities. The WHC is clear in that an item is either a Risk or an Opportunity, the organisation should not take a 'range' approach. Please undertake a review prior to the month 9 submission to ensure a robust assessment is made of each duplicated item and likelihood of materialising as either a Risk or an Opportunity.

Noted, A2 reviewed and updated.

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Monthly Position & Pay and Agency (Table B & B2)

Action Point 8.9

While the increase in pay expenditure forecast by £5.139m has been briefly discussed in the narrative, £2.918m increase in the non-pay forecast has not been explained. Please include supporting information in your narrative explaining the increase in the non-pay forecast.

With the HB retaining its forecast planned deficit whilst it reviews its mitigating opportunities, in maintaining the integrity in the forecast for most lines in Table B, Non pay is adjusted for items that have yet to be fully identified. This is the main reason for the Non-Pay change in M08.

Action Point 8.10

Overall, the future spend profiles shown in Table B, do not appear to reflect a robust assessment with the exact same monthly values being reported for each month within each line. The same observation applies to the Pay analysis and Agency Analysis reported in Table B2. Please review this for the next submission as this would appear to reflect a rudimentary approach.

The Oracle system does not provide a forecasting module and as such the HB's forecast needs to be done semi-manually in other tools, as indeed does the profile of the forecast. A balance is to be made between the time and resource needed to assess the full year forecast (which is a priority) and the complexity required to assess the precise monthly spend profile over the remaining months of the year. The latter often requires significant additional resource diverted from other priorities, it can be prone to error and indeed relatively immaterial and thus of limited value. As a result, the HB straight lines the forecast over the remaining months of the year, unless there is something known of a material nature, which will be considered for more accurate monthly profiling.

Action Point 8.11

I note that there is a material reduction in the forecast spend on line 13, healthcare services provided by other NHS bodies (month 9-12). It is not clear if this is where the Health Board is reflecting the mitigating actions of c £9m that are still to be finalised; however, we would be grateful for further clarity in support of these values.

The details of the options for mitigating actions being considered by the Board has been set out in this report.

COVID 19 (Table B3)

Action Point 8.12

Pattern of life
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Organisations have sought clarity from the WG on the retention of any forecast underspends in 2024/25 for Covid Allocations, including Long Covid. Whilst the allocation is not ring-fenced in 2024/25, there is a clear expectation that funds are directed to the delivery of a sustainable service for the population of Wales as outlined in the expectations set out in the guidance within the

Adferiad (Recovery) programme progress report template. It is important that organisations are open and transparent on the reporting of the spend position against the funding (Table B3) and any resulting underspends. These can be retained in 2024/25 and should flow through into Table A, with the corresponding utilisation described in the supporting narrative.

Noted.

Savings (Table C, C1, C2 & C3)

Action Point 8.13

There are Amber schemes which amount to £1.300m with limited information on timeframes for them to be reported as green through the Tracker. It is noted that this is a decrease, £0.2m of recurring amber schemes have been replaced with non-recurring Green schemes and Accountancy Gains. I will look to your next submission for confirmation that these can be classified as Green, supporting the assurance that the schemes are set to deliver as planned and confirm that recurring schemes continue to be sought to improve the current and future year financial positions.

The Savings tracker has been reviewed and updated in-line with current plans and expectations at M09.

Resource Limit (Table E)

Action Point 8.14

The Capital drawing limit of £12.470m does not align with the value on the CRL (£11.442m). Please review and amend in the next submission.

The table has been updated to reflect the most recent CRL dated 8th January 2025.

Action Point 8.15

Please review all items listed in the table prior to submission of your month 9 MMR and remove any descriptions and values for funding that has since been confirmed. For the remaining items, please also include the names of the WG colleagues who have confirmed the allocations, and the dates the items first entered the table.

We have completed the majority and the remining are a work in progress.

Action Point 8.16

Please move the values on lines 61 and 62 to Column K, as these are 'Capital' relating and impact upon the Capital Drawing Limit, not the Revenue Limit (this will have impacted upon the completion of the Cashflow table this month).

Pattern on 27/01/2025 14:49:02

Values have been moved to Column K as noted.

Action Point 8.17

All organisations are reminded that pay uplifts applied to Bank staff do not form part of 'Pay-award Funding' provided by WG. If not already set out in the submission, it would be helpful to understand the value of such related spend and how the organisation is mitigating the costs.

Estimate impact to PTHB is £89k. The HB continues to seek and progress additional savings and non-recurrent operational opportunities as they arise across service areas to mitigate the HB's deficit.

Statement of Financial Position (Table F)

Action Point 8.18

There is a £12.300m difference between Current Closing balance (£53.680m) and Forecast Closing balance (£41.350m) of Trade and Other payables. It would be helpful to understand the reasons for the significant movement in forecast.

The significant movement in forecast is mainly related to discharge of capital liabilities and LTA activity where no over-contract payments have been made to date but it is anticipated that significant payments will be required to providers prior to year end.

Other

Action Point 8.19

Please provide confirmation the forecast outturn includes the Health Board's share of NWSSP(£2m) confirmed savings totalling £0.039m.

This is being investigated and cannot be confirmed at this point.

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GIG CYMRU NHS WALES

Bwrdd Iechyd Addysgu Powys

Powys Teaching Health Board

Agenda item: 4.2

Board	**29 January 2025**
Subject:	Powys Teaching Health Board Integrated Quality & Performance Report – Month 8 (November 2024)
Presented by:	Executive Director of Planning, Performance and Commissioning
Approved by:	Assistant Director of Performance and Commissioning
Prepared by:	Head of Performance Administrative Officer, Integrated Performance
Other Committees and meetings considered at:	Executive Committee – 22 January 2025

PURPOSE:

This Integrated Quality & Performance Report (IQPR) provides an update on the latest available performance position by exception for Powys Teaching Health Board against the NHS Wales Performance Framework 2024/25 up until the end of November 2024 (month 8).

RECOMMENDATION(S):

The Board is asked to:

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

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Integrated Quality & Performance report spans all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

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6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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BOARD SUMMARY:

This report provides the Board with the latest performance information to highlight performance achievements and challenges at a high level, as well as comparison to the All-Wales performance benchmark where available.

The month 8 IQPR is an exception report focusing on the areas where compliance has not been achieved or other concerns or challenges have been raised.

Summary for Month 8

Provider

Planned care:

- Diagnostic waits continue to show ongoing improvement, with breaches over 8 weeks reduced to 83 in November (from 107 in October). Most breaches involve echocardiograms (79 pathways), endoscopy (3 pathways), and non-obstetric ultrasound (1 pathway). The health board is not achieving its ministerial priority trajectory although complexity around clinical practice change has increased echo cardiogram demand significantly.

  An operational review of capacity is being undertaken with additional clinics being undertaken in PTHB Community Cardiology service. A full evaluation of the service is to be undertaken to inform future plans for the service coverage to be expanded to mid and south Powys.

  Due to the agreed insourcing provision the position is projected to continue to improve to the end of March 2025 but it is not envisaged that the set trajectory of zero will be achieved.

- Referral to treatment (RTT) compliance remains positive :
  - 104-week waits: 0 pathways.
  - 52-week outpatient waits: 0 pathways.
  - 52-week treatment waits meet the target of reduction with a reduced 14 breaches from the previous month (19).

- Therapies waits remain robust with 99.7% of under 18s seen within 14 weeks, and no adult breaches. 1 <18 pathway was reported in month as waiting longer than 14 weeks for Podiatry which is a particularly small speciality challenged by staffing fragility.

- Provider cancer pathway performance for outpatients and diagnostics remains robust with key diagnostics (endoscopy) being carried out within target. Downgrades within 28 days performance has improved to 35.7% but remains challenged by numerous factors including acute centre diagnostics and reporting delays.

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- Overall performance broadly continues to improve aligned to national requirements and ministerial priorities. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties like Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost capacity especially for the key urgent and urgent suspected cancer pathways through quarter 4.

Mental Health:

- Under-18s: Compliance achieved in November for assessments, interventions, and care treatment plans (CTP).
- For Adults:
    - Assessments: Performance shows an increasing trend since August now reporting 71.4% against the target of 80%. It is expected that with the recruitment of 3 whole time equivalent mental health practitioners and agency mental health practitioner, this will significantly increase capacity for mental health assessments and that performance improvement will be sustained.
    - Interventions: Improved to 98.3%, significantly above the target of 80%.
    - CTP compliance: Has shown a decreasing trend since the summer with a further reduction in month to 80.7%, below the target of 90%. Performance has been impacted by sickness absence of two of the CMHT team leads. Both have returned with targeted piece of work undertaken with Ystradgynlais and Newtown Community Mental Health Teams (CMHTs) with expectation of improved performance position in December 2024 and sustained into 2025.
    - Psychological therapy waiting times reduced performance significantly to 67.0% (target: 80%). Performance impacted by new staff inductions, introduction of new allocation process, locum turnover and sickness absence. Plan for 2 new locums and additional administrative time over 3 months in Q4 to address waiting list reduction with expected improved position from January 2025. Work is ongoing to sustain performance thereafter but delays in recruitment to psychology posts will impact on this in the first quarter of 2025.

Neurodevelopmental Services:

- Significant challenges persist, with no improvement in performance against the nationally reported measure reported in November. Increased backlogs and waiting lists have led to escalation to internal oversight (Level 3).
- An improvement plan is in place:
    - Focused activity MDT discussions to support conclusions and outcomes planned for January 2025.
    - Recruitment of additional team members 3.6 wte to support ND assessments, to commence end of January 2025.

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- Procurement process in place, anticipated completion end of January 2025 with capacity available in February and March 2025 to further improve performance.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 5 minutes for senior clinician assessment. This will be kept under review as the temporary service changes progress.

Commissioned services

Planned care:

- Long waits remain challenging, though Welsh providers show slow progress on RTT targets, and we are tracking the ongoing impact of the additional planned care funding that has been released to Welsh providers. Total waiting lists are growing, with increasing demand forecast to risk further breaches. Pathways in NHS England tend to result in faster treatment than NHS Wales, though key wait bands remain a concern. The Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust continue to have challenging long waits 2+ years for complex spinal pathways, and The Shrewsbury and Telford Hospital NHS Trust are challenged with whole system pressures.

Cancer Pathways:

- Performance against the 62-day target remains poor in both English and Welsh commissioned services, with diagnostic delays, outpatient, and treatment capacity provided as key reason of delay via assurance and monitoring engagement. Wye Valley NHS Trust is the only Commissioned provider that is showing consistent positive improvement towards English targets and reports better than All-England average for all measures.

Commissioned Emergency Care:

- Welsh Ambulance Service (WAST) 8-minute response times to RED calls remain poor reporting 47.6% in November.
- No commissioned service meets the required national 4 or 12hr targets for their A&E departments. However Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers. It should be noted that The Shrewsbury and Telford Hospital NHS Trust data has not been available since July-24 following reporting challenges.

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Month 8 measures by escalation level

There are a total of 50 reportable measures, with 5 remaining at level 3 as follows:

- Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment.
- Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over.
- Number of patients waiting more than 8 weeks for a specified diagnostic.
- Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100% due to to data quality issues.
- Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment.

A further 16 are rated at level 2a, and 26 are achieving level 1 compliance e.g., no issues reported. To note measure 1 "Percentage of adult smokers who make a quit attempt via smoking cessation services" is rated as level 1, although not compliant in Q2 they are on track for meeting their respective end of year performance target (cumulative annual target). A further 3 health care acquired infections (HCAI) measures are currently non-rated with ongoing discussions by the Nursing Directorate and Welsh Government on integration into the national targets.

The following provides the relative performance of the Health Board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.

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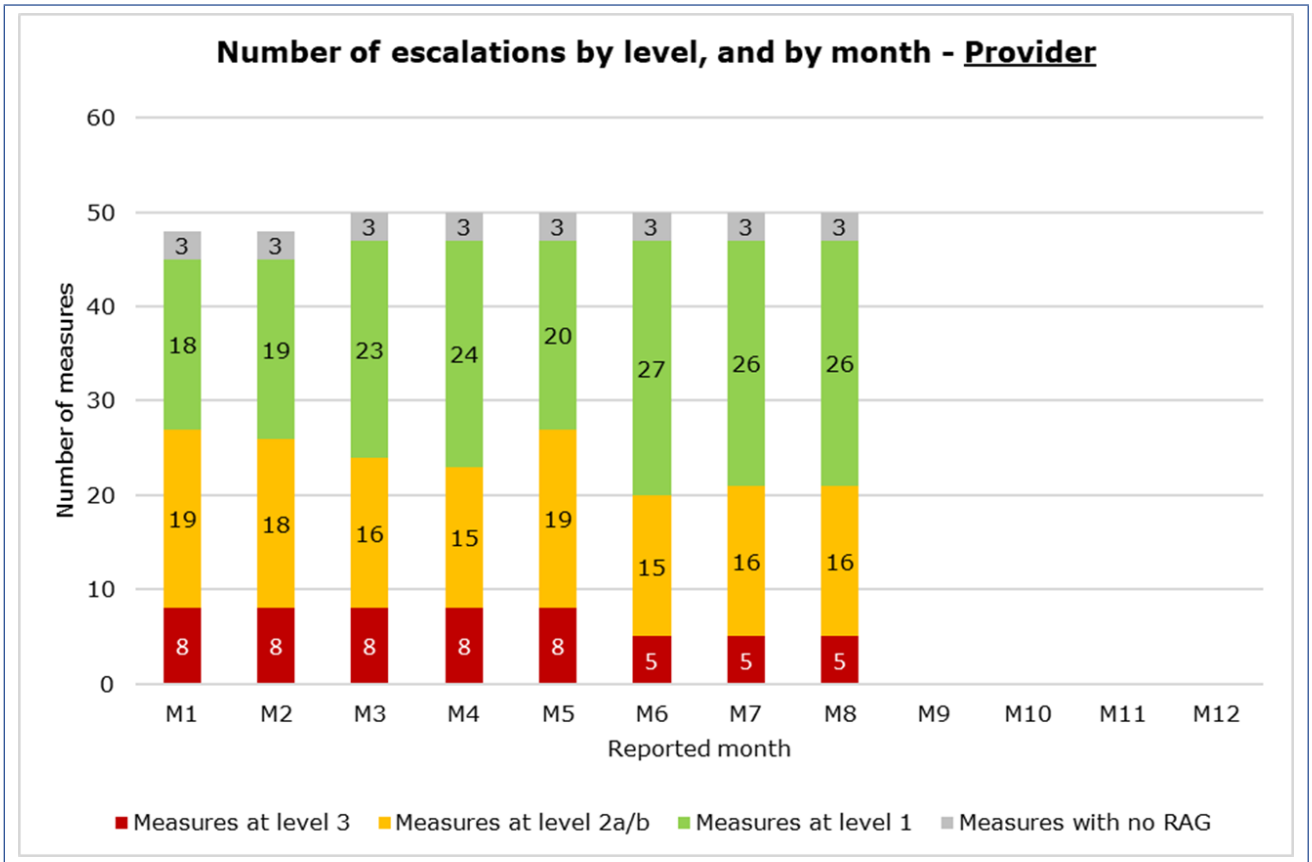

Key performance indicators 2024/25 (Health Board submitted trajectories)

For the November 2024 snapshot the Health Board reports compliance on 5 of 6 Powys applicable submitted key performance indicator trajectories. The measure unable to meet trajectory is "patients waiting over 8 weeks for a diagnostic" which misses trajectory of zero with 83 pathway breaches reported.

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

- Value cell shading is red/green and denotes compliance to health board submitted trajectory as a key performance indicator.
- Value cell icon either green tick or red cross denotes compliance against the NHS Performance Framework target (mental health improvement trajectory targets match the NHS performance targets bar two with slight variation as noted in table).

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Ministerial Priority Measures			Baseline		Month							
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0
				Actual	✓ 0	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0	✓ 0	✓ 0
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0
				Actual	✓ 0	✗ 1	✗ 2	✗ 3	✗ 3	✓ 0	✓ 0	✓ 0
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0
				Actual	✗ 140	✗ 171	✗ 157	✗ 155	✗ 140	✗ 124	✗ 107	✗ 83
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0
				Actual	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
				Actual	✗ 80.0%	✓ 86.5%	✓ 83.7%	✓ 93.1%	✓ 90.0%	✓ 87.5%	✓ 92.1%	✓ 89.20%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.10%	✓ 87.50%	✓ 91.7%	✓ 92.3%	✓ 98.30%

Of the key mental health improvement trajectories submitted by the health board, 5 of the 9 performance orientated measures have achieved the health board trajectory in November. It should be noted that issues with reporting for Part 2 Care Treatment Plans (adult) have resulted in a re-submission of data and retrospective changes, these changes have not affected compliance for 2024/25.

Policy Lead Priority Measures				Month							
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Under 18's	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 98.1%	✓ 100.0%	✓ 94.6%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	✓ 80.0%	✓ 86.5%	✓ 83.7%	✓ 93.1%	✓ 90.0%	✓ 87.5%	✓ 92.1%	✓ 89.2%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	✓ 94.1%	✓ 93.9%	✓ 90.8%	✓ 91.0%	✓ 93.6%	✓ 94.9%	✓ 94.9%	✓ 97.8%
	Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
			Actual	✗ 45.4%	✗ 45.8%	✗ 39.6%	✗ 42.0%	✗ 37.2%	✗ 34.3%	✗ 30.9%	✗ 30.5%
	SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 92.7%	✓ 93.8%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%
18 years and over	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	70.0%	70.0%	70.0%	75.0%	75.0%	75.0%	75.0%	75.0%
			Actual	✗ 44.1%	✗ 54.1%	✗ 69.2%	✗ 74.0%	✗ 45.3%	✗ 46.7%	✗ 58.7%	✗ 71.4%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%	86%	86%
			Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.1%	✓ 87.5%	✓ 91.7%	✓ 92.3%	✓ 98.3%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%	90%	90%
			Actual	✗ 89.0%	✗ 89.2%	✓ 90.1%	✗ 90.0%	✗ 88.9%	✗ 87.8%	✗ 85.9%	✗ 80.7%
	Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%	95.0%	95.0%
			Actual	✗ 75.1%	✗ 69.4%	✗ 75.2%	✗ 76.9%	✗ 78.7%	✗ 79.9%	✗ 72.9%	✗ 67.0%

NEXT STEPS:

- 2025/26 Performance Framework is now available, trajectory setting will be undertaken through Q4 2024/25.

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IMPACT ASSESSMENT – NOT REQUIREDFOR THIS REPORT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
Financial					
Corporate					
Operational					
Reputational					

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Powys Teaching Health Board

Integrated Quality & Performance Report

Month 8
Updated on 23/01/2025

Version – level 2 & level 3 escalation measures for the Board January 2025

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Contents

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

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Background of the IQPR

What is the Integrated Quality & Performance Report (IQPR)

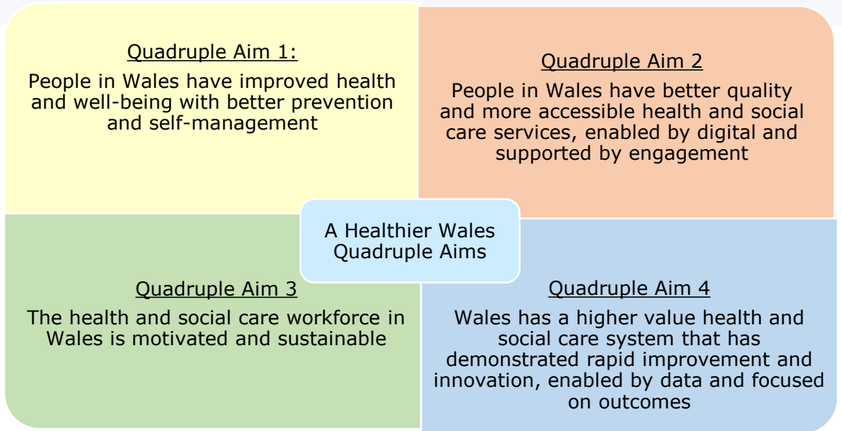
This report is a key part of the health boards Integrated Quality and Performance Framework (IQPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for.

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

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

What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for "A Healthier Wales" outcomes, The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales. Link to the [NHS Wales performance framework 2024 to 2025 | GOV.WALES]



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

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

The IQPF is a revision of the 2023/24 Integrated Performance Framework with a greater focus on quality, it remains undergoing phased implementation across the health board.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and any priority trajectories. In the provider Integrated Quality & Performance Group meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.

As part of the operationalisation of the IQPF there is an expected element of exception or escalation either in a clinical or corporate service area triggering cause for concern. In such circumstances the Clinical Service Area or corporate team may be put into an escalation arrangement. Escalation will be considered against 4 domains (Access & Activity; Finance & Value; Quality; Workforce & Culture) and 3 levels of escalation. The levels of the framework, triggers and escalation response are set out below.

1. Level 1 : Normal e.g., earned autonomy meeting key objectives
2. Level 2a : Failure to achieve / maintain delivery
3. Level 2b : Specific for financial overspend by more than £0.5m per year
4. Level 3 : Serious concerns on quality, governance, ongoing failure to achieve key priority metrics.
5. De-escalation : Challenge rectified, requirement change, or senior committee decision.

Link to escalation descriptor slide

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

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

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

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Summary of Performance Provider – Month 8

Provider

Planned care:

- Diagnostic waits continue to show ongoing improvement, with breaches over 8 weeks reduced to 83 in November (from 107 in October). Most breaches involve echocardiograms (79 pathways), endoscopy (3 pathways), and non-obstetric ultrasound (1 pathway). The health board is not achieving its ministerial priority trajectory although complexity around clinical practice change has increased echo cardiogram demand significantly. An operational review of capacity is being undertaken with additional clinics being undertaken in PTHB Community Cardiology service. A full evaluation of the service is to be undertaken to inform future plans for the service coverage to be expanded to mid and south Powys. Due to the agreed insourcing provision the position is projected to continue to improve to the end of March 2025 but it is not envisaged that the set trajectory of zero will be achieved.

- Referral to treatment (RTT) compliance remains positive :
  - 104-week waits: 0 pathways.
  - 52-week outpatient waits: 0 pathways.
  - 52-week treatment waits meet the target of reduction with a reduced 14 breaches from the previous month (19).

- Therapies waits remain robust with 99.7% of under 18s seen within 14 weeks, and no adult breaches. 1 <18 pathway was reported in month as waiting longer than 14 weeks for Podiatry which is a particularly small speciality challenged by staffing fragility.

- Provider cancer pathway performance for outpatients and diagnostics remains robust with key diagnostics (endoscopy) being carried out within target. Downgrades within 28 days performance has improved to 35.7% but remains challenged by numerous factors including acute centre diagnostics and reporting delays.

- Overall performance broadly continues to improve aligned to national requirements and ministerial priorities. Challenges remain with in-reach capacity fragility, and complex diagnostic delays affecting specialties like Ophthalmology, ENT, and Orthopaedics. Insourced capacity remains in place to boost capacity especially for the key urgent and urgent suspected cancer pathways through quarter 4.

Mental Health:

- Under-18s: Compliance achieved in November for assessments, interventions, and care treatment plans (CTP).
- For Adults:
  - Assessments: Performance shows an increasing trend since August now reporting 71.4% against the target of 80%. It is expected that with the recruitment of 3 whole time equivalent mental health practitioners and agency mental health practitioner, this will significantly increase capacity for mental health assessments and that performance improvement will be sustained.
  - Interventions: Improved to 98.3%, significantly above the target of 80%.
  - CTP compliance: Has shown a decreasing trend since the summer with a further reduction in month to 80.7%, below the target of 90%. Performance has been impacted by sickness absence of two of the CMHT team leads. Both have returned with targeted piece of work undertaken with Ystradgynlais and Newtown Community Mental Health Teams (CMHTs) with expectation of improved performance position in December 2024 and sustained into 2025.
  - Psychological therapy waiting times reduced performance significantly to 67.0% (target: 80%). Performance impacted by new staff inductions, introduction of new allocation process, locum turnover and sickness absence. Plan for 2 new locums and additional administrative time over 3 months in Q4 to address waiting list reduction with expected improved position from January 2025. Work is ongoing to sustain performance thereafter but delays in recruitment to psychology posts will impact on this in the first quarter of 2025.

Neurodevelopmental Services:

- Significant challenges persist, with no improvement in performance against the nationally reported measure reported in November. Increased backlogs and waiting lists have led to escalation to internal oversight (Level 3).
- An improvement plan is in place:
  - Focused activity MDT discussions to support conclusions and outcomes planned for January 2025.
  - Recruitment of additional team members 3.6 wte to support ND assessments, to commence end of January 2025.
  - Procurement process in place, anticipated completion end of January 2025 with capacity available in February and March 2025 to further improve performance.

Emergency Care:

- Powys provider Minor Injuries Units (MIU) services performed very well, meeting the 4-hour target (100% compliance) and reporting median waits of 5 minutes for triage and 5 minutes for senior clinician assessment. This will be kept under review as the temporary service changes progress.

Summary of Performance Commissioned – Month 8

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Commissioned services

Planned care:

- Long waits remain challenging, though Welsh providers show slow progress on RTT targets, and we are tracking the ongoing impact of the additional planned care funding that has been released to Welsh providers. Total waiting lists are growing, with increasing demand forecast to risk further breaches. Pathways in NHS England tend to result in faster treatment than NHS Wales, though key wait bands remain a concern. The Robert Jones and Agnes Hunt Orthopaedic NHS Foundation Trust (RJAH) continue to have challenging long waits 2+ years for complex spinal pathways, and The Shrewsbury and Telford Hospital NHS Trust (SATH) are challenged with whole system pressures.

Cancer Pathways:

- Performance against the 62-day target remains poor in both English and Welsh commissioned services, with diagnostic delays, outpatient, and treatment capacity provided as key reason of delay via assurance and monitoring engagement. Wye Valley NHS Trust (WVT) is the only Commissioned provider that is showing consistent positive improvement towards English targets and reports better than All-England average for all measures.

Commissioned Emergency Care:

- Welsh Ambulance Service (WAST) 8-minute response times to RED calls remain poor reporting 47.6% in November.
- No commissioned service meets the required national 4 or 12hr targets for their A&E departments. However Welsh emergency department performance for Powys residents is better than the English counterparts, though significant delays persist, especially in ambulance handovers. It should be noted that The Shrewsbury and Telford Hospital NHS Trust (SATH) data has not been available since July-24 following reporting challenges.

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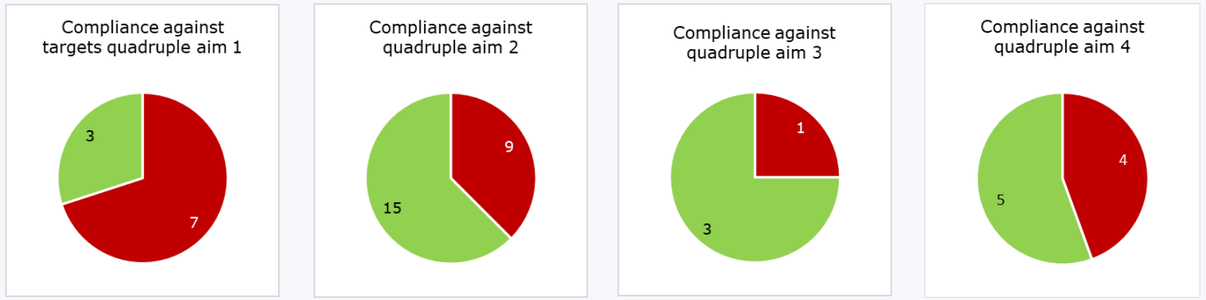
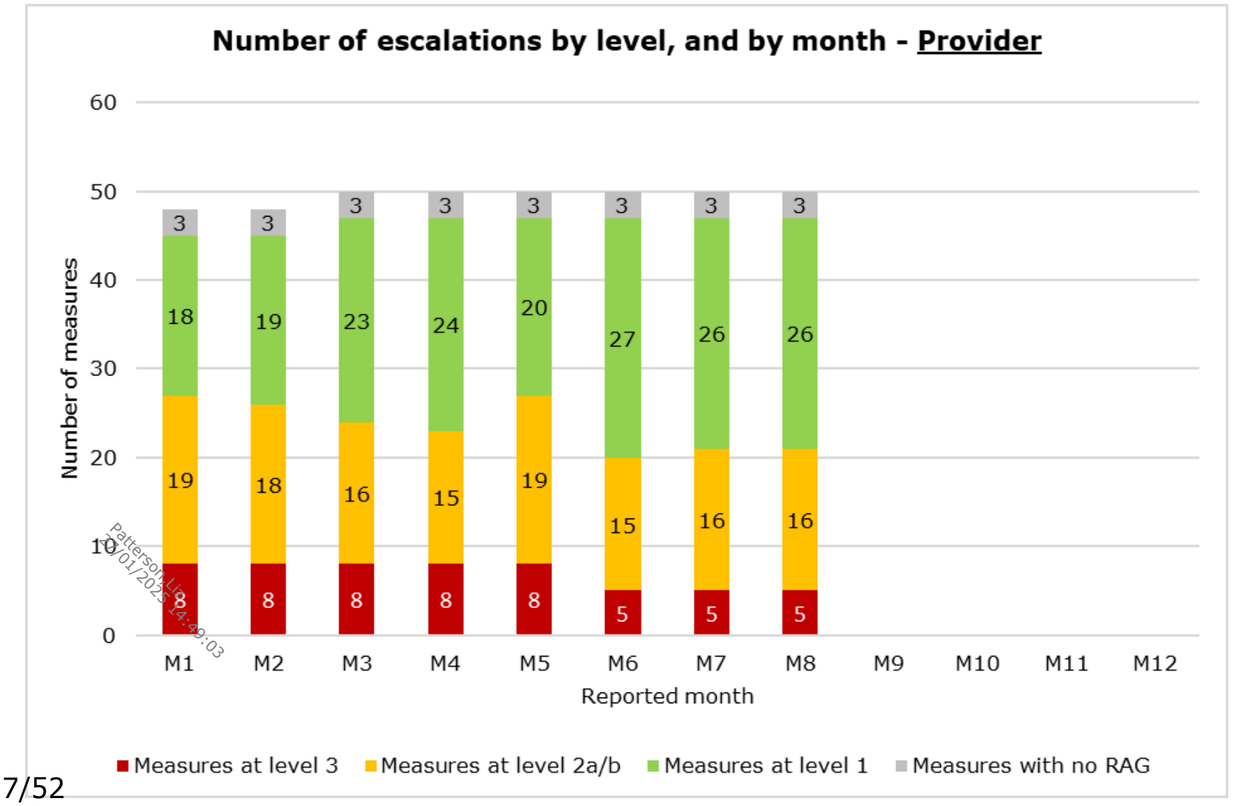
Visual summary of performance at month 8 (November 2024)

Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.
No commissioned metrics are included within graphs below.
No non-RAG rated measures are included.

Compliance against NHS Performance Framework measures at month 8 by quadruple aim area.





- 50 quantitative measures as a provider are reportable of the 52 total in the NHS Performance Framework with the inclusion from June of median emergency unit wait times.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IQPR.
- It should also be noted however that any measure can be raised as a level 3 escalation, even if performance meets national target e.g., the escalation rating can override compliance against national target.
- Measures with no RAG rating are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

Level 3 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
8	**Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment** Period: Sep-24 | Target: 90% | Actual: 6.7% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance	• In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider. Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target. • Service extremely fragile with in-source requirement to continue meeting current demand due to national shortage of colorectal capacity and acute care provider pressures including recent business continuity challenges for CTMUHB.	Positive assurance review during Q3 with Public Health Wales, complimented in terms of service development and access times improvement. Increased number of patients being assessed and screened in PTHB, the service is also repatriating patients from CTMUHB pathways. Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q4.
17	**Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years and over** Period: Nov-24 | Target: 80% | Actual: 71.4% | SPC icon	Escalated by Powys Performance team for historic and current poor target compliance. Prior to change in process from January 2024 service reported special cause concern.	Staffing fragility including shortfall in administration capacity, practitioner sickness and vacancies, and summer annual leave. The introduction of the Single Point Of Access and Triage Model has seen a significant increase in referrals for a Mental health Assessment in LPMHSS north. If this continues, this could compromise our capacity to assess people in a timely way. This is being actively monitored.	The referral recording on PTHB systems was clarified so that assessments were easily identifiable from counselling across Powys. High degree of confidence with revised data submissions. Successful recruitment of 3x Mental Health Practitioners.
26	**Number of patients waiting more than 8 weeks for a specified diagnostic** Period: Nov-24 | Target: 0 | Actual: 83 | SPC icon	This metric has been escalated due to ongoing service pressure and non-compliance against Welsh Government set target. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group linked to in-reach fragility.	Key challenge within Echo-cardiograms because of in-reach fragility of ABUHB. Patients are also now sent straight to test by consultant prior to first outpatient appointment increasing demand. Endoscopy challenged primarily through in-reach service capacity in South Powys. Increased demand and urgency. NOUS challenge linked to North Powys in-reach from BCUHB.	Cardiology in-reach service escalated via CQPRM with ABUHB. Use of PTHB employed technician to support demand. Bid for Echo Cardiogram scanner for BWMH Q4.Review of clinical practice change. Key endoscopy actions include in-reach private capacity until end of Q4 procurement process underway and ongoing CQPRM discussions with CTUHB. Key use of agency to support NOUS.
31	**Number of patients waiting for a follow-up (FUP) outpatient appointment who are delayed by over 100%** Period: Nov-24 | Target: < same month pre. year | Actual: 1108 | SPC icon	FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. This measure remains escalated until suitably resolved with Executive signoff.	Service pressure and demand to prioritise urgent and cancer pathways reducing FUP capacity. Ongoing data quality and validation challenges including patient administration system problems which are being resolved working with national team.	Ongoing validation work with Performance, Service, and Data & Business Intelligence (D&BI) department led by an Executive escalation group. SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
34	**Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment** Period: Nov-24 | Target: 80% | Actual: 30.5% | SPC icon	Poor compliance & system challenges with service agreement. Currently performance continues to fall against the key metric with increasing waiting list time and backlog of patients waiting for assessment.	Referral demand on service has changed significantly post COVID. ND service in receipt of non-recurrent funding. The measures pathway to assessment time will continue to worsen whilst those in the 'Assessments in progress' (Internal waiting list) backlog are addressed.	Whole system review in progress to inform a sustainable business case for a future model of care. Internal waiting list is being prioritised to ensure timely completion of pathway when children are removed from RTT, this will impact future performance in the short term whilst robust pathways are being developed.

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Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
2	**Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks** Period: Q2 2024/25 | Target: 40% Annual target | Actual: 15.6% | SPC icon: N/A	Measure not meeting target	Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.	Drop-in CO validation clinics in Welshpool and Brecon. Local pharmacies offering CO validation to community clients in Newtown.
4	**Percentage of children who are up to date with the scheduled vaccinations by age 5** Period: Q2 2024/25 | Target: 95% | Actual: 93.0% | SPC icon: N/A	Measure not meeting target	Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. Children moving into the area from countries outside of the UK, and challenges to record accurate vaccination history in Primary Care & Child Health.	Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4) Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department
5	**Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15** Period: Q2 2024/25 | Target: 90% | Actual: 78.6% | SPC icon: N/A	Measure not meeting target	No issues to report	Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools
6	**Percentage uptake of the influenza vaccination amongst adults aged 65 years and over** Period: Nov-24 | Target: 75% | Actual: 61.2% | SPC icon: N/A	Measure not meeting target	Adult flu vaccine is offered through GP Practices, all community pharmacies and additionally through Vaccination Centres (latter from Jan 24). Data on uptake is taken from GP Practice data which does not automatically include vaccinations given by pharmacy and therefore reliant on the timely input into the GP data system.	Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks. Additional targeted support for GP practices to improve uptake. Opportunistic vaccination offered through HB vaccination centres from December 2024.
7	**Percentage uptake of the COVID-19 vaccination for those eligible** Period: Nov-24 | Target: 75% | Actual: 38.9% | SPC icon: N/A	Measure not meeting target, performance below previous year at same time point. Autumn booster started from October 2024.	Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore are not included in invitations for a booster.	Ongoing targeted interventions on immune suppressed. Increase in local clinics allowing improved access. Ongoing work to support care homes with completing correct paperwork for vaccination prior to vaccination team visit.

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Level 2 - Performance Challenges

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

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
12	**Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes** Period: Sep-24 | Target: > same month pre. year | Actual: 48.7% | SPC icon: N/A	Measure not meeting target		Executive and Officer Lead to be confirmed.
19	**Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes** Period: Nov-24 | Target: 65% | Actual: 47.6% | SPC icon	Measure not meeting target	This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues. Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs. Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.	All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. All Wales urgent care system escalation calls being held daily (often more than once per day). Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
20	**Median emergency response time to amber calls** Period: Oct-24 | Target: 12-month reduction target | Actual: 00:54:35 | SPC icon	Measure not meeting target	Demand for urgent care services continues to increase including calls to 999 ambulance services.	All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved. All Wales urgent care system escalation calls being held daily (often more than once per day).
27	**Percentage of children <18 waiting 14 weeks or less for a specified AHP** Period: Nov-24 | Target: 100% | Actual: 99.7% | SPC icon	Measure not meeting target, 1 pathway breaches 14 weeks.	Staffing fragility within multiple specialties because of sickness and vacancies.	Remedial action plan and new Standard Operating Procedure (SOP) in place to improve key specialties including speech and language therapy. Demand and Capacity work undertaken to improve flow.
28	**Number of therapy breaches 14+ weeks (all ages)** Period: Nov-24 | Target: 0 | Actual: 1 | SPC icon	Measure not meeting target	As per measure 27 (above).	As per measure 27 (above).
35	**Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health** Period: Nov-24 | Target: 80% | Actual: 67.0% | SPC icon	Measure not meeting target	The recent dip in performance has been principally attributed to: New staff inductions have taken place, and this will reduce the impact on allocating clients to practitioners to start therapy. Introduction of the new allocation process. We anticipated that these issues were short term pressures, and we expect to sustain the marginal improvement in the next reporting period.	Funding has been provided / agreed by Welsh Government (Dec 2024) for a waiting list reduction initiative for psychological therapies and we will be introducing two locums and additional administrative time over the three months of quarter 4 to try to eradicate the waiting list.
39	**Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excl. doctors and dentists in training)** Period: Nov-24 | Target: 85% | Actual: 82.8% | SPC icon	Measure not meeting target	Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs.	Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. Low compliance is addressed with individual managers and signposting to guidance also takes place
42	**Percentage of calls ended following WAST telephone assessment (Hear and Treat)** Period: Apr-24 | Target: 17% or more | Actual: 10.3% | SPC icon	Measure not meeting target – please note that no new data has been made available since April 2024. This has been raised with the Welsh Government Performance team.	This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.	Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

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Level 2 - Performance Challenges

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

No.	Measure description, target, performance and other information	Reason for escalation level	Key Performance Drivers	Key Actions
43	**Number of Pathways of Care delayed discharges** Period: Nov-24 | Target: 12-month reduction trend | Actual: 63 | SPC icon	Measure not meeting target. Of the delayed discharges only 2 were because of NHS bed related issues.	• Increased deconditioning following extended stays. • Increased assessment delays trending upward. • Limitations of domiciliary care market and wider social care provision market capacity & responsiveness. • Increasing community demand. • Delayed social care allocation and assessment.	• Increased discharge liaison officers in post. • Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge. • Working with Powys County Council (PCC) to facilitate improved Domiciliary care market capacity and better understand demand. • Current test of change for several Community Hospital sites operating model (Ready To Go Home Units and Rehabilitation)
45	**Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for adults 18 years and over** Period: Nov-24 | Target: 90% | Actual: 80.7% | SPC icon	Measure not meeting target. Data challenges of CTP submission are currently being reviewed by the Digital & Performance team.	We have made retrospective changes to our older adult data as the CTP template does not take into account any changes in caseload due to validation. So if we adjust the caseload after validation, it can occasionally arise in a compliance >100%. After discussion with WG, the PTHB data team are submitting updated caseload data on a monthly basis from September 2024. The service is significantly affected by Social Services inability to undertake their share of Office Duty	Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams. Continue to advertise recruitment positions.
54	**Number of National Reportable incidents that remain open 90 days or more** Period: Nov-24 | Target: 12-month reduction trend | Actual: 14 | SPC icon	Measure not meeting target.	Complexity of 2 NRI's since Q2 2022 and Q1 2023 have required significant timescales to investigate outside of control of PTHB. It is hoped the NRI from 2022 will have the action plan signed off in Q4 24/25. The RCA for the 2023 incident is to be concluded Feb 25.Delayed contributions to investigations by external agencies. Mental Health investigations have a longer 120-day window to complete, this will impact performance against the 90-day measure.	Continued high level of support to services from the Head of Quality & Safety. Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.Regular NRI update meetings are in place with CSG heads of service, quality leads and investigators to track RCA progress.

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Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
*1	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q2 2024/25	5% cumulative annual target	2.75%	N/A
3	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	Q2 2024/25	4 quarter improvement trend	68.2%	N/A
9	Percentage of well babies completing the hearing screening programme within 4 weeks	Sep-24	90%	93.2%	
10	Percentage of eligible new-born babies who have a conclusive bloodspot screening result by day 17 of life	Oct-24	95%	96.2%	
11	Percentage of GP practices that have achieved all standards set out in the National Access Standards for In-hours	2023/24	100%	100%	N/A
13	% of the primary care dental services (GDS) contract value delivered (for courses of treatment for new, new urgent and historic patients)	Oct-24	A month on month increase towards a minimum of 30% contract value delivered by 30 September 2024 and 100% by 31 March 2025	41.5%	
14	Number of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	Nov-24	Increase compared to the same month in the previous year	438	
15	Percentage of Local Primary Mental Health Support Service (LMPHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	Nov-24	80%	100%	
16	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged under 18 years	Nov-24	80%	89.2%	
18	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LMPHSS) for people aged 18 years and over	Nov-24	80%	98.3%	
21	Median time from arrival at an emergency department to triage by a clinician	Nov-24	15 minutes or less	5	N/A
22	Median time from arrival at an emergency department to assessment by a senior clinical decision maker	Nov-24	60 minute or less	5	N/A
23	Percentage of patients who spend less than 4 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Nov-24	Improvement compared to the same month in the previous year, towards the national target of 95%	100%	
24	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	Nov-24	Reduction compared to the same month in the previous year, towards the national target of zero	0	

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*Measure 1 - Percentage of adult smokers who make a quit attempt via smoking cessation services. This measure although noncompliant in Q1 & Q2 against annual target is on trajectory to achieve 5% target by March 2025. As such the measure is meeting local delivery of agreed objectives and performance.

Level 1 – No concerns

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

No.	Measure description	Period	Target	Actual	SPC icon
29	Number of patients (adult hearing aids only) waiting more than 14 weeks for audiology	Nov-24	0	0	
30	Number of patients waiting more than 52 weeks for a new outpatient appointment	Nov-24	0	0	
32	Number of patients waiting more than 104 weeks for referral to treatment	Nov-24	0	0	
33	Number of patients waiting more than 52 weeks for referral to treatment	Nov-24	Month on month reduction towards a target of 0 by June 2025	14	
36	Percentage of sickness absence rate of staff	Nov-24	12-month reduction trend	5.2%	
37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Aug-24	Rolling 12-month reduction against a baseline of 2019/20	9.0%	
38	Agency spend as a percentage of the total pay bill	Nov-24	12-month reduction	7.7%	
40	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Sep-24	Maintain the 95% target or demonstrate a 12-month improvement trend	100%	
41	Percentage of all classifications' coding errors corrected by the next monthly reporting submission following identification	Oct-24	90%	100%	
44	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan for people aged under 18 years	Nov-24	90%	97.8%	
46	Number of service user feedback experience responses completed and recorded on CIVICA	Nov-24	Month on Month Improvement	254	
51	Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Nov-24	12-month improvement trend towards national target of 95%	69.8%	

Non-RAG rated measures – Powys as a provider is not nationally benchmarked for infection control measures, as such they are not allocated a RAG rating.

47, 48, 49	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Pseudomonas aeruginosa	Nov-24	No national target for PTHB as a non-acute provider.	0	N/A
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Nov-24		1.12	
	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E.coli and; S.aureus (MRSA and MSSA)	Nov-24		21.23	

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

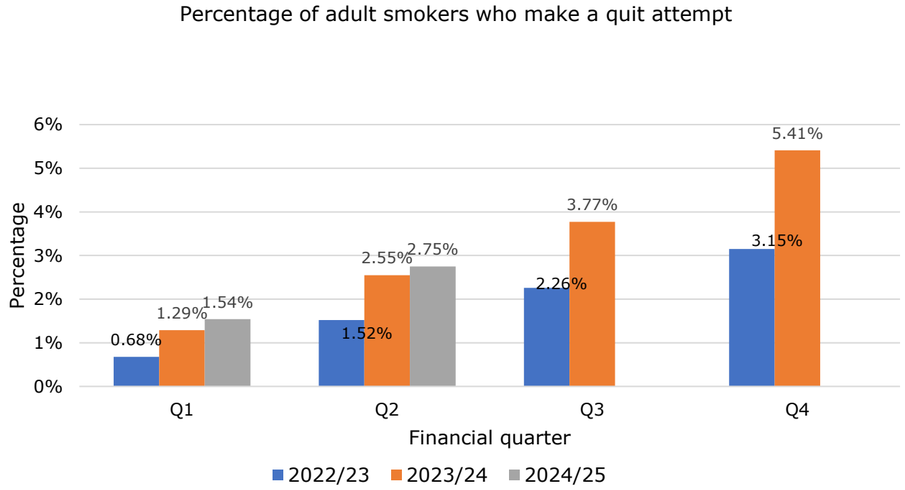
Access & Activity | **NHS Performance Measure – 1** | **Powys as a provider**

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

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

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

Latest available	Q2 2024/25	Status of measure	Level 1
Reported performance	2.75%	Benchmark position (Wales)	4th (2.63%)
Target	5% cumulative annual target		
SPC assurance rating	Not applicable cumulative target		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?	Not applicable		



What the data tells us

- Performance for Q2 2024/25 is 2.75%, which is higher than Q2 last year (2.55%), so is on track to achieve the 5% target again in 2024/25.
- Please note that this measure is on track with the local trajectory to achieve a 5% quit attempt, as such this results in a level 1 escalation. But target compliance e.g., the RAG rating remains inline with the Welsh Government approach for performance reporting of this measure.

Challenges

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

Actions & Mitigations

Improving access and client focus:

- Smoking Cessation Team continuously monitor and review provision and uptake of face-to-face clinics across Powys in community venues and some GP Practices to inform service delivery planning. In addition to individual face-to-face and telephone support, group support option is currently available in Brecon and Welshpool.
- Clinical Lead in Smoking Cessation has completed visits to all general hospital wards in Powys to promote Smoking Cessation Service to ward staff for any inpatients identified as smokers on admission to access Nicotine Replacement Therapy and behavioral support.
- Clinical Lead in Smoking Cessation is working with Midwifery Lead on actions to increase CO monitoring and referral rates of pregnant smokers.
- Clinical lead continues to promote service through staff induction and training for Health and Care Academy students, Powys Teaching Health Board (PTHB) staff and Powys County Council (PCC) staff.
- Help me Quit (HMQ) Hospital Training and National Centre Smoking Cessation Training has been made available on ESR and promoted to PTHB staff in line with PTHB NCT protocol.

Implementation of communication and engagement plan for public, professionals and partner agencies, including:

- The GP Text message project targets registered smokers with offers of specialist support to quit, focusing on areas of deprivation. It is currently running in 6 GP practices and plans are in place to commence in 1 new GP practices and to re-run text message project in GP surgeries in areas of deprivation in the new year .
- New Smoke free Newsletter has been launched to promote the service to PTHB staff and partner organisations. The newsletter updates in all areas of the service (to include HMQ community, HMQ Baby, HMQ Hospital and HMQ Pharmacy and is emailed out to an extensive distribution list of interested parties.

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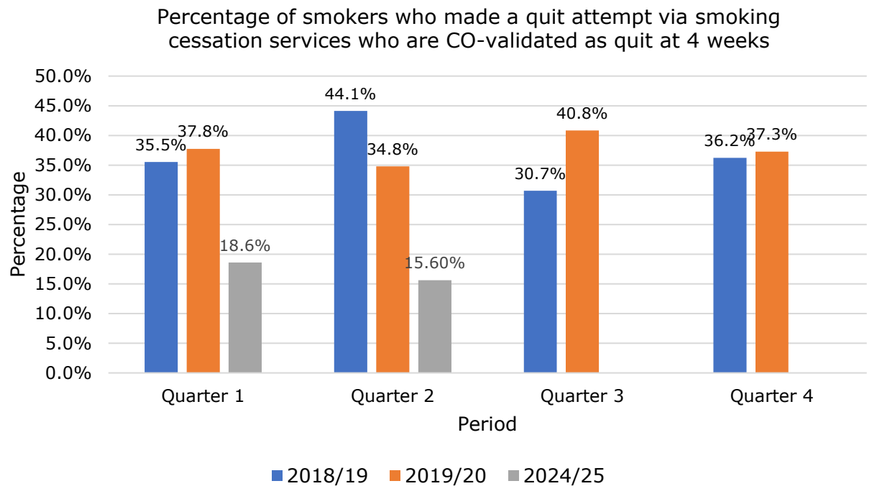
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity — NHS Performance Measure – 2

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

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

Latest available	Q2 2024/25	Status of measure	Level 2a
Reported performance	15.6%	Benchmark position (Wales)	5th (16.56%)
Target	40% annual target		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Public Health		
Recover by?			



What the data tells us

- This measure returns to the NHS Performance Framework for 2024/25, it is not a brand-new measure and was last used by Welsh Government as part of the performance framework in 2020-21 but had been retired during the pandemic.
- In Q2 2024/25 15.6% made a quit attempt which was CO validated. This performance benchmarked 5th and the All Wales performance for the same period is 16.56%

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Challenges

- Many clients are choosing telephone support, so it is challenging to obtain validated CO reading (rather than self-report). The rurality of Powys, transport issues etc make it challenging for some clients to meet face to face to undertake CO monitoring, preferring to self-validate their successful quit.
- Staff shortages in Q3 may have led to a drop in CO validated successful quits.

Actions & Mitigations

- Drop-in CO validation clinics continue to be offered in Welshpool and Brecon with the aim of supporting increasing CO validated quits.
- 2 local pharmacies in Newtown are offering CO validation on a trial basis to community clients. Smoking Cessation team are working in partnership to support this.
- Sonography team can offer CO validation at routine scan appointments to pregnant women who have quit smoking. In addition, a pilot project is running providing all pregnant women with their own personal CO monitor to assess impact on CO validation rates.

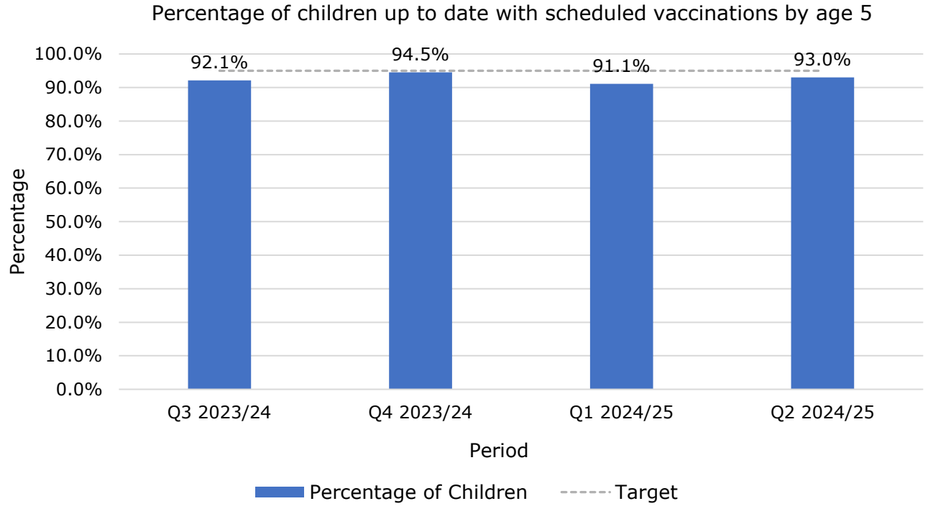
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 4**

Vaccinations - Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose)

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Q2 2024/25	Status of measure	Level 2a
Reported performance	93.0%	Benchmark position (Wales)	1st (87.8%)
Target	95%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Q3 2024/25		



What the data tells us

- Reported uptake performance for Q2 (93.0%) remains just below target (95%) this improves slightly on the performance in Q2 2023/24 (91.7%).
- PTHB ranks 1st in Wales with the highest uptake.
- Small cohort numbers in Powys often impact compliance percentage.

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Challenges

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, therefore frequent data cleansing is required to ensure that the information flow into the Child Health System is accurate and reflects immunisation status for Powys residents.
- The data is sourced from Public Health Wales (PHW) Cover Report which includes eligible residents living in Powys. Childhood Vaccination is undertaken by GP Practices which may mean that residents living in Powys registered with a GP in another Health Board area may not have their vaccination recorded against the Powys Teaching Health Board Children and Young Persons Integrated System (CYPRIS) records.
- Children moving into the area from countries outside of the UK, and ongoing challenges to record accurate vaccination history in Primary Care & Child Health.

Actions & Mitigations

- Enhanced COVER surveillance continues which includes:
  - Data cleansing
  - Enhanced monitoring of practice queues lists
  - Enhanced monitoring of key childhood vaccinations (6 in 1 and MMR).

- Support being provided to Health Visitors to follow up preschool children who have missed routine vaccinations – Standard Operating Procedure (SOP) ratified and in use.
- Ongoing support provided for Primary Care with queues list monitoring and prompting to review lists. Encouraging GPs to offer unscheduled vaccinations for missed vaccinations. SOPs have been developed for both scheduled and unscheduled immunisations to improve the accuracy of data recorded by Primary Care and shared with Child Health System.
- MMR Catch-up completed and the Health Board achieved the WHC target of reaching over 90% for 2 MMR vaccines in both primary and secondary schools.
- There is national work exploring improving vaccine uptake and information sharing for children who transfer in from outside the UK.
- National changes to the digital infrastructure underway, led by DHCW, to improve data transfer between GP practices and CYPRiS
- The All-Wales data collection CHIPS pathway is currently being updated.

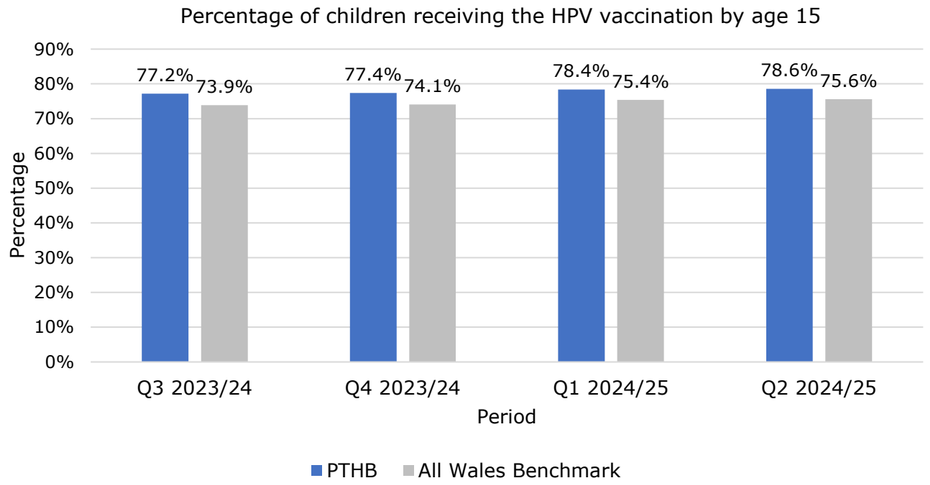
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 5**

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

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health

Latest available	Q2 2024/25	Status of measure	Level 2a
Reported performance	78.6%	Benchmark position (Wales)	3rd (75.6%)
Target	90%		
SPC assurance rating	Not currently applicable		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?	TBC		



What the data tells us

- Reported uptake improved slightly in Q2 2024/25 78.6% against the new 90% target for HPV vaccinations by age 15.

Patterson Liz 27/01/2025 14:49:03

Challenges

- No issues to report.

Actions & Mitigations

- Vaccination promotion in schools in an appropriate way and through the curriculum where possible. A new HPV toolkit has been released and is being promoted in schools.
- Review implementation of the NICE guidelines (NG218) Vaccine uptake in the general population particularly recommendations 1.3.24 to 1.3.39 in subsection - Vaccinations for school-aged children and young people to ensure these are being implemented, where appropriate.
- HPV vaccine is delivered in Powys schools during the quarter 1 (school Summer term).

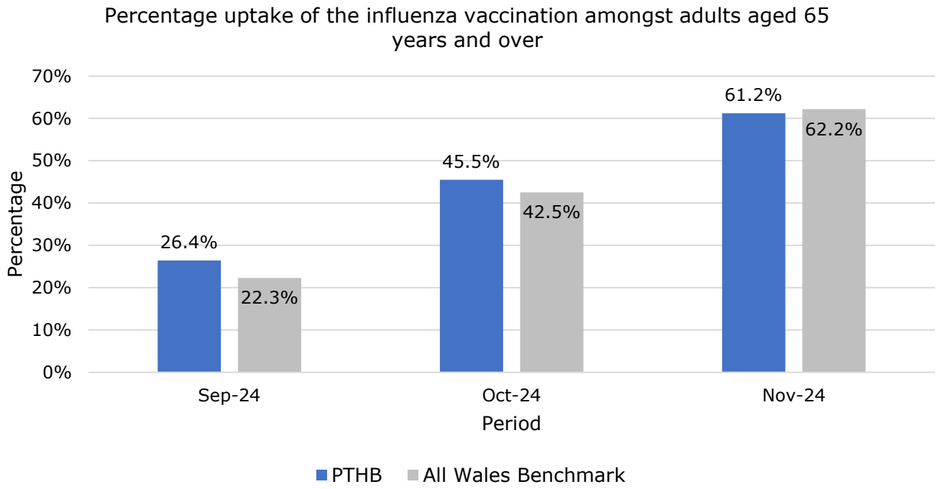
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity | **NHS Performance Measure – 6**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	61.2%	Benchmark position (Wales)	5th (62.2%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?	Not applicable 23/24 season of vaccination has finished		



What the data tells us

- All-Wales performance for November is reported at 61.2% this is just below the All-Wales average of 62.2%.
- PTHB benchmarked 5th in November.

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Challenges

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.
- Adult flu vaccine is offered through GP Practices, and all community pharmacy.
- Data on uptake is taken from GP Practice data which does not automatically include data for vaccinations given by pharmacy. This data needs to be manually inputted by GP Practices so therefore incomplete data and underreporting of uptake.
- Adult flu vaccination commenced later this season, October 2024, with 2–3-year-olds targeted first in September.

Actions & Mitigations

- Actions implemented
  - GP led clinics organised across Powys for eligible residents by GP Practices.
  - Pharmacy flu clinics also available in communities across Powys.
  - Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
  - Additional targeted support provided to GP Practices to increase uptake.
  - Continued monitoring of uptake, and engaging with GPs to encourage further sessions, drop-ins and mop up clinics.
  - Opportunistic vaccination offered through HB Vaccination Centres from December 2024.

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

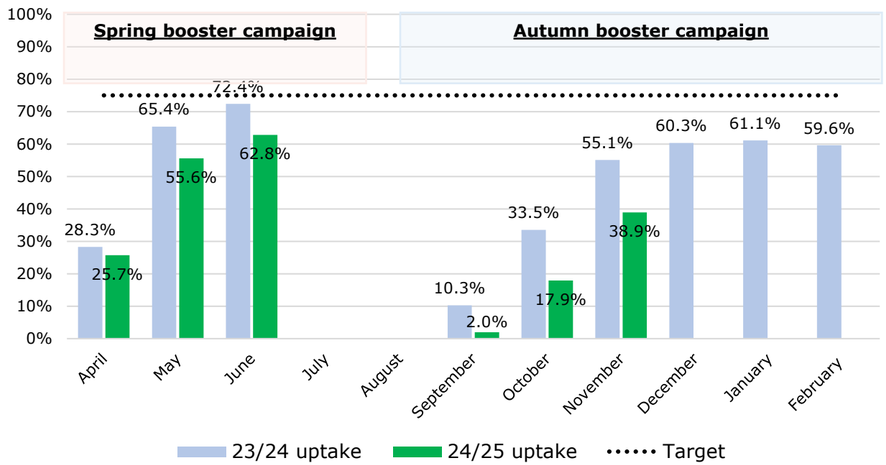
Access & Activity | **NHS Performance Measure – 7**

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

Executive lead	Executive Director of Public Health	Officer lead	Head of Service: Public Health Programmes & Services

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	38.9%	Benchmark position (Wales)	1st (42.2%)
Target	75%		
SPC assurance rating	Not applicable (season cumulative measure)		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			

Percentage uptake of COVID-19 vaccination for those eligible



What the data tells us

This measure provides information on the monthly cumulative uptake of vaccinations during the vaccination campaign period.

Spring booster campaign
This campaign is complete, PTHB did not meet the 75% target to the end of June.

Autumn booster campaign
Official start date was 1st of October, at present the provider is not meeting the 2023/24 level of uptake (55.1% by November 2023).

Challenges

- Data on COVID-19 Vaccination uptake is sourced from Public Health Wales (PHW) surveillance data, which is based on total eligible population. This does not consider those who have opted out of vaccination, and therefore are not included in invitations for a booster.
- Official start of the Autumn Booster Campaign was 1st October 2024 offering vaccination to eligible residents of care home for older adults. Those eligible for a vaccination outside of a campaign window were vaccinated during month 6 (i.e. those who require re-vaccination due to immunosuppression after receiving bone marrow transplants or CAR-T therapy).

Actions & Mitigations

- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Active offers to eligible citizens who have not completed their primary course to increase the number of citizens in each cohort who will be eligible for a booster vaccination.
- Primary course is reduced from 2 doses to a single dose (2 doses remain for immunosuppressed) which will mean the number eligible for a booster is increased.

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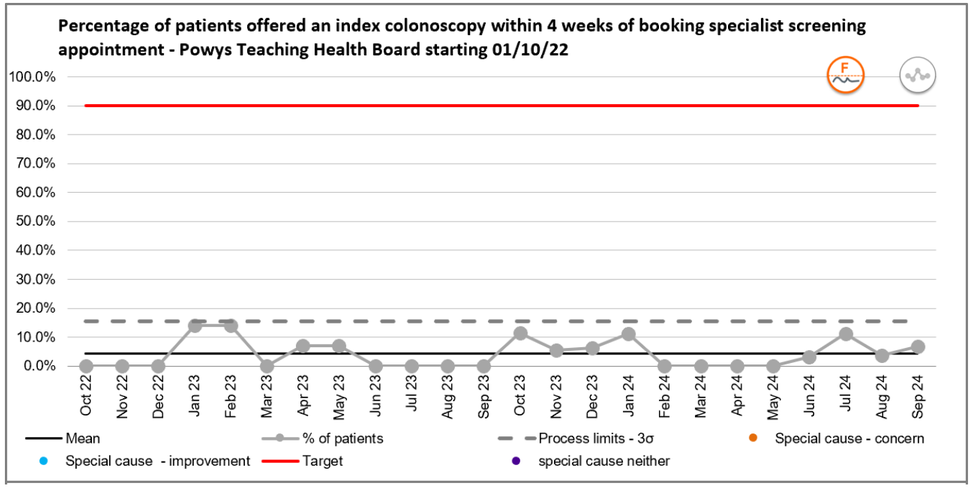
Healthier Wales Quadruple Aim 1: People in Wales have improved health and well-being with better prevention and self-management

Access & Activity — NHS Performance Measure – 8

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director Community Services

Latest available	Sep-24	Status of measure	Level 3
Reported performance	6.7%	Benchmark position (Wales)	5th (20.6%)
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PHW compliance report		
Recover by?	Timescale requested from Public Health Wales		



What the data tells us

- Powys performance against this measure is challenged reporting 6.7% in September 2024, All Wales performance is also challenged against this measure.
- Due to poor performance compliance this metric has been escalated by the Powys Performance team to level 3 for enhanced monitoring.
- During Q4 2024/25 the Performance team will be reviewing the data quality of this measure and checking methodology used. Actual waits within the provider are often better than the required 4-week target but it is non reflective within the percentage calculation.

Challenges

- In-reach consultant unavailable during Q1, Q3/4 due to unplanned circumstances, backfill provided by in-source provider.
- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- Service extremely fragile with in-source requirement to continue meeting current demand due to national shortage of colorectal capacity and acute care provider pressures including recent business continuity challenges for CTMUHB.
- Further expansion of national FIT test criteria from October is anticipated to increase demand.
- Current insourcing arrangements will end in Feb 25, awaiting re-procurement process.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Powys is commissioned to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units, patients also access services commissioned from bordering DGH.

Actions & Mitigations

- Positive assurance review during Q3 with Public Health Wales, complimented in terms of service development and access times improvement.
- Increased number of patients being assessed and screened in PTHB, the service is also repatriating patients from CTMUHB pathways.
- Agreed joint appointment of band 7 screening practitioner with CTMUHB, this role is now out for recruitment with plans to have staff member in place circa Q4.
- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Requested capacity for symptomatic and screening from commissioned health providers via the Contract Quality Performance Review Meeting (CQPRM)
- In-source capacity utilised for both screening and symptomatic service.
- Continue with regional planning discussions around endoscopy which in turn supports bowel screening.
- Successfully recruited two band 6 bowel screening specialist nurses.
- Work ongoing with regional partners around the provision of sustainable services going forward.
- Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions further discussions with Associate Director Regional Delivery NHS Exec Feb 25 to progress.
- The measure performance is not reflective of PTHB access times as a provider with PTHB often achieving or exceeding 4 week target . PTHB Performance Team resolving with Public Health Wales colleagues.

Powys Teaching Health Board

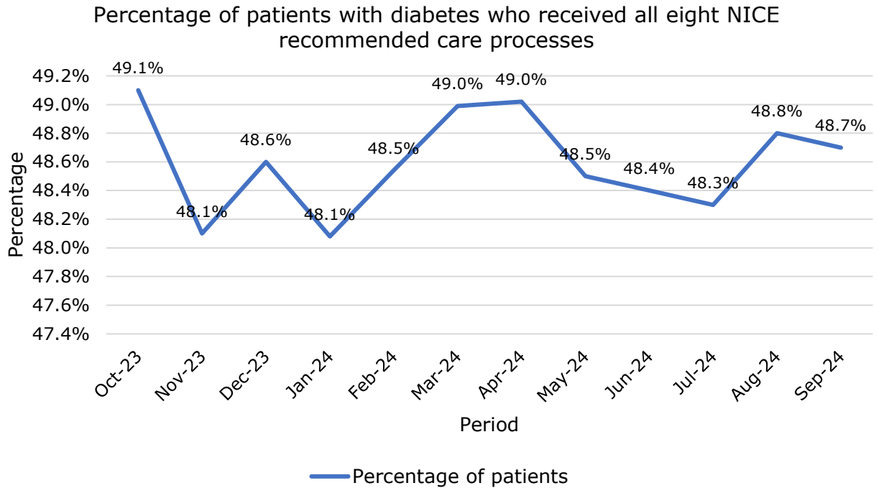
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 12**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	TBC

Latest available	Sep-24	Status of measure	Level 2a
Reported performance	48.7%	Benchmark position (Wales)	1st (41.8%)
Target	Improvement compared to the same month in the previous year		
SPC assurance rating	Not applicable		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Performance since August has declined to 48.7% in September. Performance against the measure is slightly higher than the All-Wales average of 41.8%

Patterson Liz
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Challenges

Actions & Mitigations

- Officer lead to be confirmed.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

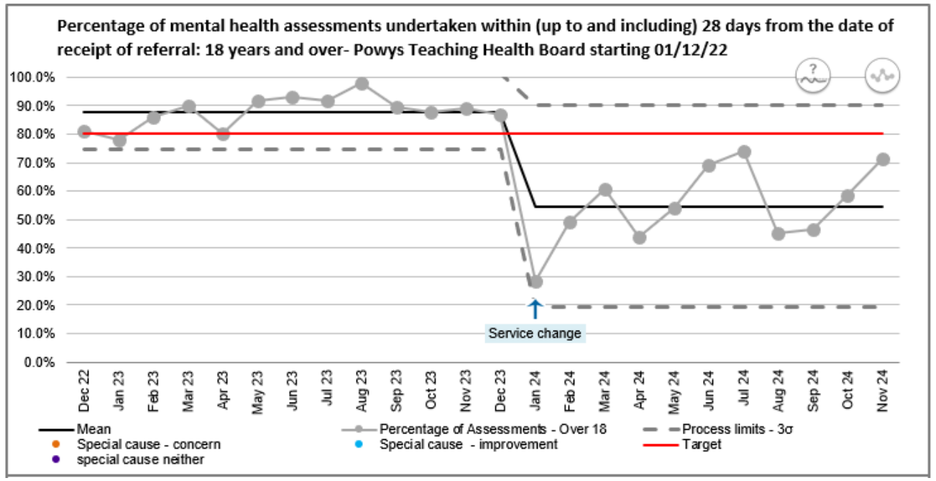
Access & Activity | **NHS Performance Measure – 17** | **Frequency - Monthly**

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

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

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

Latest available	Nov-24	Status of measure	Level 3
Reported performance	71.4%	Benchmark position (Wales)	6th (71.2%)*
Target	80%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health Submission Proforma		
Recover by?	Autumn 2024		



What the data tells us

- Performance in November shows ongoing improvement to 71.4%, although not meeting the 75% trajectory target for this month shows significant progress from Q2.
- Data quality improved and will be reviewed by the Performance team during Q4.

Patterson Liz
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Challenges

- To note that an improvement in performance for Part 1 a is particularly positive given implementation of the new Single Point of Access (SPOA) Triage and Assessment Model which has shifted demand significantly and appropriately to Primary Care Mental Health Services. This new model is increasing efficiency within the MH system and with a dedicated team in place to triage and initially assess, pressures in other teams is decreasing and capacity is increasing.
- Practitioner sickness and vacancies have reduced but not completely recovered.
- Annual leave for the Christmas New Year period may see a sustained position for performance but ongoing improvement to meet the target may be delayed.
- The introduction of the SPOA and Triage Model has seen a significant increase in referrals for a Mental health Assessment in LPMHSS north. If this continues, this could compromise our capacity to assess people in a timely way. This is being actively monitored.

Actions & Mitigations

Reporting and Recording

- The referral recording on PTHB systems was clarified so that assessments were easily identifiable from counselling across Powys and this plan was highlighted to and discussed with the NHS Executive Performance and Assurance Team. Also discussed measure reporting with the NHS Executive and indicated that our data would be changing when able to separate the referrals and be confident that our reporting was accurate. Agreed our data would be including MH assessment referrals only from January 2024.
- Following a significant amount of work there is now a high degree of confidence in our data submissions.
- Now able to provide the historic data, based only on Mental Health assessments going back to April 2023.
- MH and Learning Difficulties services are now reporting performance to the Integrated Quality and Performance Group (IQPG) meetings with the most recent meeting asking for a review/consideration of resilience within administrative systems for LPMHSS which will be undertaken in due course.
- Demand and capacity challenges reported to NHS Executive with projected improvement in October and recovery in November.

Recruitment

- Successful recruitment of 3 whole time equivalent (WTE) mental health practitioners (1 north Powys, 2 south Powys) will significantly increase capacity for mental health assessments.
- Recruitment of 1 agency mental health practitioner (3-month term 0.8 WTE) to support recovery of Part 1A waiting list whilst pre-employment checks and induction are completed for new starters.

Operational

- Weekly LPMHSS touchpoint meetings review Part 1a and 1b demand and capacity and escalate any specific performance pressures in a timely way.
- New Part 1A appointment booking approach in LPMHSS south to reduce cancellations and 'Did not Attend' Part 1A Assessments.

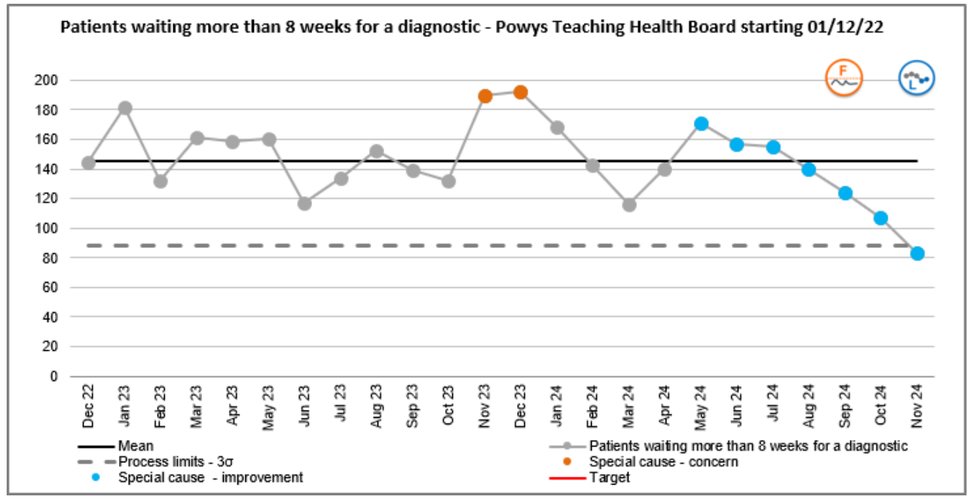
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Nov-24	Status of measure	Level 3
Reported performance	83	Benchmark position (Wales)	1st (40,125)*
Target	Zero		
SPC assurance rating	Special cause – improvement		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	TBC 2024/25		



Diagnostic's performance by sub service

Service	Sub service	Total Waiting	Pathway breaches	% waiting over 8 weeks
Cardiology	Echo Cardiogram	142	79	56%
Diagnostic Endoscopy	Colonoscopy	6	2	33%
Diagnostic Endoscopy	Cystoscopy	3	0	0%
Diagnostic Endoscopy	Flexible Sigmoidoscopy	3	1	33%
Diagnostic Endoscopy	Gastroscopy	21	0	0%
Radiology - Consultant Referral	Non-Obstetric Ultrasound	16	0	0%
Radiology - GP referral	Non-Obstetric Ultrasound	435	1	0%

What the data tells us

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

- The health board has reported 83 breaches in November 2024, 79 breaches are for Cardiology (Echo Cardiograms), 3 within Endoscopy and 1 reported for Non-Obstetric Ultrasound.
- This measure remains escalated due to ongoing service pressure and non-compliance against Welsh Government key performance indicator target and trajectory.

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

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

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

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Cardiology - Challenges	No. of breaches	79

- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility of Aneurin Bevan University consultant services and increasing echo cardiogram demand, following change in clinical practice where patients are sent straight to test by consultant prior to outpatient appointment.
- National shortage of clinical physiologists, and other health boards remain dependant on insource arrangements to manage demand and waiting list delays (whole system fragility).
- National waiting times for echo-cardiograms have increased and remain high in acute providers.

Diagnostic Endoscopy - Challenges	No. of breaches	3

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- All health care providers are utilising insource to help negate increased demand challenges.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- JAG 5 Year Assurance accreditation status to be reassessed Q3 2025/26 requires speciality medical leadership to progress.
- General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.
- Colonoscopy capacity is insufficient without supplementary insourcing.
- Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.
- Insource capacity available until Q4, procurement process in progress.

Non-Obstetric Ultrasound - Challenges	No. of breaches	1

- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity because of only being able to provide alternate specialty for "lumps & bumps" vs Musculoskeletal (MSK).
- South Powys have a similar challenge with SBUHB affecting capacity type and resulting breaches.

Cardiology - Actions & Mitigations

- Improved patient information and advice and support with aims to reduce patient "Did not attend" (DNA).
- Use of PTHB employed echo-cardiogram technician to support cardiology.
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
- Development of clinical waiting list validation within in reach clinical team: On-going.
- Capital bid in place for a new echo cardiogram scanner for Brecon War Memorial Hospital from Q4 2024/25.
- Escalated via CQPRM, capacity shortfall escalated as part of insourcing proposal, insourcing currently being progressed.
- Operational review of capacity ongoing with additional clinics being undertaken within the PTHB Community Cardiology service.
- Full evaluation of Community Cardiology Service to be undertaken. Future plans for service to be expanded to mid and south Powys.

Patterson Liz
27/01/2025 14:49:03

Diagnostic Endoscopy - Actions & Mitigations

- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3, successful in round 1 to progress to full business case.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Start of sponge capsule (cytosponge) from 2nd October 2023 in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.
- Ongoing Executive level discussions around service sustainability and joint work with CTMUHB from February 2024, ongoing. Alongside ongoing discussions with CTM for permanent clinical lead role.
- 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.
- Appointment colorectal specialty lead on a locum being progressed.
- Review of standard operating procedures (SOP's) and related documentation completed.

Non-Obstetric Ultrasound - Actions & Mitigations

- Use of agency for breaching patients.
- Urgent referrals are routed to acute providers.
- Demand and Capacity workstream to assess system efficiency and implement improvements.
- Continuous monitoring of waiting list.

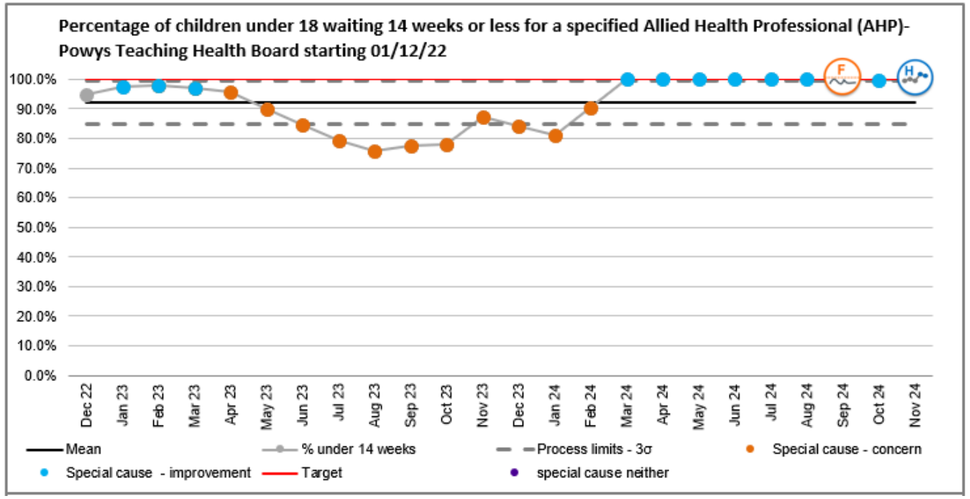
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 27** | **Frequency - Monthly**

Planned Care & Cancer - Percentage of children (aged under 18 years) waiting 14 weeks or less for a specified Allied Health Professional therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	99.7%	Benchmark position (Wales)	1st (87.1%)*
Target	100%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) is not meeting the target of 100% with 99.7% compliance in November.

Digitally signed by Lloyd-Johnson Liz
Date: 2025.01.21 14:49:03

Challenges

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Significant staffing vacancy.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - 50% staff vacancy.

Actions & Mitigations

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for Speech and Language Therapy (SLT).
- Demand and capacity work is being undertaken to improve flow for SLT and Occupational Therapy (OT).
- Recruitment plans underway for SLT and OT.
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.

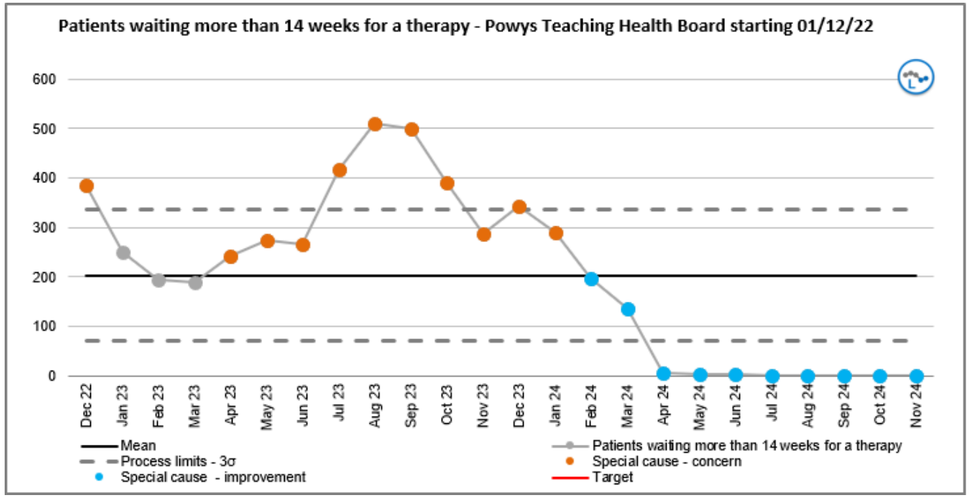
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 28** | **Frequency - Monthly**

Planned Care & Cancer - Number of patients (all ages) waiting more than 14 weeks for a specified therapy

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	1	Benchmark position (Wales)	1st (5,584)*
Target	Zero		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- 1 patient breached the 14-week target in November.
- Statistically reporting special cause improvement for the latest period.

Patterson Liz 27/01/2025 14:49:03

Challenges

As per measure 27.

- Key risk of breaches are within speech and language therapy (SLT) and Occupational Therapy (OT).
- The key challenges for SLT:
  - Significant staffing vacancy.
  - Previously unrecognised backlog of long waiting patients.
  - High caseload demand.
- Key challenges for OT:
  - 50% staff vacancy.

Actions & Mitigations

As per measure 27.

- Remedial action plan undertaken by services for escalation as required.
- New standard operating procedure in place (SOP) to improve service processes for Speech and Language Therapy (SLT).
- Demand and capacity work is being undertaken to improve flow for SLT and Occupational Therapy (OT).
- Recruitment plans underway for SLT and OT.
- Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.
- Service Manager reviewing the caseload and waiting list.

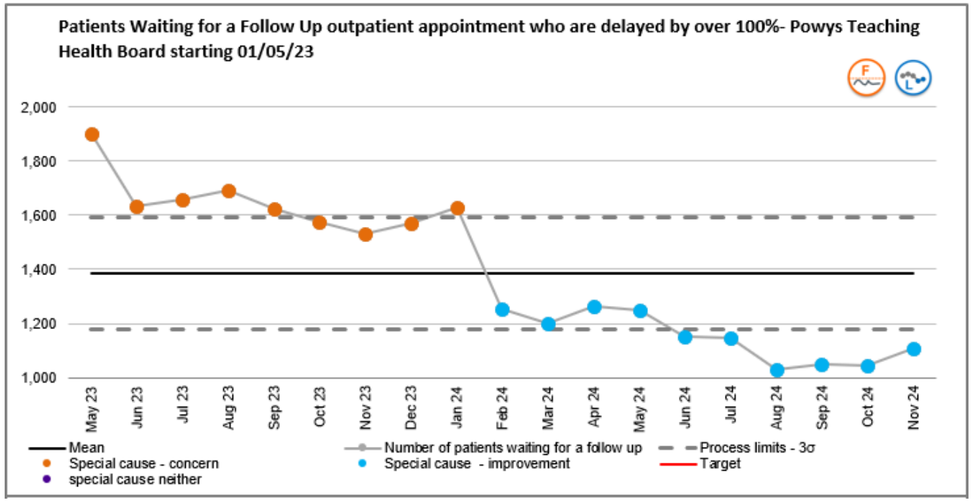
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 31** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Nov-24	Status of measure	Level 3
Reported performance	1108	Benchmark position (Wales)	1st (235,895)*
Target	Reduction compared to the same month in the previous year		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Poor
Data source of measure	PTHB Data & Business Intelligence reporting		
Recover by?	TBC		



What the data tells us

- In November 1108 FUP's were reported as overdue by 100% or over this is less than the equivalent period in November 2023 (1533).
- FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. The measure will remain escalated until both Executive and Service leads are provided assurance on data quality and achievement of performance.

Challenges

- Service capacity pressure prioritising urgent, and Urgent Suspected Cancer (USC) pathways, which in turn places pressure of compliance on routine and FUP pathways.
- Clinical leadership to support in reach clinicians to adopt See on Symptoms/ Patient Initiated Follow-up (SOS/PIFU) pathways.
- Reporting challenges, capacity to support development of data, work is wider than just reportable follow-ups including specialist nursing teams etc.
- Ongoing challenges with patient administration system – ongoing investigation with Digital applications and operational team.

Actions & Mitigations

- Ongoing validation work with Performance, Service, and Data & Business Intelligence (D&BI) department led by an Executive escalation group.
- SOS & PIFU reporting has now been resolved with the National Digital Team, improved local reporting identified and commenced to support national work stream.
- Operational services continue to support the validation of records and provide challenge identification for the D&BI team to investigate.
- Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.
- Enhanced monitoring from Q1 2024/25 to better understand system demand and capacity.
- Support from National Clinical Implementation Networks to move clinical practice in terms of SOS/PIFU.
- Bid to Welsh Government Planned Care fund for clinical and digital infrastructure to support this and other service transformation though unfortunately, no allocation has been made to Health Board schemes.
- Plan under development for national implementation of discharge protocols which will require Multi-disciplinary Team (MDT) resource and specialty leadership.
- 3Ps team highlighting opportunities for SOS/PIFU commencing with eyecare lists Q3 2024/5.

Powys Teaching Health Board

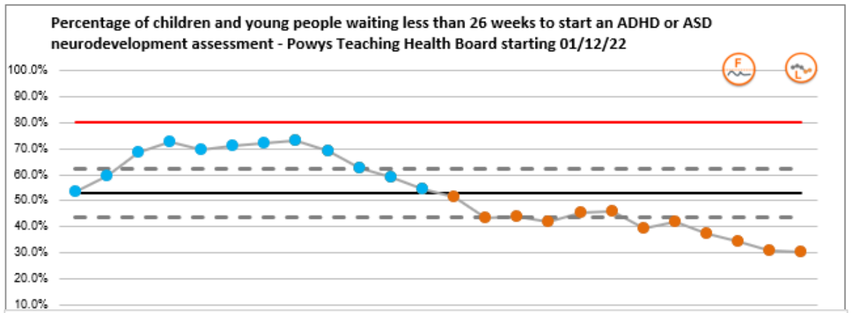
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

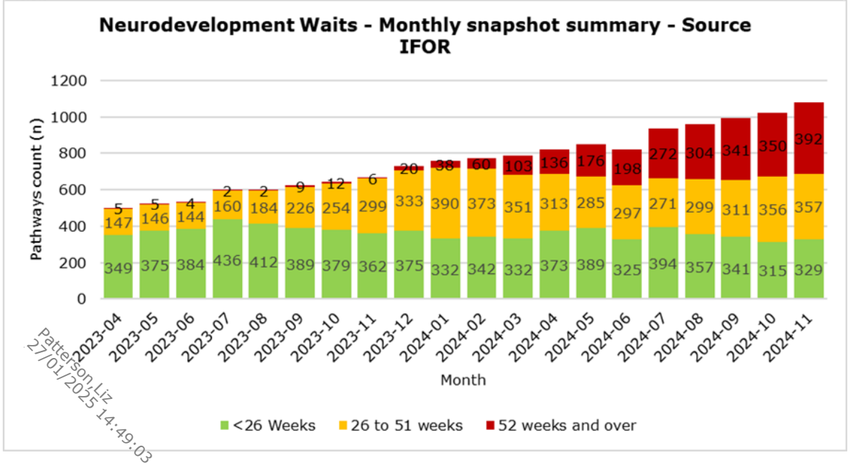
Access & Activity | **NHS Performance Measure – 34** | **Frequency - Monthly**

Mental Health including CAMHS - Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment (ND)

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Assistant Director of Womens and Childrens

Latest available	Nov-24	Status of measure	Level 3
Reported performance	30.5%	Benchmark position (Wales)	2nd (24.6%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?	Linked to business case approval		





What the data tells us

Please note that unlike normal referral to treatment pathways for planned care this metric measures the time from referral to first assessment appointment, this assessment may then take a significant engagement time to provide a diagnosis and future care plan.

- Performance for ND remains at level 3 escalation following ongoing and challenging performance. Of the 1079 pathways reporting in the November snapshot 30.5% wait less than 26 weeks for their first assessment, it should be noted that 36.4% wait 52 weeks or more for their first assessment.
- Statistically performance is flagged as special cause concern, and there is a growing and significant challenge around the waiting list position and length of wait for patient. The service is currently at the highest level of escalation within the Integrated Quality and Performance Framework and is undertaking Executive engagement via the internal Escalation Oversight Group.
- PTHB continues to benchmark positively against the All-Wales position however this reflects the system challenge in Wales rather than good performance locally.

Challenges

- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-27) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The measures pathway to assessment time will continue to worsen whilst those in the 'Assessments in progress' (Internal waiting list) backlog are addressed.
- Given the consistent national increase in referral demand since June 2021, ND waiting lists have increased exponentially and the service has been unable to meet the demand with the current model.
- Inability to recruit additional ND skilled workforce within timeframe, funded by the WG 24/25 waiting list initiative monies outlined below.

Actions & Mitigations

- Whole system review in progress to inform a sustainable business case for a future model of care.
- Internal waiting list is being prioritised to ensure timely completion of pathway when children are removed from the measured pathway to assessment target, this will impact future performance in the short term whilst robust pathways are being developed.
- Capacity remains challenging to meet the referral demand even with additional Revenue Integration Funding (RIF) posts.
- Scheduling and clinic plans are being addressed to ensure maximum efficiencies.
- Pan Powys model for waiting time pathways rather than the previous geographically led process which resulted in regional variance in patient's pathway wait times.
- Prioritisation to longest waits within internal list to close pathway.
- Child centred model with partners in education, social care and 3rd sector being mapped – care around the child and family/carer.
- Commissioned co-production partnership model with the Parent and Carers Voices Forum, programme of work commenced in September 2024.
- Business efficiencies being addressed within the administrative processes.
- Robust communication plan in place for parents/carers; letters to be sent to families when a child is accepted to the waiting list along with progress updates.
- Implementation of mail envoy.
- Procurement and Implementation of dictate IT.
- Welsh Government waiting time initiative announced October 2024 with key priorities that "includes an immediate focus on reducing the ND service waiting times. This approach includes releasing additional in year funding to support Health Boards to achieve this."
- Focused activity MDT discussions to support conclusions and outcomes.
- Recruitment of additional team members 3.6wte to support ND assessments, to commence end of January 2025.
- Procurement process in place, anticipated completion end of January 2025 with capacity available in February and March 2025 to further improve performance.

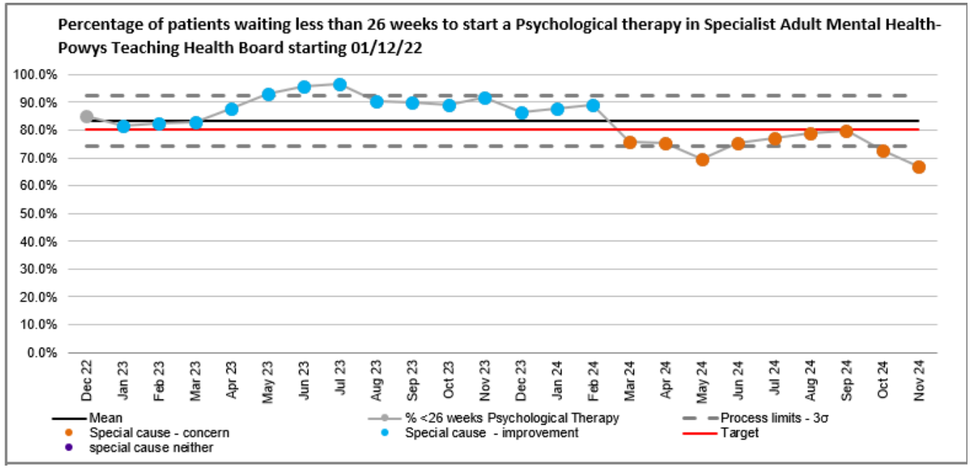
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 35** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health

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

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	67.0%	Benchmark position (Wales)	2nd (60.0%)*
Target	80%		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Data Engineering and Analytics		
Recover by?			



What the data tells us

- This measure now reports special cause concern and is flagged at level 2a – exception.
- Performance remains below target in November at 67.0% vs the national 80% target, performance continues to decline since September 2024
- Powys benchmarked positively in October and ranked 2nd with the All-Wales position of 60.0% for the same period.

Jackson Liz
30/01/2025 14:49:03

Challenges

The recent dip in performance has been principally attributed to:

- New staff inductions have taken place, and this will reduce the impact on allocating clients to practitioners to start therapy.
- Introduction of the new allocation process.
- We anticipated that these issues were short term pressures, and we expect to sustain the marginal improvement in the next reporting period.

Actions & Mitigations

- Funding has been provided / agreed by Welsh Government (Dec 2024) for a waiting list reduction initiative for psychological therapies. 2 new locums and additional administrative time over 3 months in Q4 to address waiting list reduction with expected improved position from January 2025. Work is ongoing to sustain performance thereafter but delays in recruitment to psychology posts will impact on this in the first quarter of 2025.
- Performance impacted by new staff inductions, introduction of new allocation process, locum turnover and sickness absence.

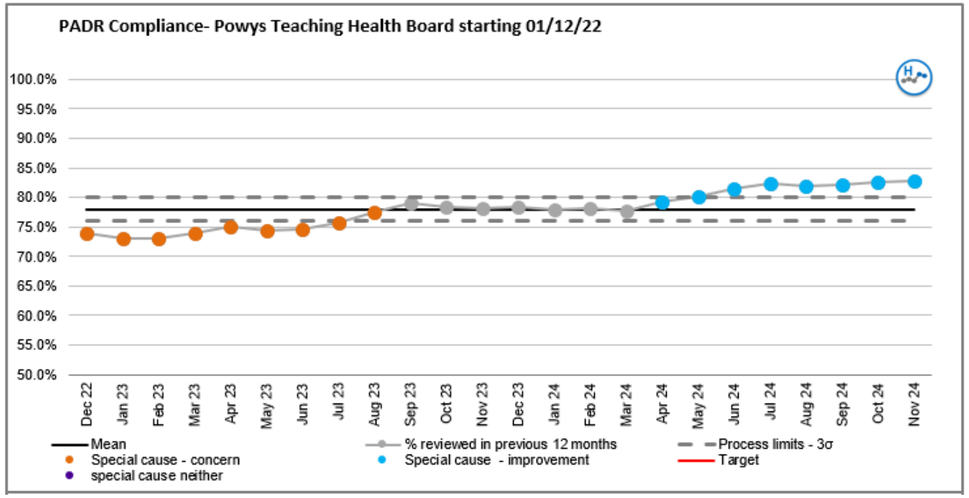
Healthier Wales Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

Workforce	NHS Performance Measure – 39	Frequency - Monthly

Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)

Executive lead	Executive Director of People and Culture	Officer lead	Deputy Director of People and Culture

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	82.8%	Benchmark position (Wales)	4th (76.9%) (Sep-24)
Target	85%		
SPC assurance rating	Special cause improvement		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	PTHB Workforce & OD team		
Recover by?	Plan under development 2024/25		



What the data tells us

- PTHB PADR compliance is reported at 82.8% for November 2024, performance continues to improve but remains slightly below national target.
- The last benchmark available for Wales in September showed PTHB benchmarking 4th out of 13 organisations

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Challenges

- Over the last 24 months, the health board have seen a sustained improvement in PADR Compliance. However, directorates continue to report that a combination of staff absence, vacancies and operational pressures has continued to have an impact in the delivery of PADRs.

Actions & Mitigations

- Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services.
- Low compliance is addressed with individual managers and signposting to guidance also takes place.
- Areas of particular concern are escalated to Executive Directors.
- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g., Group PADRs and delegated responsibility.
- Managers toolkit on Pay progression has been developed and implemented.
- Frequently asked questions and guidance has been developed and shared.
- Ongoing signposting to guidance for recording PADR's on ESR.

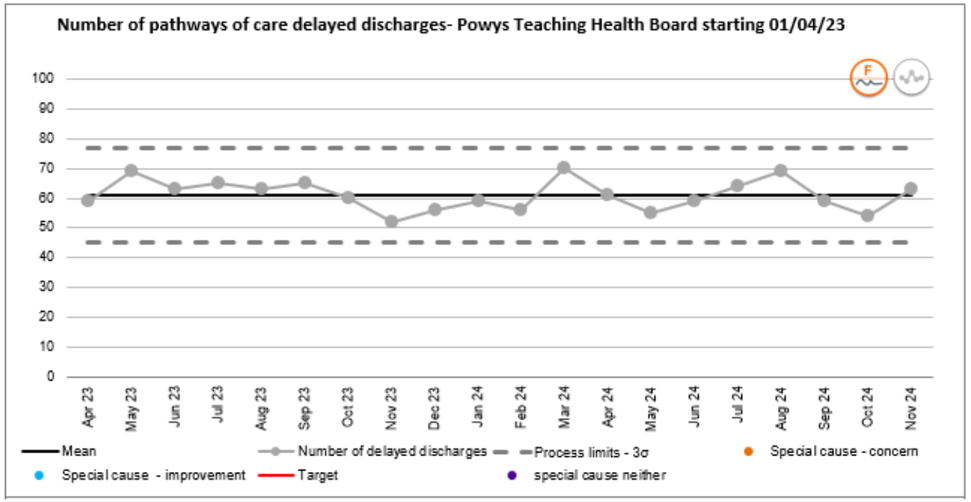
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 43** | **Frequency - Monthly**

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

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	63	Benchmark position (Wales)	2nd (1,546)
Target	12-month reduction trend		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- PTHB reports non-compliance at the end of November against the 12-month reduction target, it should be noted that delays increased from 54 to 63 for this period.
- Of the delayed discharges only 2 were because of NHS bed related issues.

Griffiths, Liz
23/01/2025 14:49:03

Challenges

- Increased deconditioning following extended stays.
- Increased assessment delays trending upward.
- Limitations of domiciliary care market and wider social care provision market capacity & responsiveness.
- Increasing community demand.
- Delayed social care allocation and assessment.
- Requirement to refresh community hospital model.
- No change to days delayed (no increase or decrease on March baseline) with risk to target of 15% reduction by November 24.
- 4% increase in days delayed – risk to target of 20% reduction by November 24.
- 5% decrease in assessment delays, however more progress is needed to reach the 20% reduction target by November 24.

Actions & Mitigations

- Increased discharge liaison officers in post.
- Bed census completed to better understand and inform patient need prior to admission and change in need to support discharge.
- Working with Powys County Council (PCC) to facilitate improved Domiciliary care market capacity and better understand demand.
- Current test of change for several Community Hospital sites operating model (RTGU and Rehabilitation).
- System engagement and escalation with Powys County Council to inform improved capacity measures.
- Promotion of Home First model as per Goal 5 focus outcomes and exploration of repatriation of reablement service.
- Promotion of reablement, reduced length of stay (LOS) and activities to reduce deconditioning.
- Daily Sitrep and flow discussions.
- Bi-weekly focus on stranded patient review.
- Weekly themes and trends meeting.
- Accelerated Sustainability model planning to inform community offer.
- Continued participation in market engagement with care providers/ third sector provisions.
- Attendance to Shrewsbury and Telford Hospitals NHS Trust (SATH) & Wye Valley NHS Trust (WVT) silvers daily by Senior Manager Unscheduled Care.
- Coordination hub to be established alongside to support co location workstream. E-referral and a single point of contact for coordination to improve admission avoidance and inpatient admissions are to the correct wards.
- Trusted assessor model in Cottage View pilot underway.

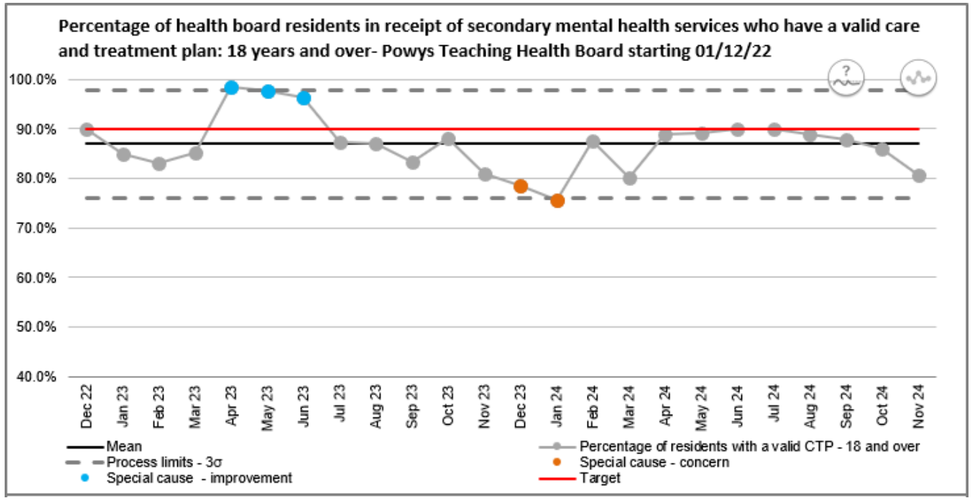
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 45** | **Frequency - Monthly**

Mental Health, including CAMHS - Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (CTP) for adults 18 years and over

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

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	80.7%	Benchmark position (Wales)	6th (82.6%)*
Target	90%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Average
Data source of measure	PTHB Mental Health submission proforma		
Recover by?	Q4 2024/25		



What the data tells us

- Adult and older CTP compliance has measured at 80.7% and reports common cause variation.
- PTHB benchmarked 6th against an All-Wales position of 82.6% in October.
- Data challenges about CTP submission validation are currently being reviewed by the Digital, Performance, and Mental Health team.

Cyhoeddwyd 21/01/2025 14:49:03

Challenges

- We have made retrospective changes to our older adult data as the CTP template does not take into account any changes in caseload due to validation. So if we adjust the caseload after validation, it can occasionally arise in a compliance >100%. After discussion with WG, the PTHB data team are submitting updated caseload data on a monthly basis from September 2024.
- Team Lead sickness has impacted on reminders to Teams to keep on top of data entry.
- The service is significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. In order to mitigate and align to work to modernise and streamline services the new triage and assessment service was launched in September. Activity to prepare and plan for the service implementation has impacted on senior management and administrative capacity but this has recently been diverted back to target.

Actions & Mitigations

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council's responsibilities in Community Mental Health Teams (CMHT). Workshops are ongoing for a PTHB/PCC Mental Health Senior Leadership Team to define future operating model including a change to the duty and assessment model which now has received full approval for funding from 'Six Goals' to be implemented with immediacy (recruitment underway).
- Continue to advertise recruitment positions.
- Backfill for Team Lead sickness.
- 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 will take effect from December with a targeted piece of work being undertaken with Teams in Newtown and Ystradgynlais.
- 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.
- The triage and assessment service is already having a positive impact in reducing the pressures within CMHTs.
- MH & LD division have brought in capacity to undertake a whole service CTP audit. Having prioritised the wards initially this work is now gaining momentum with a full report to be provided for SMT.
- In adult community mental health, the capacity was diverted to establishing a new triage and assessment model impacted performance at the end of summer 2024 but is being drawn back to CTP compliance work now.
- Data led reminder system put in place to get ahead of CTPs becoming out of compliance.
- Performance impacted by sickness absence of two of the CMHT team leads. Both have returned and a targeted piece of work has been undertaken with Ystradgynlais and Newtown CMHTs. Expectation of improved performance position in December 2024 and sustained into 2025.
- Ongoing work to improve reminder systems will also benefit sustaining improvements.

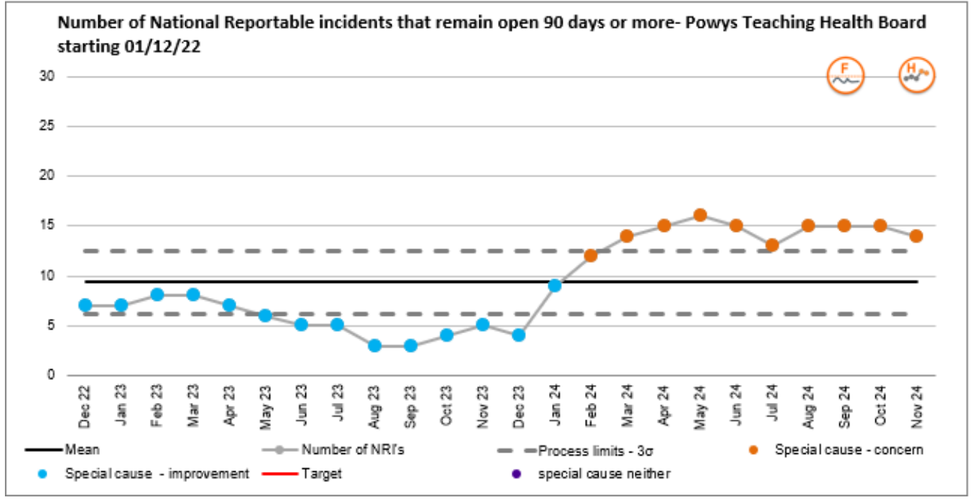
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Quality, safety, effectiveness, and experience | **NHS Performance Measure – 54** | **Frequency - Monthly**

Number of National Reportable incidents (NRI) that remain open 90 days or more

Executive lead	Executive Director of Nursing, Quality, Women and Family Health	Officer lead	Head of Quality and Safety

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	14	Benchmark position (Wales)	4th (257)
Target	12-month reduction trend		
SPC assurance rating	Special cause concern		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys reported 14 nationally reportable incidents (NRI) that remained open over 90 days in November.
- Most of the open NRI's are associated with Mental Health Services, the timescale for completion of those investigations is 120 days rather than 90 days as per NHS Performance measure.

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Challenges

- Complexity of 2 NRI's since Q2 2022 and Q1 2023 have required significant timescales to investigate outside of control of PTHB. It is hoped the NRI from 2022 will have the action plan signed off in Q4 24/25. The RCA for the 2023 incident is to be concluded Feb 25.
- Delayed contributions to investigations by external agencies.
- Mental Health investigations have a longer 120-day window to complete, this will impact performance against the 90-day measure.
- Fragility of small teams impacts capacity to complete investigations within a timely manner.
- There is limited resource within the Quality and Safety Team to provide support the completion of investigations and complete the necessary reviews of supporting materials and training including updating the Incident Management Framework.
- There have been some challenges in completing action plans, especially those concerning external agencies.

Actions & Mitigations

- Continued high level of support to services from the Head of Quality & Safety.
- Additional training and support is being provided to teams to ensure staff members have the required skills to carry out investigations.
- Regular NRI update meetings are in place with CSG heads of service, quality leads and investigators to track RCA progress.
- Regular and ongoing communication with NHS Executive to ensure data is accurate.
- Currently review of the Incident Management Framework is being undertaken following a year of implementation; Root Cause Analysis template and training to ensure robust processes and standards of investigation in the management of NRIs.
- Mental Health have recruited extra resource to support the completion and quality assurance of RCA reports.

Provider Service Assurance

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

Patterson Liz
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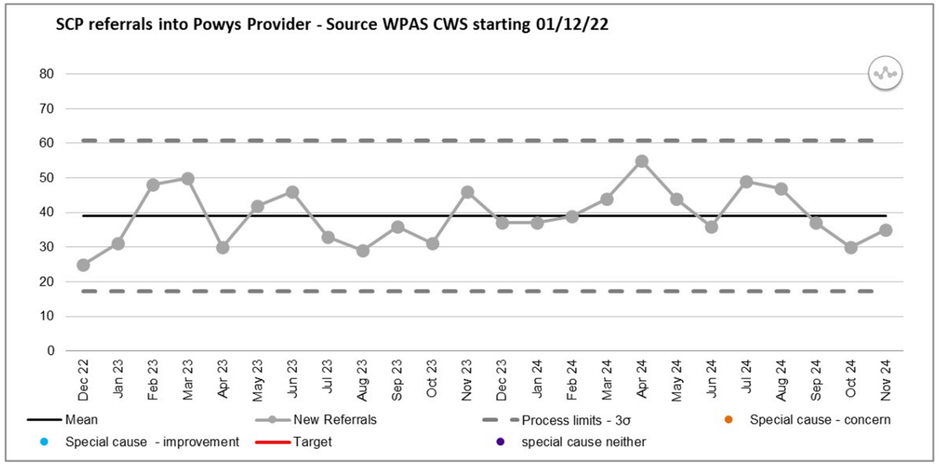
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

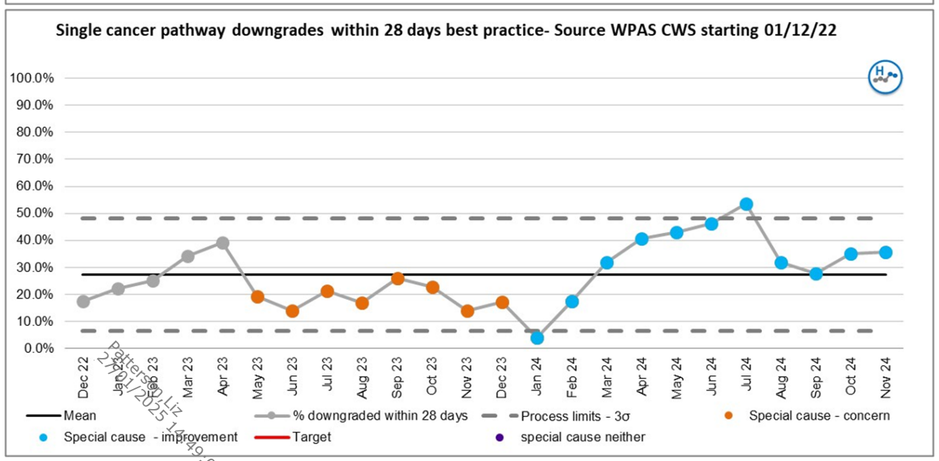
Access & Activity	Local Measure	Frequency - Monthly

Planned Care & Cancer – Powys provider cancer pathways additions and downgrade performance against 28-day NICE guidance of best practice.

Executive lead	Executive Director of Primary Care, Community and Mental Health	Officer lead	Assistant Director of Community Service Group

Latest available	Nov-24	Status of measure	N/A
Measure type	Local measure	Quality of measure data	Good
Data source of measure	PTHB Data Engineering and Analytics		





What the data tells us

- Powys has reported 35 new pathways in November with the majority via primary care, monthly referral numbers have dipped below the 24-month average.
- The health board has seen an improvement in compliance to 35.7% for downgrades within 28 days.
- PTHB does note meet the straight to diagnostic test 12-month improvement trend in November, this measure and its compliance will be volatile because of small numbers.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB, these delays remain a challenge for provider pathway compliance.

Challenges

PTHB predominately provides outpatient and diagnostic pathways for upper & lower gastrointestinal suspicions, as such key challenges reflect General Surgery constraints;

- National shortage of Endoscopists particularly colorectal.
- National increase in urgent suspected cancer referrals with resultant diagnostic demand increase.
- In-reach clinician fragility resulting from the above points including further business continuity challenges in Cwm Taf Morgannwg UHB (CTMUHB). CTMUHB currently have challenges in succession planning (as per national challenge), ongoing fragile workforce reliant on locums and insourcing which impacts on in-reach service capacity and reliability with resulting short notice cancellations.
- Further Bowel screening (BS) FIT test changes from Oct-24 are expected to increase demand further.
- Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
- Complex pathways across providers with referral triage and access criteria challenges.

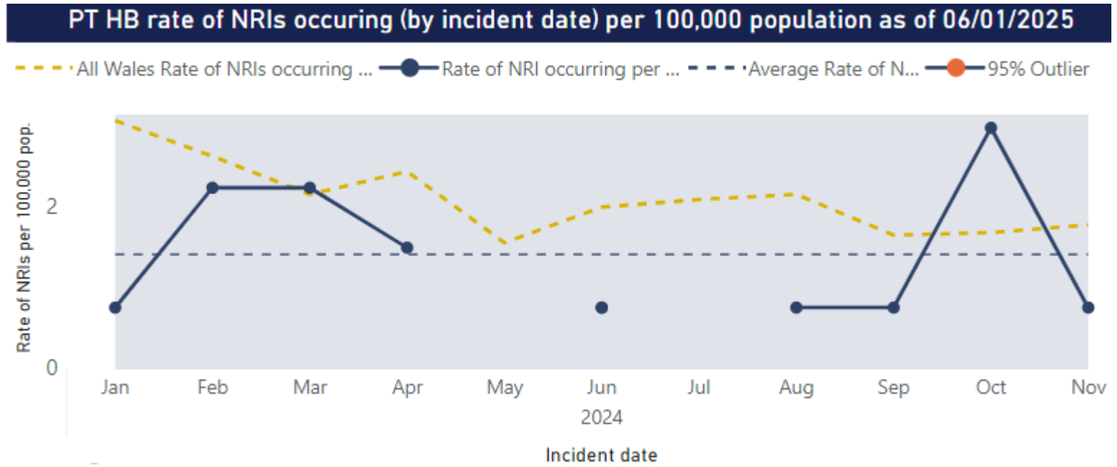
Actions & Mitigations

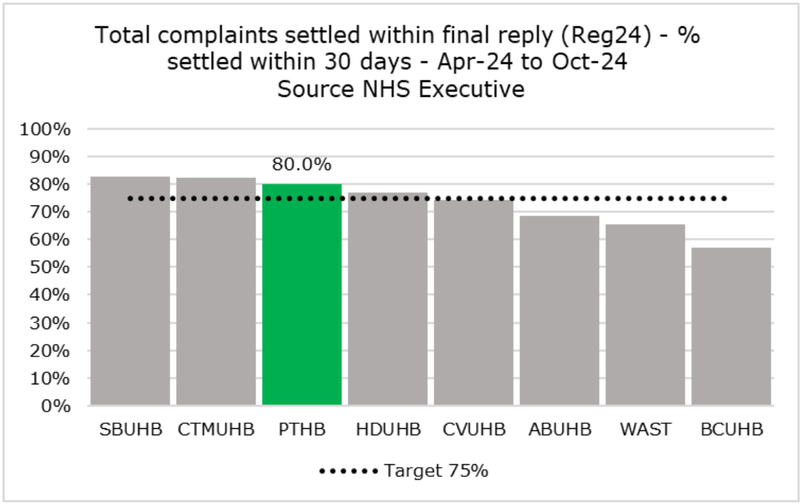
- Significant service transformation including strengthening of team leadership and staff development to maximise service efficiency.
- Bid to Welsh Government Cancer Transformation fund for development of PTHB colorectal multi-disciplinary team (MDT) approach in Q3.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a very high risk for the health board). Proposal for capacity and contingency planning awaiting finalisation.
- Start of sponge capsule (cytosponge) from 2nd October 2023 in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.
- Enhanced administrative cancer tracking in place with substantive post appointment March 2024.
- Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.
- Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid.
- Assistant Medical Director Planned Care role is now confirmed as permanent position.
- Appointed colorectal specialty lead on a locum basis.
- Successful recruitment to PTHB developmental specialist nurse roles for bowel screening service, completed in Mar 24.
- Rolling programme of clinical and administrative waiting list validation.
- Utilising Waiting Well Service to provide clinical support to cancer tracking.
- Bid to NHS Executive Transformation Fund for PTHB colorectal MDT posts successful in round 1 progressing to full business case round 2 submission March 25. This will enable recruitment of 2 colorectal specialist nurses to support repatriation of activity back to Powys.

Percentage of patients who are referred to Powys Provider straight to test

Source DHCW SCP submission	Target	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
% of patients who are sent straight to test	12 month improvement trend	45.5%	11.8%	26.5%	31.0%	50.0%	31.8%	20.8%	42.9%	42.9%	30.8%	23.1%	27.8%

Key quality measures – Powys as a provider





Other Indicators	Date updated	Reported position
Patient safety notice/alerts compliance	06/01/2024	100%
National reportable incident rate per 100k pop	Nov-24	0.74 per 100k
% Complaints settled within 30 days	October 2024	80.0%
Reported never events	06/01/2024	Zero

What the data tells us

- PTHB reports a lower than All-Wales rate for incidents in November with 0.74 per 100k population vs the All-Wales rate of 1.77 per 100k.
- Performance for complaints settled within 30 days achieved 80.0% above the 75% target for the April to July 2024 cumulative period. PTHB is 100% compliant with all current patient safety notices or alerts.
- Zero never events have been reported.

Patterson Liz
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Challenges

- Historic NRI investigations requiring joint review have prevented closure within time frame.
- The Health Board has a small pool of experienced, incident investigators to draw on for investigation completion.
- Two incidents pending police investigation have prevented reporting within time frame.

Actions & Mitigations

- Quality and Safety Team undertaking a review of incident investigation training.
- Mental Health have recruited an external incident investigator to review historic outstanding NRI investigations to coach to closure.
- Quality and Safety Team reviewing the Incident Management Framework to provide robust process on the completion of investigations and the accompanying action plan to prevent delay of closure.

Commissioned Service Assurance

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

Patterson Liz
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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

Planned Care & Cancer – Welsh Commissioned Referral to treatment (RTT)

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

Latest available	Nov-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

Welsh Providers	Nov-24 % of Powys residents < 26 weeks for treatment	No. long waits by cohort, with latest SPC variance: All pathways waiting over 36 weeks.	All pathways waiting over 52 weeks.	All pathways waiting over 104 weeks.	Total pathways Waiting
Aneurin Bevan Local Health Board	61.7%	738	443	54	2683
Betsi Cadwaladr University Local Health Board	51.2%	275	192	49	739
Cardiff & Vale University Local Health Board	46.6%	164	119	16	408
Cwm Taf Morgannwg University Local Health Board	53.9%	270	143	10	815
Hywel Dda Local Health Board	56.6%	458	246	42	1414
Swansea Bay University Local Health Board	55.4%	644	345	23	1984
Total	56.7%	**2549**	**1488**	**194**	**8043**

What the data tells us

- Powys residents in Welsh acute care providers have continued to see very long waits fall, however the waiting list as a total continues to grow with increased challenge in key providers being represented in as special cause concern for those waiting over 36 weeks.
- As of November, 382 patient pathways waited over 52 weeks for a new outpatient appointment, only Swansea Bay University Health Board is compliant with zero breaches.

Provider	Patients waiting > 104 weeks
ABUHB	54 (38 T&O, 3 ENT, 11 Ophthalmology, 2 General Surgery)
BCUHB	49 (4 General Surgery, 12 Gynaecology, 8 Ophthalmology, 10 ENT, 5 Oral Surgery, 3 Orthodontics, 3 Dermatology, 1 Urology and 3 Pain Management)
C&VUHB	16 (3 T&O, 3 Gynaecology, 6 Clinical Immunology and Allergy, 1 Urology and 3 Ophthalmology)
CTMUHB	10 (2 T&O, 3 ENT, 3 Ophthalmology, 1 Oral Surgery, 1 Restorative Dentistry)
HDUHB	42 (25 T&O, 12 Ophthalmology, 3 Urology, 1 ENT and 1 Colorectal Surgery)
SBUHB	23 (8 T&O, 5 Gynaecology, 2 plastic surgery, 4 general surgery, 3 ENT and 1 urology)

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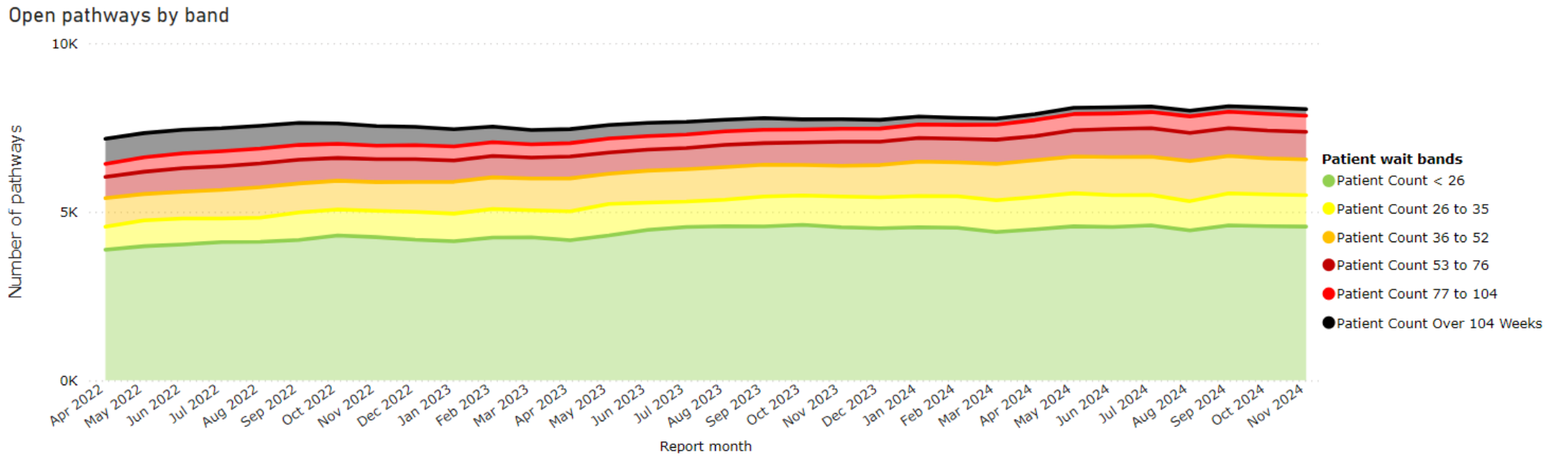
RTT open pathway waiting list snapshots by month and band of wait for combined Welsh providers excl. PTHB
April 2022 to November 2024
Source DHCW



Challenges

- May 2024 Cabinet Secretary detailed required areas for improvement across Planned Care:
  - 40% reduction in number of patients waiting over 52 weeks for new outpatient appointment by September 2024; zero by March 2025.
  - Zero patients waiting more than 104 weeks for referral to treatment by end of December 2024.
  - Number of patients waiting more than 8 weeks for a specified diagnostic: 95% to be zero by December 2024.
- Welsh acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

Actions & Mitigations

- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against Getting it Right First Time (GIRFT) pathway and case mix recommendations are discussed and noted.
- Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2024/25, the majority of PTHB patients in this cohort are sitting with commissioned providers.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 30, 32, and 33** | **Frequency - Monthly**

Planned Care & Cancer – English Commissioned Referral to treatment (RTT)

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

Latest available	Oct-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		

	Oct-24	No. long waits by cohort, with latest SPC variance						Total pathways Waiting
English Providers	% of Powys residents < 26 weeks for treatment	All pathways waiting over 36 weeks.		All pathways waiting over 52 weeks.		All pathways waiting over 104 weeks.		
English Other	69.3%	60		14		0		309
Robert Jones & Agnes Hunt Orthopaedic & District Trust	53.9%	1175	H	625	H	36	H	3563
Shrewsbury & Telford Hospital NHS Trust	57.2%	1338	H	475	H	0		5105
Wye Valley Trust	69.5%	543	L	104	L	0		3506
Total	60.0%	**3116**	H	**1218**	H	**36**	H	**12483**

What the data tells us

- Powys residents in English acute commissioned service providers continue to see generally faster access for treatment.
- English providers still report an improved position when compared to waiting pathways in Wales.
- Robert Jones and Agnes Hunt show ongoing and growing challenge over all long wait measures.

RTT open pathway waiting list snapshots by month and band of wait for combined English providers
Source DHCW

Challenges

- English acute care providers continue to experience ongoing challenges due to increased demand and service sustainability issues.
- Powys residents who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North & East of the county. Those residents living in southwest health economy wait the longest.
- Long wait pressure by treatment specialty remains:
  - RJAH - T&O, General Medicine, Rheumatology.
  - SATH – General Surgery, Ophthalmology, Gastroenterology, ENT, Gynaecology
  - WVT - Ophthalmology, T&O, Cardiology, Gastroenterology, Urology.
- NHS England 2024/25 priorities:
  - Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%.
  - Eliminate waits of over 65 weeks for elective care as soon as possible and by September 2024 at the latest (except where patients choose to wait longer or in specific specialties).
- SATH reviewed and updated their patient administration system during Q1 2024/25, this has unfortunately been challenged with system problems and waiting list including outpatient and inpatient data disrupted, the health board receive regular updates and confirmed that data on track for month 12 to enable full year 24/25 reporting and on track for full BAU by May 25.
- NHSE intentions – 'Reforming elective care for patients' – including 92% of patients to wait <18 weeks by March 2029.

Actions & Mitigations

- English providers have mobilised additional capacity including insourcing, outsourcing, increase usage of additional payments for clinical activity.
- Agreed to work to extend month 1-6 activity/finance for remainder of 24/25
- Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.
- Continued to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.
- PTHB developed productive pathways for planned care with actions including referral management, effective clinically led pathways, implementation of GIRFT recommendations, theatre utilisation improvement.
- RJAH developing consultant in uppers and specialty lead job plan to support implementation of PTHB MSK triage service to facilitate increased referral management via single point of access to support reduction in ortho waiting lists.

Patterson Liz
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Planned Care & Cancer – English Commissioned Referral to treatment (RTT) Main Provider Detail

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

RTT pathways snapshot October 2024 – Main Providers.

Further detail on English open pathways by specialty and wait band – please note that all specialties with less that 25 pathways have been grouped.

Wye Valley NHS Trust		Number by week wait band				
	% under 26 weeks	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	Grand Total
130 - OPHTHALMOLOGY	70.2%	325	74	52	12	463
110 - TRAUMA & ORTHOPAEDICS	56.5%	249	68	81	43	441
320 - CARDIOLOGY	59.4%	193	62	58	12	325
301 - GASTROENTEROLOGY	65.6%	187	47	47	4	285
101 - UROLOGY	65.7%	174	47	38	6	265
120 - ENT	73.2%	183	37	22	8	250
330 - DERMATOLOGY	72.2%	156	40	19	1	216
502 - GYNAECOLOGY	65.8%	133	27	31	11	202
340 - THORACIC / RESPIRATORY MEDICINE	73.9%	139	26	20	3	188
104 - COLORECTAL SURGERY	85.2%	92	9	7		108
103 - BREAST SURGERY	80.2%	77	11	7	1	96
100 - GENERAL SURGERY	81.7%	67	10	5		82
106 - UPPER GASTROINTESTINAL SURGERY	58.3%	42	15	14	1	72
400 - NEUROLOGY	77.8%	49	7	6	1	63
160 - PLASTIC SURGERY	83.6%	51	4	6		61
401 - CLINICAL NEUROPHYSIOLOGY	98.1%	53	1			54
410 - RHEUMATOLOGY	70.0%	28	7	5		40
107 - VASCULAR SURGERY	90.0%	36	2	2		40
420 - PAEDIATRICS	68.4%	26	9	3		38
140 - ORAL SURGERY	67.6%	25	3	8	1	37
302 - ENDOCRINOLOGY	88.2%	30	3	1		34
300 - GENERAL MEDICINE	100.0%	28				28
GROUPED SPECS < 25 total patients waiting per spec	79.7%	94	17	7	0	118
Grand Total	**69.5%**	**2437**	**526**	**439**	**104**	**3506**

Shrewsbury and Telford NHS Trust		Number by week wait band					
	% under 26 weeks	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Grand Total
100 - GENERAL SURGERY	57.6%	455	116	144	72	3	790
130 - OPHTHALMOLOGY	46.2%	313	151	175	39		678
301 - GASTROENTEROLOGY	57.6%	366	151	96	22		635
120 - ENT	41.5%	200	60	103	96	23	482
502 - GYNAECOLOGY	60.6%	275	52	72	51	4	454
320 - CARDIOLOGY	67.7%	254	68	39	14		375
101 - UROLOGY	74.9%	274	50	38	4		366
330 - DERMATOLOGY	67.6%	242	72	33	11		358
140 - ORAL SURGERY	39.6%	113	36	64	59	13	285
340 - THORACIC / RESPIRATORY MEDICINE	52.6%	122	39	45	26		232
300 - GENERAL MEDICINE	63.6%	117	26	27	14		184
822 - CHEMICAL PATHOLOGY	47.3%	26	6	4	12	7	55
420 - PAEDIATRICS	77.3%	34	3	6	1		44
143 - ORTHODONTICS	73.1%	19	5	2			26
GROUPED SPECS < 25 total patients waiting per spec	78.7%	111	11	15	4	0	141
Grand Total	**57.2%**	**2921**	**846**	**863**	**425**	**50**	**5105**

Robert Jones and Agnes Hunt NHS Trust		Number by week wait band						
	% under 26 weeks	0 to 25 Weeks	26 to 35 Weeks	36 to 52 Weeks	53 to 76 Weeks	77 to 104 Weeks	Over 104 Weeks	Grand Total
110 - TRAUMA & ORTHOPAEDICS	48.7%	1421	391	487	422	162	36	2919
300 - GENERAL MEDICINE	85.2%	305	41	12				358
410 - RHEUMATOLOGY	56.2%	113	33	51	4			201
400 - NEUROLOGY	95.1%	77	3		1			81
GROUPED SPECS < 25 total patients waiting per spec	100.0%	4						4
Grand Total	**53.9%**	**1920**	**468**	**550**	**427**	**162**	**36**	**3563**

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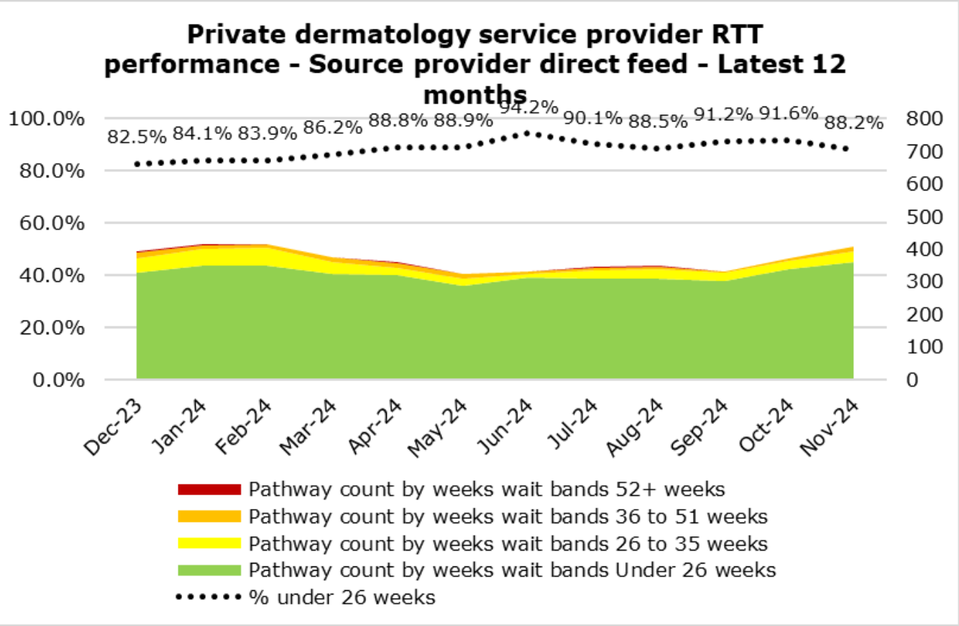
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures –** | **Frequency - Monthly**

Referral to Treatment - Private dermatology service provider

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

Latest available	Nov-24	Status of measure	Level 2a
Measure type	Commissioned	Quality of measure data	Good
Data source of measure	DCHW		



Snapshot month	% under 26 weeks	Pathway count by weeks wait bands				Total Waiting
		Under 26 weeks	26 to 35 weeks	36 to 51 weeks	52+ weeks	
Nov-23	81.8%	320	47	21	3	391
Dec-23	82.5%	325	45	18	6	394
Jan-24	84.1%	348	51	12	3	414
Feb-24	83.9%	348	56	9	2	415
Mar-24	86.2%	324	37	13	2	376
Apr-24	88.8%	318	25	13	2	358
May-24	88.9%	288	20	14	2	324
Jun-24	94.2%	311	12	6	1	330
Jul-24	90.1%	310	24	6	4	344
Aug-24	88.5%	309	30	7	3	349
Sep-24	91.2%	301	26	2	1	330
Oct-24	91.6%	339	25	6	0	370
Nov-24	88.2%	359	33	15	0	407

What the data tells us

- November 2024 shows a slight decrease in performance. 88.2% of patients wait under 26 weeks for treatment whilst 15 patients are currently waiting over 36 weeks.

Patterson Liz
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Challenges

- Reduced NHS contract capacity for routine (Wye Valley NHS Trust). Currently exploring alternative providers including capacity commissioned from private provider.
- Focus on long waits and follow ups impacting on increase in activity in lower waiting bands.

Actions & Mitigations

- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.
- Scoping exercise being undertaken to identify additional capacity requirements (routine).
- SMC continue to support Powys pilot with dermoscopy referrals, longest waiter in Nov at 40/52.

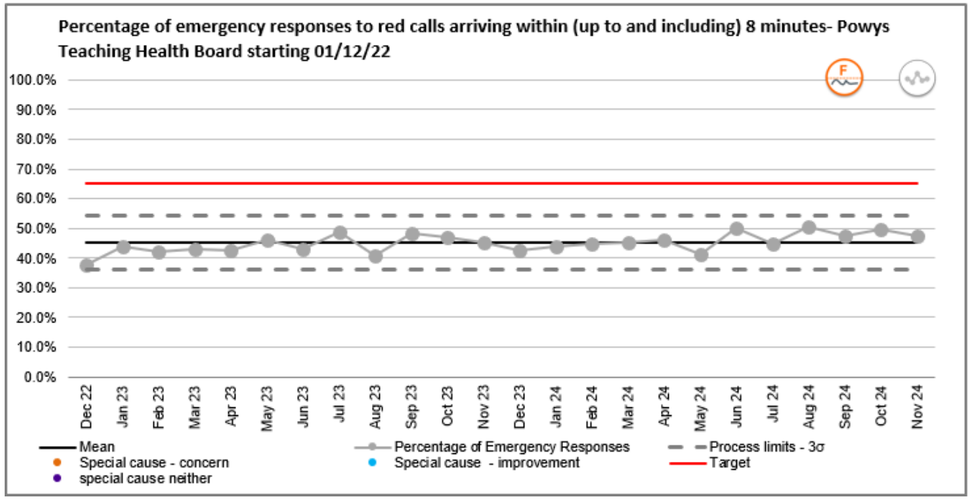
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 19** | **Frequency - Monthly**

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

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

Latest available	Nov-24	Status of measure	Level 2a
Reported performance	47.6%	Benchmark position (Wales)	3rd (47.6%)
Target	65%		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- The reported performance in November has shown a decrease in performance to 47.6% compliance for the 8-minute emergency response target for red calls.
- Performance remains common cause variation.
- The performance data supports that without a significant intervention to system the commissioned WAST service will not achieve the national target of 65.0%.
- PTHB ranks 3rd and the All-Wales position is 47.6%

Challenges

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.
- Handover delays more than 15 minutes continue to be a challenge with lengthy handover delays continuing to be experienced at most DGHs.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Temporary relocation of stroke services from Prince Charles Hospital (PCH) to Royal Glamorgan Hospital (RGH) from 6th January may impact on stroke conveyances.

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission.
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- falls work has resulted in 15% reduction in WAST attendances to falls in Care Homes in Q1 2024/25.
- PCH will continue to provide emergency assessment and treatment for Stroke patients, temporary changes mean that ambulance service will convey with stroke or suspected stroke patients to alternative hospital to PCH (number of patients likely to be affected reviewed to assist this change).

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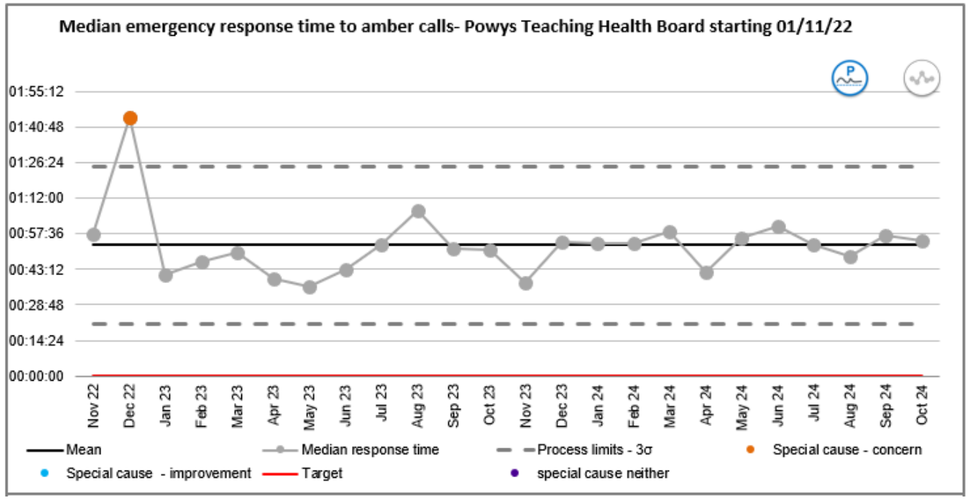
Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 20** | **Frequency - Monthly**

Urgent & Emergency Care - Median emergency response time to amber calls

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

Latest available	Oct-24	Status of measure	Level 2a
Reported performance	00:54:35	Benchmark position (Wales)	1st (01:53:48)
Target	12-month reduction target		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	WAST		
Recover by?	Commissioned provider, unable to provide recovery estimate.		



What the data tells us

- Median amber response times have reported a decrease in performance in October 2024 to 00:54:35.
- PTHB ranks 1st in Wales with the All-Wales average at 01:53:48.

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21/01/2025 14:49:03

Challenges

- Demand for urgent care services continues to increase including calls to 999 ambulance services.
- Handover delays at A&E sites are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.
- Noticeable shift in demand acuity away from red to Amber 1.

Actions & Mitigations

- All hospital providers running A&E services have been asked to improve flow so that ambulance turnaround times can be improved.
- All Wales urgent care system escalation calls being held daily (often more than once per day).
- Health Boards asked to review Local Options Frameworks. Most Health Boards who run acute services have now deployed elements of this service resilience option.
- Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.
- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays (ICAP), including enhancement of current in-county pathways to reduce admission.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 21 & 22** | **Frequency - Monthly**

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

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

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

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

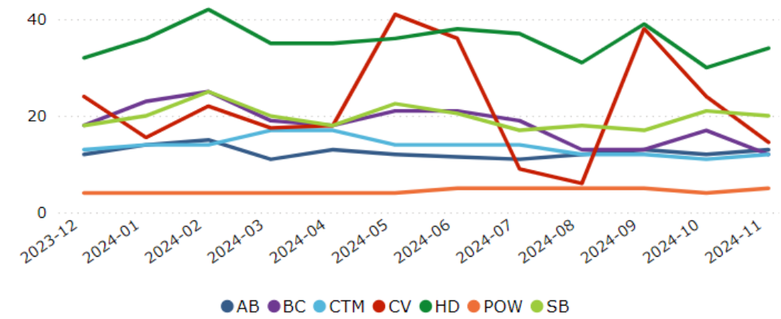
What the data tells us

- Access to median emergency departments data for Powys residents has been made available from June 2024 with access provided to the data via the DHCW. This data is currently being used for Information with analysis development to drive assurance conversations with commissioned service providers.
- The data is currently only available for Welsh providers.
- Median wait times are affected by the denominator size e.g., Cardiff and Vale UHB have average 10 PTHB resident attendances per month in 2024/25 as a result this will skew the performance vs their all-patient picture.
- For Powys residents in Welsh acute providers an average wait of 17 minutes is reported for triage in October. ABUHB & CTMUHB are noted as being under the 15-minute national target.
- For Powys residents in Welsh acute providers an average wait of 58 minutes is reported for wait to senior clinical decision below the 60-minute target, however all providers bar SBUHB breach. Due to SBUHB excellent performance against this target the average performance is skewed and will require further investigation.

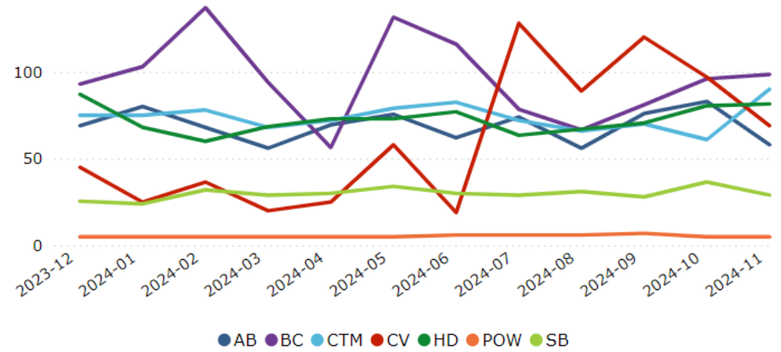
Actions & Mitigations

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

Median Wait from Arrival to Triage (minutes)



Median Wait from Arrival to Clinician (minutes)



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

Oct-24				
Emergency access provider	Median wait to triage – Powys resident - minutes	Median wait to triage – All patients attending - minutes	Median wait to senior clinical decision – Powys resident - minutes	Median wait to senior clinical decision – All patients attending - minutes
ABUHB	12	19	83	177
BCUHB	17	21	96	122
CTMUHB	11	12	61	66
C&VUHB	24	9	97	71
HDUHB	30	29	81	73
SBUHB	21	28	37	29

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Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measure – 23 & 24** | **Frequency - Monthly**

Urgent & Emergency Care - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Urgent & Emergency Care - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

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

Latest available	Nov-24	Status of measure	Level 2a
Target	Improvement compared to the same month in the previous year, towards the national target of 95%.		
Measure type	Commissioned	Quality of measure data	England Poor
Data source of measure	DHCW EDDS		

What the data tells us

Welsh Emergency Access (A&E) providers

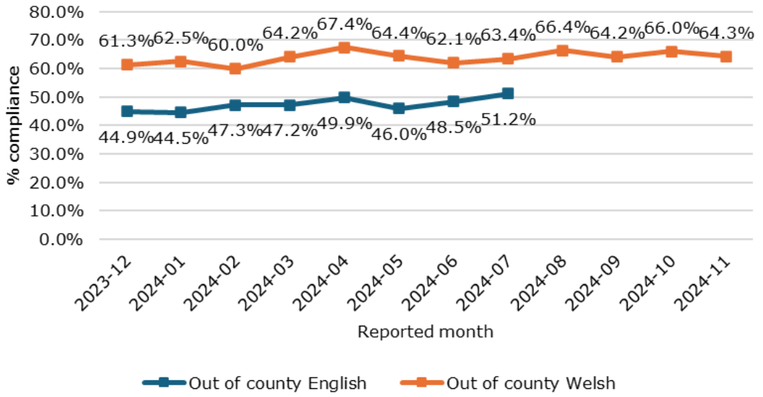
- Powys residents have seen a slight decrease to 64.3% for those waiting under 4 hrs in Welsh units..
- Patients waiting over 12 hrs reports 153 in November 2024

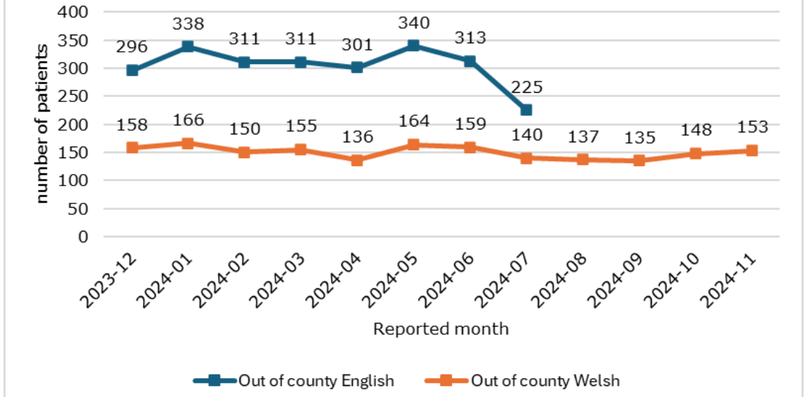
English Emergency Access (A&E) providers

- Powys residents attending English emergency units see the longest wait with 51.2% reported for July as waiting less than 4 hrs in their units.
- 225 Powys residents waiting longer than 12 hrs in English units during July.

Data Quality

- Data quality is poor for the Commissioned EDDS services in England, currently Shrewsbury and Telford NHS Trust (SATH) data is not available from August. As SATH provide a large proportion of emergency care all English figures have been removed beyond July until the data is fixed by the national team.





Challenges

- More Powys residents flow into emergency units in England than Wales, where the greatest compliance pressures occur.
- Handover times of ambulances are poor at key sites in Wales & England with patients waiting a considerable period before being admitted to A&E.
- Providers experiencing challenges of increased demand, over occupancy in departments, long waits for inpatient beds, delay in discharge of clinically optimised patients.
- Poor data quality with data unavailable from SATH from July 2024.

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Actions & Mitigations

- PTHB as provider to continue to progress Urgent and Emergency Care plans within context of Better Together (including falls prevention pathway, frailty models, enhanced care in the community and Same Day Urgent Care).
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services and WAST colleagues to develop improvement plan for Powys.
- Urgent and Emergency Care Programme work ongoing within Powys,- Community falls framework partially implemented, with greater focus on falls prevention.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 24** | **Frequency - Monthly**

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

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

Latest available	Nov-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	DHCW		

HealthBoard	2024-04	2024-05	2024-06	2024-07	2024-08	2024-09	2024-10	2024-11
Aneurin Bevan UHB								
Pathways With Treatment	18	10	11	18	15	11	9	13
Treated Within 62 Days	11	5	9	10	9	7	8	7
Breaching 62 Day Target	7	5	2	8	6	4	1	6
% Treated Within Target	61%	50%	82%	56%	60%	64%	89%	54%
Betsi Cadwaladr UHB								
Pathways With Treatment				4	1	1	1	2
Treated Within 62 Days							1	2
Breaching 62 Day Target				4	1	1		
% Treated Within Target				0%	0%	0%	100%	100%
Cardiff And Vale UHB								
Pathways With Treatment					1			
Treated Within 62 Days					1			
Breaching 62 Day Target								
% Treated Within Target					100%			
Cwm Taf Morgannwg UHB								
Pathways With Treatment	4	4	3	3	6	6	5	3
Treated Within 62 Days	1	1	1	1	3	2	4	
Breaching 62 Day Target	3	3	2	2	3	4	1	3
% Treated Within Target	25%	25%	33%	33%	50%	33%	80%	0%
Hywel Dda UHB								
Pathways With Treatment	9	8	8	9	8	8	6	8
Treated Within 62 Days	3	3	5	6	6	5	2	7
Breaching 62 Day Target	6	5	3	3	2	3	4	1
% Treated Within Target	33%	38%	63%	67%	75%	63%	33%	88%
Swansea Bay UHB								
Pathways With Treatment	8	7	11	10	12	7	9	9
Treated Within 62 Days	6	6	5	8	6	5	5	5
Breaching 62 Day Target	2	1	6	2	6	2	4	4
% Treated Within Target	75%	86%	45%	80%	50%	71%	56%	56%
Pathways With Treatment	**39**	**29**	**33**	**44**	**43**	**33**	**30**	**35**
Treated Within 62 Days	**21**	**15**	**20**	**25**	**25**	**19**	**20**	**21**
Breaching 62 Day Target	**18**	**14**	**13**	**19**	**18**	**14**	**10**	**14**
% Treated Within Target	**54%**	**52%**	**61%**	**57%**	**58%**	**58%**	**67%**	**60%**

Closed Pathways - Nov 24 - suspicion to treatment days of wait band (target within 62 days)

HealthBoard	0-14 days	15 to 28 days	29-62 days	63-104 days	105-200 days	over 300 days	Total
Aneurin Bevan UHB	2	1	4	4	2		13
Betsi Cadwaladr UHB		1	1				2
Cwm Taf Morgannwg UHB					2	1	3
Hywel Dda UHB	1		6		1		8
Swansea Bay UHB		2	3	3	1		9
Total	3	4	14	7	6	1	35

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What the data tells us

- At the end of November at total of 269 pathways were closed for Powys residents across all Welsh providers including PTHB. Of these 234 were downgrades or patients whose pathway closed due to being reported deceased (all reasons). The remaining 35 pathways were closed with the commencement of definitive treatment. 14 patients breached the 62 days target with the longest wait reported as 315 days in Cwm Taf UHB for this period.
- Reported performance for November has fallen slightly to 60% with 14 of 35 pathways being treated within the 62-day target.

- Data quality for reporting - please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards, this can result in pathways being added or in some instances removed following validation, narrative provided in the IQPR could be incorrect following this validation process. Once annual validation is complete the data will be provided with the end of year full IQPR.

Challenges

- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to, diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62-day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- Consistency of receiving completed pathway reports/reviews for Powys residents whose treatment pathway has exceeded 104 days.
- JAG accreditation visit March 2024, immediate safety actions including assurance for on-site clinical support and leadership, clinical KPI's to be collected, clinical chair of Endoscopy User Group.
- In May 2024 following limited improvement the Cabinet Secretary confirmed incremental improvement goals for the SCP pathway (regardless of the referral route) with providers expected to achieve 60% performance by December 2024, and 70% performance by March 2025.

Actions & Mitigations

- New monthly Executive led cancer meeting to discuss system challenges and concerns.
- Retrospective review with commissioners for 2023/24 very long waits e.g., where days are beyond 146 days (Q1 currently underway).
- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- New digital report for enhanced assurance utilising key elements of national workstream but with Powys resident's focus.
- SCP performance discussion monthly with Welsh Government and the NHS Executive team.

Healthier Wales Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

Access & Activity | **NHS Performance Measures – 24** | **Frequency - Monthly**

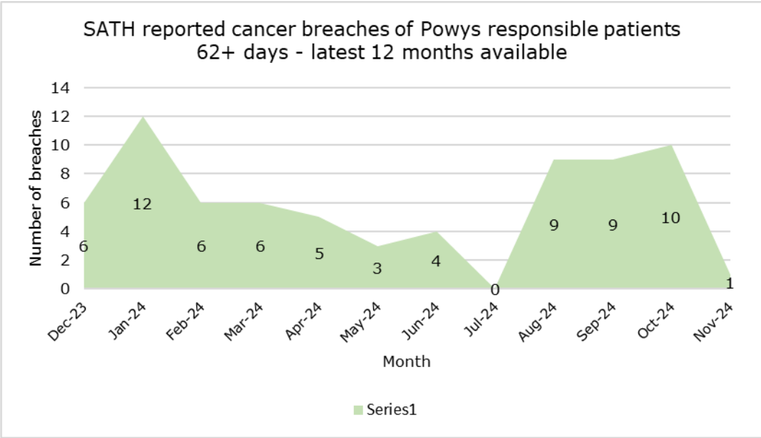
Planned Care & Cancer – Percentage of patients starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)

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

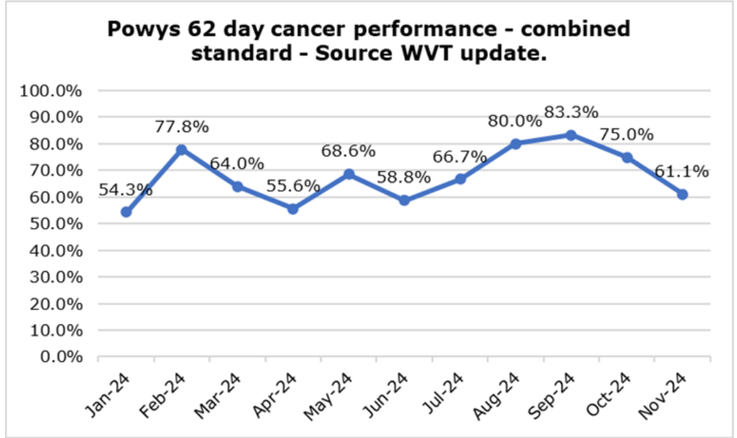
Latest available	Nov-24	Status of measure	Level 3
Measure type	Commissioned	Quality of measure data	Average
Data source of measure	Manual Provider Feeds, and NHS England reporting.		

NHS England Cancer Measures, and target

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



No breach data received for Jul-24



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

Nov-24	SATH	WVT	All English Providers	Target
28-day FDS	69.2%	78.7%	77.4%	75%
31-day DTT	89.6%	91.5%	91.0%	96%
62-day USC	64.0%	73.4%	69.4%	85%

Statistics » Cancer Waiting Times (england.nhs.uk)

What the data tells us

Powys re62-daynts attending English providers are measured in line with key NHS England cancer targets. The closest match to the Welsh Single Cancer Pathway measure is that of the Two Month (62-day) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer. As a commissioner PTHB uses this key measure to gauge the compliance of our resident care in England.

- Shrewsbury and Telford NHS Trust (SATH) report 1 breach in November for a Powys resident under colorectal tumour type, the wait was reported at longer than 104 days and because of complex diagnostic pathway requirements.
- SATH's overall compliance (all patients not just Powys residents) is below average for England in August (table 1).
- Wye Valley NHS Trust (WVT) has now provided us with monthly compliance against the 62 day cancer pathway from suspicion. Performance reported in November was 61.1%. It should be noted that only nine Powys accountable residents were reported as requiring treatment in November, resultant low numbers challenge percentage compliance.
- WVT overall compliance reports higher performance bar against the English average on all measures and is compliant against the 28-day faster diagnosis target.

Challenges

- Consistency of receiving completed harm reviews for Powys residents whose treatment pathway has exceeded 104 days.
- Capacity challenges for complex diagnostics, theatre capacity.
- SATH fragility specifically with Oral and Maxi facial capacity due to medical vacancies/sickness.
- NHS England 2024/25 priorities:
  - Improve performance against the headline 62-day standard to **70% by March 2025.**
  - Improve performance against the 28-day Faster Diagnosis Standard to **77% by March 2025 towards the 80% ambition by March 2026.**

Actions & Mitigations

- SCP performance reviewed regularly through CQPRM process and reported through PTHB Integrated Quality & Performance Report, which highlights variation across providers in NHS Wales and NHS England.
- Re-commenced engagement with NHS Digital England to access the central Cancer Waits Information system for Powys responsible patient information to provide enhanced overarching assurance on pathways.
- SATH outsourcing/redirecting referrals where possible, utilising mutual aid where available and actively triaging all referrals to focus on cancer and treat accordingly (impact on routine waiters)

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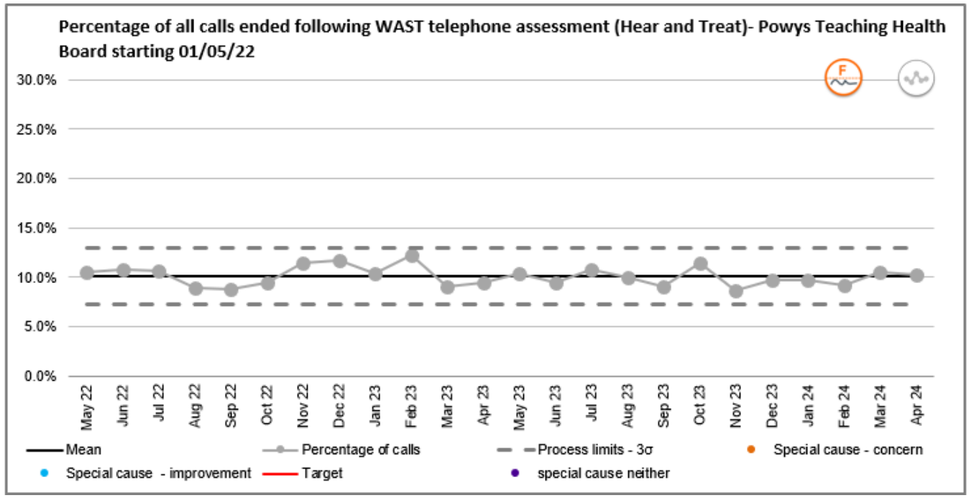
Healthier Wales Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation and enabled by data and focused on outcomes

Access & Activity | **NHS Performance Measure – 42** | **Frequency - Monthly**

Urgent and Emergency Care - Percentage of calls ended following WAST telephone assessment (Hear and Treat)

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

Latest available	Apr-24	Status of measure	Level 2a
Reported performance	10.3%	Benchmark position (Wales)	7th (15.2%)
Target	17% or more		
SPC assurance rating	Common cause variation		
Measure type	NHSPF	Quality of measure data	Good
Data source of measure	Welsh Government Scorecard		
Recover by?			



What the data tells us

- Powys has not met the national target in April with 10.3% reported against the 17% target. It should be noted that the health board area ranks 7th against the All-Wales position of 15.2% for April 2024.

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Challenges

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.

Actions & Mitigations

- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.
- Work ongoing with Joint Commissioning Committee Emergency Ambulance Services colleagues to develop improvement plan for Powys.

PTHB Integrated Quality & Performance Framework Escalation Framework 2024/25

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

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

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

Domains	
Safe	Our healthcare system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored and where possible, risks to safety are reduced or prevented. We promote and protect the wellbeing, and safety of children and adults who become vulnerable or at risk at any time. Where children or adults may be experiencing or are at risk of abuse or neglect, we take appropriate, timely action and report concerns.
Timely	Our healthcare system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.
Effective	Our healthcare system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal and possible outcomes that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.
Efficient	Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments that ensure any interventions represent the best value that will improve outcomes for people.
Equitable	Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality by organisation providing care, location where care is delivered or personal characteristics (such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation). We embed equality and human rights in our health care system.
Person Centred	Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.
Enablers	
Leadership	Our health care system has visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.
Workforce	Our healthcare system recruits, retains, develops and extends roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.
Culture	Our healthcare system creates the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.
Information	Our healthcare system ensures information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.
Learning, improvement and research	Our healthcare system creates the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.
Whole system approach	Our healthcare system ensures safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.

Patterson Liz 27/01/2023 14:40:23

NHS Executive Key Performance Indicator Trajectories – Submitted May 2024

Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

At the start of 2024/25 financial year NHS Executive wrote to all health boards and trusts setting out a requirement for improved waiting times, this to drive improvements in patient care and experience. Five areas were highlighted, and minimum access targets provided. As a health board PTHB provided trajectories to meet or exceed these minimum planned care targets to achieve the targets.

The below table contains submission trajectories and is colour and icon coded dependant on compliance, please note that:
- Value cell shading red/green, this denotes compliance to health board submitted trajectory as a key performance indicator
- Value cell icon either green tick or red cross denotes compliance against the NHS Performance Framework target.

Ministerial Priority Measures			Baseline		Month							
Measure	NHS Performance Target	KPI Improvement Target	Mar-24		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Number of patients waiting more than 52 weeks for a new outpatient appointment	Zero	40% reduction by end of September 2024 Zero by March 2025	0	Performance trajectory	55	65	55	45	20	8	5	0
				Actual	✓ 0	✓ 0	✓ 0	✗ 1	✗ 1	✓ 0	✓ 0	✓ 0
Number of patients waiting more than 104 weeks for referral to treatment	Zero	Zero end of December 2024	1	Performance trajectory	0	0	0	0	0	0	0	0
				Actual	✓ 0	✗ 1	✗ 2	✗ 3	✗ 3	✓ 0	✓ 0	✓ 0
Number of patients waiting over 8 weeks for a specified diagnostic	Zero	95% to be zero by December 2024	116	Performance trajectory	230	200	150	75	30	0	0	0
				Actual	✗ 140	✗ 171	✗ 157	✗ 155	✗ 140	✗ 124	✗ 107	✗ 83
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge	Zero	20% reduction by September 2024 Further 20% reduction by March 2025	0	Performance trajectory	0	0	0	0	0	0	0	0
				Actual	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0	✓ 0
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people age under 18 years	80%	80% by December 2024	97.7%	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
				Actual	✓ 80.0%	✓ 86.5%	✓ 83.7%	✓ 93.1%	✓ 90.0%	✓ 87.5%	✓ 92.1%	✓ 89.20%
Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over	80%	80% by December 2024	91.1%	Performance trajectory	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%	85.6%
				Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.10%	✓ 87.50%	✓ 91.7%	✓ 92.3%	✓ 98.30%

Mental Health performance improvement trajectories 2024/25 – Submitted May 2024

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At the start of 2024/25 financial year Welsh Government policy and performance leads requested trajectories to support internal NHS Wales delivery assurance process for the operational delivery of mental health performance, forming part of routine mental health touchpoint meetings with Health Board colleagues as well as Integrated Quality, Planning and Delivery meetings between Health Boards, Welsh Government and the NHS Executive.

The below table contains key elements for the submitted trajectories and is colour and icon coded dependant on compliance, please note that:

- Value cell shading red/green, this denotes compliance to health board submitted trajectory as a key mental health performance indicator
- Value cell icon either green tick ✓ or red cross ✗ denotes compliance against the NHS Performance Framework target.

Policy Lead Priority Measures				Month							
Age Group	Measure	Target		Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24
Under 18's	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✓ 98.1%	✓ 100.0%	✓ 94.6%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%	86.0%
			Actual	✓ 80.0%	✓ 86.5%	✓ 83.7%	✓ 93.1%	✓ 90.0%	✓ 87.5%	✓ 92.1%	✓ 89.2%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%	90.0%
			Actual	✓ 94.1%	✓ 93.9%	✓ 90.8%	✓ 91.0%	✓ 93.6%	✓ 94.9%	✓ 94.9%	✓ 97.8%
	Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHS or ASD neurodevelopment assessment	80%	Performance trajectory	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%	45.0%
			Actual	✗ 45.4%	✗ 45.8%	✗ 39.6%	✗ 42.0%	✗ 37.2%	✗ 34.3%	✗ 30.9%	✗ 30.5%
	SCAMHS - % of patients waiting less than 28 days for a first appointment for sCAMHS	80%	Performance trajectory	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%
			Actual	✓ 98.0%	✗ 92.7%	✓ 93.8%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%	✓ 100.0%
18 years and over	Mental Health Measure Part 1a - % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	Performance trajectory	70.0%	70.0%	70.0%	75.0%	75.0%	75.0%	75.0%	75.0%
			Actual	✗ 44.1%	✗ 54.1%	✗ 69.2%	✗ 74.0%	✗ 45.3%	✗ 46.7%	✗ 58.7%	✗ 71.4%
	Mental Health Measure Part 1b - % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	80% by December 2024 (80% monthly is NHS Performance Framework Target)	Performance trajectory	86%	86%	86%	86%	86%	86%	86%	86%
			Actual	✓ 95.2%	✓ 95.3%	✓ 93.0%	✓ 95.1%	✓ 87.5%	✓ 91.7%	✓ 92.3%	✓ 98.3%
	Mental Health Measure Part 2 - % of health board residents in receipt of secondary mental health services who have a valid care and treatment plan	90%	Performance trajectory	80%	83%	86%	88%	90%	90%	90%	90%
			Actual	✗ 89.0%	✗ 89.2%	✓ 90.1%	✗ 90.0%	✗ 88.9%	✗ 87.8%	✗ 85.9%	✗ 80.7%
	Psychological Therapies - % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	80%	Performance trajectory	80.0%	83.0%	85.0%	88.0%	90.0%	93.0%	95.0%	95.0%
			Actual	✗ 75.1%	✗ 69.4%	✗ 75.2%	✗ 76.9%	✗ 78.7%	✗ 79.9%	✗ 72.9%	✗ 67.0%

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Powys Teaching Health Board

Agenda item: 4.3

BOARD	**29 January 2025**
Subject:	**Assurance Report for Temporary Service Changes to Minor Injury Units and Colocation Units (Ready To Go Home & Rehabilitation)**
Approved and presented by:	Executive Medical Director
Prepared by:	Assistant Director Innovation & Improvement
Other Committees and meetings considered at:	Executive Committee – 22 January 2025 – who recommend the report to the Board.

PURPOSE:

This paper provides an update to the Board in relation to the evaluation and monitoring of the temporary service changes and updates against the Mitigation Plan for Temporary Service Changes as agreed at Board on 10 October 2024.

RECOMMENDATION(S):

The Board is asked:

- To **RECEIVE** the update on progress to date including the evaluation and monitoring plan
- Take **ASSURANCE** in relation to the delivery of the mitigation plan.

Approve/Take Assurance	Discuss	Note
Y	N	N

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

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EXECUTIVE SUMMARY:

To receive an assurance update on the progress of the Temporary Service Changes approved by the Board on 10 October 2024, including the Evaluation and Mitigation plans. The approved Temporary Service Changes are as follows:

- Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm.

- The implementation of "Ready To Go Home" units in Llanidloes and Bronllys with a strengthened role for Brecon and Newtown to provide community inpatient rehabilitation.

EVALUATION MONITORING AND MITIGATION PLAN DELIVERY:

1.1 Background

At a meeting of the Board on 24 July 2024, the Health Board considered the significant challenges to the quality and sustainability of health services in Powys, and specifically to a number of operational proposals for improving quality and value on a temporary basis.

On 10 October 2024 the Board approved:

- The implementation of temporary changes to Minor Injury Unit (MIU) Services in Brecon and Llandrindod Wells to open from 8am to 8pm for a six-month period

- The implementation of temporary changes to the community hospital model with Llanidloes and Bronllys as "Ready To Go Home" units and with a strengthened role for Brecon and Newtown to provide community inpatient rehabilitation for a six-month period.

This is the second assurance update report to be presented.

1.2 Operational status

- MIU changes went live on 18 November 2024
- Ready to Go units went live on 2 December 2024

1.3 Evaluation & Monitoring Frameworks

Following PTHB Board approval for the implementation of temporary changes commitment was given to ensure evaluation and monitoring as set out in the Monitoring and Evaluation Frameworks. Details of these can be found at Appendix 1.

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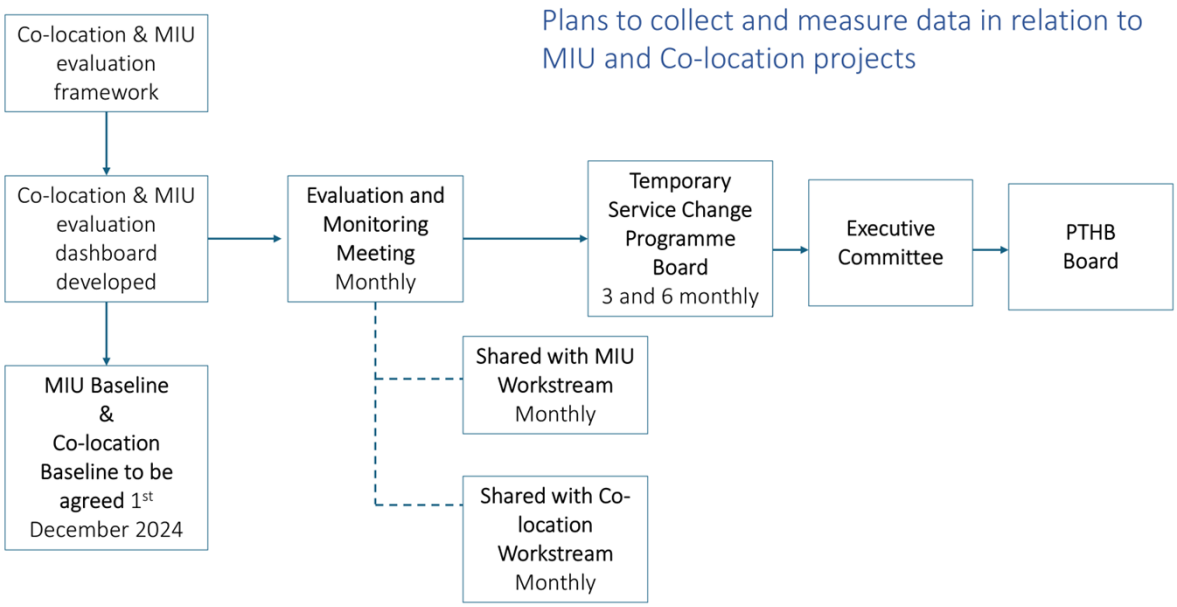
1.4 Monitoring against the Evaluation Frameworks

A **Temporary Service Change Evaluation & Monitoring Group** has been established overseen by the Research, Innovation & Improvement Team. This group is responsible for the active monitoring against the agreed measures, with evaluation and monitoring reported at least monthly through the Strategic Change Programme Board (SCPB). The SCPB will transition to the Temporary Service Change Programme Board from January in line with revised governance following the establishment of the Better Together Portfolio Board.

The Evaluation and Monitoring group will ensure that benefits are captured and that any adverse impacts are identified. It will ensure that triggers to consider stop/pause of temporary changes are identified and reported promptly.



In addition to the agreed Monitoring and Evaluation Framework measures, arrangements are in place to collect the following at the 3-month and 6-month points to contribute to mid-point and summative review:

- Primary Care, Third Sector and Social Care feedback on the model
- PTHB Staff Experience of those directly impacted by the changes
- Service User/patient stories

1.5 Progress on Development and Delivery of the Mitigation Plan

In preparation for the Board consideration on 10 October 2024, an integrated impact assessment was undertaken. This summarises the detailed consideration that has taken place of the potential impact of these proposals across a range of quality, equality and wider strategic factors. The summative quality assessment

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that was undertaken in preparedness for the approval of the temporary service changes is that these changes will deliver an overall quality benefit, as there are high potential positive impacts that outweigh downside impacts with clear potential for sufficiency of mitigation.

As part of the identification of the potential impacts of the two temporary service changes proportionate mitigations were described in the paper to Board on 10 October 2024. A Mitigation Plan has been developed and progress against these will be monitored and reported.

The attached Mitigation Plan Tracking documents which can be found at Appendix 2 provides a summary of the current position and next steps.

To note, all mitigations are on track.

Highlights include:

- Publicity campaign in place via digital channels with regular updates.
- Weekly social media posts advertising opening hours remain in place as part of the publicity campaign., There has been no requirement to raise awareness of short notice closures since the temporary changes were introduced.
- Dedicated leaflets and posters have been created for RTGH and rehabilitation units
- Information about RTGH units including patient leaflet: Ready To Go Home Units - Powys Teaching Health Board
- Information about Rehabilitation Units including patient leaflet: Inpatient Rehabilitation Units - Powys Teaching Health Board

There is also dedicated web content to provide information about temporary models together with a Video from the Executive Director of Nursing.

1.6 Reporting Timeline

Evaluation and Monitoring will be reported through the Temporary Change Programme Board and updates to Board as set out below. In the absence of any trigger to make changes to the models, detail will be reported to board at the end of the process.

Timeline in summary:

Report 1 - Board Update Report including: Assurance on change implementation and progress Reporting and evaluation timeline and process	29 January 2025
Report 2 - Board Assurance Report	26 March 2025
Report 3 - Board Assurance Report	21 May 2025

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Report 4 – 6 Month Evaluation Report with considerations for next steps	30 July 2025

1.7 Steps to be taken at the end of the 6-month temporary period

- The Temporary Service Changes will be monitored monthly through the Evaluation and Monitoring Group.
- During June 2025 there will be a full evaluation of both changes against the evaluation framework utilising the qualitative and quantitative information gathered during the 6-month period.
- The workstream leads will assess the changes against agreed decision-making criteria. These are based on the evaluation framework, benefits and mitigation agreed by Board in October 2024.
- Recommendations based on the evaluation will be considered by Strategic Change Programme Board and Executive Committee before being presented to Board on 30 July 2025

Decision making criteria have been agreed with each workstream based on the benefits and mitigation set out in the Board paper in October 2024. These will be used, together with the full evaluation of the temporary service changes, to make recommendations to the Board in July 2025.

1.8 Any significant positive or adverse issues to highlight

- Nothing to report.

1.9 Any additional risks identified

- Nothing to report.

1.10 Anything to specifically highlight on comms, stakeholder engagement /management

- Nothing to report.

NEXT STEPS:

Evaluation and monitoring will continue as outlined in the plan.

A further assurance update will be presented to Board March 2025.

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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe	X				Review and approval of this paper does not impact on quality standards as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for the Temporary Service Changes agreed on 10th October 2024.
Timely	X				
Effective	X				
Efficient	X				
Equitable	X				
Person Centred	X				
Workforce	X				
Leadership	X				
Culture	X				
Information	X				
Learn, Improve, Research	X				
Whole Systems Approach	X				

EQUALITY:

	No impact	Negative	Positive	Both	
Age	x				Review and approval of this paper does not impact on equality protected characteristics or Welsh Language as this paper provides an update on work under way to continue to develop and deliver the mitigation plan for the Temporary Service Changes agreed on 10th October 2024.
Disability	x				
Gender reassignment	x				
Marriage / civil partnership	x				
Pregnancy / maternity	x				
Race	x				
Religion or Belief	x				
Gender	x				
Sexual Orientation	x				
Welsh Language	x				
Socio-economic status	x				
Social exclusion	x				
Carers	x				

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical	X				Review and approval of this paper does not have further risk impact beyond the key impacts identified in the paper to the Board on 10th October 2024.
Financial	X				
Corporate	X				
Operational	X				
Reputational	X				

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Appendices:

Appendix 1:

Summary of Monitoring and Evaluation Frameworks

Minor Injury Units

An evaluation framework has been developed for changes to the Minor Injury Units. This has been developed collaboratively with clinical, operational, finance, workforce and information colleagues and sets out a range of measures including:

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

Ready To Go Home Units and Rehabilitation Units

An evaluation framework has been developed for the Ready To Go Home Units and Rehabilitation Units collaboratively with clinical, operational, finance, workforce and information colleagues. These are different for each unit. This sets out a range of measures including:

- Reduction in care pathway delays
- Reduction in length of stay
- Reduced complexity on discharge
- Improved workforce utilisation
- Reduction in number of patients awaiting repatriation
- Patient outcomes
- Patient and carer experience
- Step Up Admissions (RTGH)
- Sentinel Stroke National Audit Programme (Rehabilitation Units)

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Appendix 2:

MIU Mitigation Plan Tracking

Updated based on discussion and review at:

MIU Temporary Service Change Workstream	2nd January 2025
Strategic Change Programme Board	7th January 2025
Executive Committee	16th January 2025
Presented to PTHB Board	25th January 2025

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Minor Injury Unit Services in Brecon and Llandrindod Wells to open from 8am to 8pm

Action	Responsibility	Timeline	Updates with date
A marketing campaign would raise awareness of the revised opening hours if approved (Health Board already requires regular cascade to promote short notice changes to opening hours).	Deputy Director Coms & Engagement	By December 2024 and ongoing	Publicity campaign in place via digital channels with regular updates. A further issue for consideration, not directly related to the mitigation plan, relates to public awareness of the role of MIUs and the wider urgent care system.
The marketing campaign would include awareness of alternatives to MIU including more detailed information about which facility to access for given conditions and clinical advice from 111.	Deputy Director Coms & Engagement	By December 2024 and ongoing	Publicity campaign in place via digital channels with regular updates. A further issue for consideration, not directly related to the mitigation plan, relates to public awareness of the role of MIUs and the wider urgent care system.
Relevant directories of service including NHS 111 Wales Online directory would be updated to provide consistent information regarding the current service offer.	Assistant Director CSG		Complete A process for this is already in place. WAST updated with any service changes.
There would be continued promotion of Phone First for all MIU attendances (this will help MIU attenders know whether MIU is open or closed, and signpost to alternatives).	Deputy Director Coms & Engagement	By December 2024 and ongoing	Publicity campaign in place via digital channels with regular updates. A further issue for consideration, not directly related to the mitigation plan, relates to public awareness of the role of MIUs and the wider urgent care system.
There would be new visible signage at hospital entrances to signpost to alternative services.	Deputy Director Coms & Engagement	December 2024	Complete
The need for the Health Board to issue frequent messaging to raise	Deputy Director	By December	Weekly social media posts advertising opening hours remain in place as part of publicity campaign above, but there has

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awareness of short notice changes to MIU overnight opening times would significantly reduce, also reducing confusion and uncertainty for patients.	Coms & Engagement	2024 and ongoing	been no requirement to raise awareness of short notice closures since the temporary changes were introduced.

Complete	
On Track	
Delayed, plan in place to recover	
Off Track	

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Co-location Mitigation Plan Tracking

Updated based on discussion and review at:

Co-location Temporary Service Change Workstream	2nd January 2025
Strategic Change Programme Board	7th January 2025
Executive Committee	16th January 2025
Presented to PTHB Board	25th January 2025

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The implementation of temporary changes to community hospital model with Llanidloes and Bronllys as "Ready To Go Home" units and Brecon and Newtown as Rehabilitation Units

Action	Responsibility	Timeline	Updates with date
Model supports strategic ambition in Health & Care Strategy and Integrated Plan	Assistant Director CSG		Complete That the change was in line with strategic aims was part of the assessment for 'go live'
Model supports delivery of NHS Wales Rehabilitation Framework	Assistant Director CSG	Ongoing	Rehabilitation outcomes will be collected as part of the evaluation.
Expand information and signposting for all Units including travel information and wider social support	Assistant Director CSG	By December 2024 and ongoing	Included in comms documentations – leaflets, patient information etc.
Risk of adverse impact for some patients from isolation	Assistant Director CSG	March 2024	Availability of tablet for virtual communication between family and patient Focus on prevention of deconditioning and activity to provide stimulation Explore expansion of activity availability on unit to support ward team
Risk of adverse impact for some families & unpaid/informal carers for travel costs	Assistant Director CSG Comms team		Flexible visiting times will be maintained and strengthened Placement in nearest RTGHU to usual place of residence Promotion of benefits for RTGHU including reduction of deconditioning leading to lower levels of long-term need and potential reduction in Length of stay Engagement with PCC for continued focus on public transport routes between market towns.

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			Development of leaflet and posters for public education
Risk to some Welsh speaking patients placed in locations with reduced local uptake of Welsh language		Complete	Existing policies in place to ensure Welsh Language compliance Availability of translation services
SOPs will clarify criteria-led admission	Assistant Director CSG	By December 2024	Complete and signed off.
Explainer leaflet for patients and families using RTGH and Rehabilitation Unit	Deputy Director Engagement and Workstream / Lead Nurse	By December 2024	Complete Leaflets in place. Printed copies are available on the wards and digital copies available from the PTHB website
Raise public awareness of role of the RTGH and rehabilitation units	Deputy Director Engagement and Communication	December 2024	Dedicated leaflets created for RTGH and rehabilitation units: Dedicated web content to provide information about temporary model Video explainer from Nurse Director Direct mail to stakeholders. Posters up on walls in the appropriate areas. Information about RTGH Units including patient leaflet: Ready To Go Home Units - Powys Teaching Health Board Information about Rehabilitation Units including patient leaflet: Inpatient Rehabilitation Units - Powys Teaching Health Board
No reduction in bed numbers (155) – need to confirm to give assurance	Assistant Director CSG	By December 2024 and ongoing	No change - December 2024
No change to medical cover	Assistant Director CSG	December 2024 and ongoing	No change - December 2024

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Agenda item: 4.4

BOARD	**29 JANUARY 2025**
Subject:	**CORPORATE RISK REGISTER**
Approved and presented by:	Helen Bushell, Director of Corporate Governance / Board Secretary
Prepared by:	Governance and Risk Assurance Officer
Other Committees and meetings considered at:	Executive Committee – 22 January 2025 who supported the recommendations to the Board.

PURPOSE:

Provide the Executive Committee with the **January 2025** version of the Corporate Risk Register for discussion, prior to presentation to the Board for ratification.

RECOMMENDATION:

The Board is asked to:

- **REVIEW** the **January 2025** Corporate Risk Register update, included at **Appendix 1**, ensuring that it is a complete and a true reflection of the Health Board's current high-level risks
- **SUPPORT** the increased risk score of CRR001 (financial forecast) from 16 to 20 as recommended by the Executive Committee
- **TAKE ASSURANCE** on the controls and assurance to manage strategic risks and there are actions to address any identified gaps.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:		
1. Focus on Wellbeing	Y	The Corporate Risk Register covers all of the strategic objectives and risks could impact on more than one objective.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

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

There are 12 risks on the register. Following review, it is proposed that the risk score for CRR001 (Financial Forecast) increases to from 16 (L4 x I4) to (L5 x I4) 20, due to scale of remedial actions required to achieve the Financial Plan.

There have been no other changes suggested to risk descriptions or scores to those risks reported in the Corporate Risk Register on the 27 November 2024 Board.

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

Appendix 2 provides the detail of risks to be considered by the Executive Committee.

BACKGROUND AND ASSESSMENT:

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

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

The CRR will continue to develop alongside the BAF to provide summary and detailed information on risks faced by PTHB and the actions being taken, managed and where possible, mitigation of these. A summary including information regarding movement of the various risks will be included in the Board Assurance Framework.

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

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Changes since the last report to the Board

- **Proposed increase of CRR001 (Financial Forecast)** from 16 (L4 x I4) to (L5 x I4) 20
- Action plans have been updated to ensure currency and accurately
- Assurance levels continue to be updated and matured

Committee review of Corporate Risk Registers
Since the last Board meeting in November, Board Committees have continued to meet as planned and consider the risks assigned to the remit of each Committee. Workforce & Culture and Delivery & Performance Committees met in December.

Each Committee was asked to:

- **RECEIVE** and **DISCUSS** the corporate risks within the Committee's remit and any relevant issues
- **TAKE ASSURANCE** that risks are being managed in line with the Risk Management Framework.

There are no issues to report to the Board at this time from Committees.

NEXT STEPS:

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

Committee	Risk Number and Summary
Delivery and Performance	• CRR001 (Financial forecast) • CRR002 (Financial resources) • CRR003 (Resource allocation) • CRR008 (Cyber-attack) • CRR009 (Estates)
Executive	• CRR011 (Power outage) • CRR012 (National Digital Programmes)
Patient Experience, Quality and Safety	• CRR004 (Demand - provider) • CRR005 (Demand – commissioner)
Planning, Partnerships and Population Health	• CRR007 (Primary Care) • CRR010 (Public Health Emergency)
Workforce and Culture	• CRR006 (Workforce)

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

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

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Appendix 1

CORPORATE RISK DASHBOARD (JANUARY 2025)

Risk Lead	Risk ID	Main Risk Category	Risk Description - There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target Y/N	Lead Board Committee
ED FC&SS	CRR 001	Financial Sustainability	The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)	**5 x 4 = 20**	Open	4	No	Delivery and Performance
ED FC&SS	CRR 002	Financial Sustainability	The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.	**4 x 5 = 20**	Open	8	No	Delivery and Performance
ED P&C	CRR 003	Financial Sustainability	The Health Board fails to adequately allocate resources and execute actions to deliver transformation, relevant reconfiguration and longer-term service sustainability, leading to improved health outcomes / experience and reduce for citizens of Powys.	**4 x 4 = 16**	Open	8	No	Delivery and Performance
ED PCC&MH / ED PP&C	CRR 004	Quality	Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys.	**4 x 4 = 16**	Cautious	12	No	Patient Experience, Quality and Safety
ED PP&C	CRR 005	Quality	Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys.	**5 x 4 = 20**	Cautious	12	No	Patient Experience, Quality and Safety

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Appendix 1

Risk Lead	Risk ID	Main Risk Category	Risk Description - There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target Y/N	Lead Board Committee
			Commissioned services may include urgent and emergency health and social care system.					
ED P&C	CRR 006	Quality	Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	**4 x 4 = 16**	Cautious	8	No	Workforce and Culture
ED FC&SS	CRR 007	Safety	Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	**4 x 4 = 16**	Cautious	8	No	Planning, Partnerships and Population Health
ED AHPHS&D	CRR 008	Performance and service sustainability	A cyber-attack results in significant disruption to services and quality of patient care.	**5 x 4 = 20**	Cautious	12	No	Delivery and Performance
ED FC&SS	CRR 009	Quality	The care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**4 x 4 =16**	Minimal	9	No	Delivery and Performance
ED PH	CRR 010	Performance and Service Sustainability	A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	**4 x 4 = 16**	Cautious	TBC	No	Planning, Partnerships and Population Health
ED PH	CRR 011	Performance and service sustainability	A national power outage results in significant disruption to services and the quality of patient care	**4 x 5 = 20**	Cautious	12	No	Executive

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Appendix 1

Risk Lead	Risk ID	Main Risk Category	Risk Description - There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target Y/N	Lead Board Committee
ED AHPHS&D	CRR 012	Digital and Transformation	National Digital Programmes do not always meet Powys requirements	**4 x 4 = 16**	Open	4	No	Delivery and Performance

CORPORATE RISK HEAT MAP: September 2024

There is a risk that...

In-Committee Risks (Private)		*CRR 008 A cyber-attack results in significant disruption to services and quality of patient care (Risk Score: L5 x I4 = 20)* *CRR 011 A national power outage results in significant disruption to services and the quality of patient care (Risk Score: L4 X I5 = 20)* *CRR 012 - National Digital Programmes do not always meet Powys requirements (Risk Score L4 X I4 = 16)*						
Impact	**Catastrophic**	**5**				• CRR011 (Power outage) • CRR002 (Financial resources)		
	Major	**4**				• CRR003 (Resource allocation) • CRR004 (Demand - provider) • CRR006 (Workforce) • CRR007 (Primary Care) • CRR009 (Estates) • CRR010 (Public Health Emergency) • CRR012 (National Digital Programmes)	• CRR001 (Financial forecast) • CRR005 (Demand – commissioner) • CRR008 (Cyber-attack)	
	Moderate	**3**						
	Minor	**2**						
	Negligible	**1**						
			1	**2**	**3**	**4**	**5**	
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**	
			Likelihood					

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Appendix 1

KEY

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Risk Scoring

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

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25

Executive Lead:	
CEO	Chief Executive
ED FC&SS	Executive Director of Finance, Capital and Support Services
D Ops	Director of Operations
ED PCC&MH	Executive Director of Primary Care, Community and Mental Health
ED NQE&FH	Executive Director of Nursing, Quality, Women and Family Health
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED AHPHS&D	Executive Director of Allied Health Professions, Health Sciences and Digital
ED PP&C	Executive Director of Planning, Performance and Commissioning
DCG	Director of Corporate Governance

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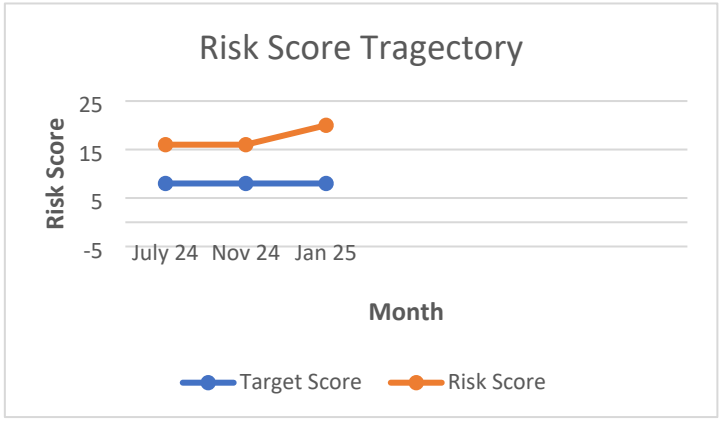
CRR 001 **Risk that:** The Health Board fails to deliver its financial forecast and savings target for the current financial year (2024/25)	**Executive Lead:** Executive Director of Finance, Capital and Support Services **Assuring Committee:** Delivery and Performance Committee
Risk Impacts on: Organisational Priorities underpinning all objectives	**Date last reviewed:** January 2025
Risk Category: Financial and Sustainability	**Boards Risk Appetite:** Open

Risk Rating (likelihood x impact):

Inherent: 4 x 4 = 16

Current: 5 x 4 = 20

Target: 2 x 4 = 8



Date added to the risk register.
June 2024

Source of risk:
Financial Plan

Rationale for current score:

- Financial planning for 2024/25 has identified that the THB will have a significant deficit.
- At a Board meeting in May, the Board approved a revised financial plan for 2024/25, which aims to achieve a financial deficit of £22.948m. The Plan includes an ambitious recurrent £9.9m savings target.
- Notification of £7.2m additional funding for 2024/25.
- A pipeline of schemes and ideas has also been developed, which will lead to further tangible schemes being implemented to enable the £9.9m target to be achieved.
- At Month 7, savings target forecast to be achieved, but significant risks to achieving the financial plan.
- The THB forecasts that it can manage its capital expenditure within the capital allocation.

	Controls (What are we currently doing about the risk?)	Sources of Assurance	Level of Assurance	Highest Assurance provided to:
7.1	Clear Financial Plan approved by Board of £22.948m, revised to £15.770m.	Plan approved by Board	Substantial	Board
7.2	Additional control – CEx and DoF meeting regularly with Executive Directors individually only focussed on	Feedback to Executive Committee	Reasonable	Board

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	Financial performance.			
7.3	Risks and Opportunities – focus and action to maximise opportunities and minimise / mitigate risks.	Plan Management	Reasonable	Board
7.4	HB wide Group established for Variable Pay, identified leads and clear expectation re delivery. Variable pay, CHC and Commissioning regular deep dive areas of focus at D&P Committee to track actions to improve.	Reports to Executive and D&P Committee	Reasonable	Board
7.5	Regular communication and reporting to Welsh Government and NHS Executive (Financial Planning and Delivery Directorate) regarding the impact of pressures and impact on Financial Plan and underlying position.	Monthly Meetings and reporting in line with Escalation plan.	Reasonable	Board

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
The capacity, capability and sustainability of the Finance Team is being re-assessed given the step change in the financial challenges facing the organisation and the increased external scrutiny.	DFC&SS	Review taking place with any identified capacity issues to be identified with prioritisation completed to stop actions where needed or additional resource case completed.	31/07/24	Completed
		Post of assistant FBP recruited to.	31/10/24	
Revisit the assessment of cost pressures in the Financial Plan for 2024/25.	DFC&SS	Under constant review to ensure latest forecast is as accurate as possible with action taken to offset pressures where possible.	Ongoing	Ongoing

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Consider whether saving schemes can achieve more in 2024/25.	DFC&SS	Under constant review and all areas encouraged to develop a pipeline of ideas re improved efficiency. Note Bright Ideas, Opportunities Group and Sustainability Group.	Ongoing	Ongoing
Increase focus on longer term efficiency and sustainability (value) and balance with in year delivery as needed for plan. Value Based Healthcare and Sustainable Model Programme Boards established.	DFC&SS/DWOD	Under constant review – Sustainability Group, Value Based Healthcare approach and action as per Route Map to Sustainability (Better Together, ASM).	Ongoing	Ongoing
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 20		Increased to a score of 20, due to scale of remedial actions required to achieve Financial Plan.		

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CRR 002 **Risk that:** The Health Board fails to manage its financial resources in line with statutory requirements over a three-year period 2024-2027.	**Executive Lead:** Executive Director of Finance, Capital and Support Services **Assuring Committee:** Delivery and Performance Committee
Risk Impacts on: Organisational Priorities underpinning all objectives	**Date last reviewed:** January 2025
Risk Category: Financial and Sustainability	**Boards Risk Appetite:** Open

Risk Rating (likelihood x impact): Inherent: 4 x 5 = 20 Current: 4 x 5 = 20 Target: 2 x 4 = 8		**Rationale for current score:** • Following receipt of additional funding of £7.2m the 2024/25 plan has reduced from a £22.948m deficit to a £15.770m deficit. • The Plan includes an ambitious recurrent £9.9m savings target. This is not currently being fully achieved on a recurrent basis. • The Health Board is experiencing greater cost pressures than its recurrent mitigating actions and additional funding can contain. This is leading to an increase in its underlying deficit. • The scale of this deficit against annual expenditure of circa £460m makes it probable that the organisation will not be able to comply with its statutory duty to breakeven for some time.
Date added to the risk register. June 2024		
Source of risk: Financial Plan		

Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
7.1	Clear Financial Plan included in revised IMTP Submission with recurrent mitigating actions of £9.9m.	Plan approved by Board	Reasonable	Board

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

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Executive Directors are focussed on delivery of £9.9m recurrent mitigating actions targeted for 2024/25.	DFC&SS	Reported regularly to Board and Exec Committee and D&P	Ongoing	Ongoing

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

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CRR 003 **Risk that:** the Health Board fails to adequately allocate resources and execute actions to deliver transformation, relevant reconfiguration, and longer-term service sustainability, leading to improved health outcomes/experience for citizens of Powys.	**Executive Lead:** Executive Director of Finance, Capital and Support Services & Director of Strategic Improvement and Transformation **Assuring Committee:** Delivery & Performance Committee
Risk Impacts on: Organisational Priorities underpinning all WBOs	**Date last reviewed:** January 2025
Risk Category: Financial Stability	**Board's Risk Appetite:** Open

Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 2 x 4 = 8		**Rationale for current score:** • PTHB achieved the financial plan agreed with Welsh Government, ending the 2023/24 year with a deficit of £12m. The financial plan for 2024/25 is to end the year with a £22.9m financial deficit, which requires savings of £9.9m to be achieved, reduced to £15.8m following additional funding of £7.2m. • Lack of data re Patient Outcomes and Patient Experience to support understanding of Powys patients' care and treatment. • Value Based Healthcare approach introduced, but not yet embedded into financial plan and budget allocation fully. • Differences between the Welsh and English systems for commissioning inhibit reallocation of resource to the most appropriate parts of the pathway.
Date added to the risk register. September 2022		
Source of risk: Financial & data analysis		

Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
3.1	Value Based approach in place, including cross-cutting Value Based Health Care programme, with Value Based approach embedded in the IMTP focused on outcomes,	• Value Based Health Care programme plan and	Reasonable	Executive Director of Finance,

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	experience and cost and agreed approach to embed an organisational understanding of value from induction through to leadership development	minutes (including those from relevant subgroups) • NHS Performance Framework returns (twice per annum) in relation to embedding Value Based Health and Care within organisational strategic plans and decision-making processes		Capital, and Support Services (as Co-Chair of the PTHB Value Based Health Care Programme)
3.2	Improving the collection and analysis of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) for Powys patients	• CIVICA in place for the collection of PROMs for patients treated in Powys. • Links made with commissioned providers to collect PROMs and PREMs for Powys patients treated out of county. • PTHB Value Based Health Care programme developing a business case for procurement of a PROMs platform for Powys, in line with other Welsh health boards and national requirements. – *paused given other priorities at present time*	Reasonable	

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3.3	Transformation programmes in place, in line with PTHB IMTP Strategic Priorities, to provide the capacity to deliver the transformational deliverables required	• Transformation updates provided to Executive Committee • Programme plans, minutes etc from the North Powys Wellbeing Programme, Frailty & Community Model incorporating the Six Goals for Urgent & Emergency Care Programme, Planned Care & Diagnostics Programme, Mental Health Transformation Programme, Digital Transformation Programme.	Reasonable	Executive Committee
3.4	Strategic Change programme implementing temporary service changes to support financial sustainability	• Strategic Change Case for Change documents • Reporting into SC Board, Executive Committee and Board • An evaluation framework for each of the temporary changes has been approved	Reasonable	Updates provided to the Board
3.5	Work underway to develop the Route Map to Sustainability, linked to Better Together and achieving financial stability	Output from workshop sessions.	Reasonable	Updates provided to the Board
Mitigating Actions (What more will we do?)				

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

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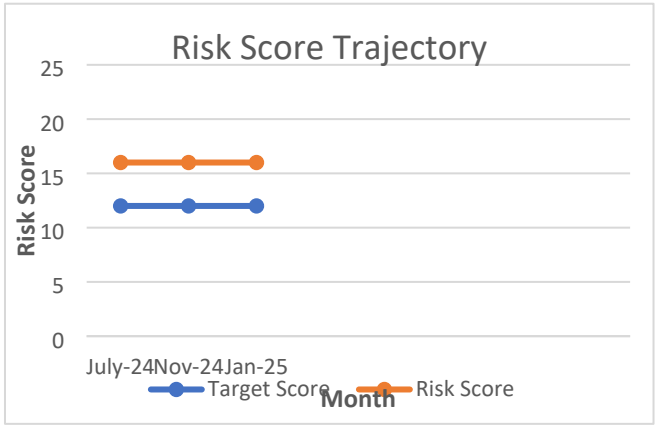
CRR 004 **Risk that: Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for PTHB provided services results in poorer outcomes and experience for the citizens of Powys.**		**Executive Lead:** Executive Director of Primary Care, Community and Mental Health. **Assuring Committee:** Patient Experience, Quality & Safety Committee
Risk Impacts on: Organisational Priorities underpinning WBO 8		**Date last reviewed:** January 2025
Risk Category: Quality		**Boards Risk Appetite:** Cautious
Risk Rating (likelihood x impact): Inherent: 4 x 4 = 16 Current: 4 x 4 = 16 Target: 3 x 4 = 12		**Rationale for current score:** **Planned Care** • NHS Wales Ministerial standards • Whilst services generally perform well against access targets, the fragility of some of the in-reach SLAs creates inherent operational risk to delivery. **Inpatient Beds** • At present capacity is part staffed by continued reliance upon agency staff. This is not a sustainable or affordable model. • On any given day, up to 50% of our beds can be occupied by patients that are clinically optimised and ready for discharge. They are delayed due to a lack of capacity in onward parts of the pathway. Elongated lengths of stay can have a detrimental impact to the long term needs for patients, and an increase to overall rehabilitation needs **Primary Care** • There are some recruitment challenges for staffing in primary care. • Dental access and capacity required does not currently meet demand. **Minor Injury Units**
Date added to the risk register July 24		
Source of risk: Executive Team		

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		• Powys MIUs continue to performance well, in May (latest validated available) reported 100% compliance against 4 hour target and no patients waiting longer than 12 hours. **Mental Health** Elements of the service are currently in internal performance and scrutiny escalation		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
7.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services. Reviewing all in-reach SLA with partner organisations to achieve a more sustainable offer. Implement as many GIRFT and 5 Goals for Planned Care as appropriate for a community-based provider	• Referral data into services from commissioning data sets and supplementary reports received from commissioned providers • Best practice guidance from GIRFT and Welsh Government / NHS Exec	Reasonable	Delivery & Performance
7.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Delivery & Performance
7.3	All services - using demand data to plan to provide the correct level of services provision for all services provided in county	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Delivery & Performance
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Reasonable	Delivery & Performance
7.5	Constantly reviewing staffing level and the amount of agency staff being used. Additional control procedures in	Various workforce and financial reports recording	Limited	Delivery & Performance

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	place to authorise the use of agency staff (particularly higher cost agency providers)	agency usage at ward and service level		
7.6	Improving the outcomes and experience data capture to inform future planning	Various data sources including operational & performance data. Qualitative information from PROMS & PREMS reporting, clinical audit, regulatory inspections	Limited	Delivery & Performance

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Planned Care ▪ Continue series of regular meetings with service providers ▪ Monitor and manage delivery against performance improvement trajectories for our own services. ▪ Medinet contract previously extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a tender for insourced provision in 2024/25. ▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.	Executive Director of Operations/Director of Community & Mental Health	Performance Trajectories being routinely monitored and managed.	February 2025and ongoing	On track

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<u>General Service Sustainability & Future Models of Care</u> The health board is currently reviewing models of care as part of its five-year plan but also in response the staffing and financial challenges. A number of service reviews are being undertaken with several 'cases for change' having been approved by the Health Board and stakeholders.	Executive Director of Operations/Director of Community & Mental Health	The first two cases for change were approved by the Board in October 2024.	March 2025 and ongoing	On track
There are some performance indicators that continue to fail the operational standard eg Neuro-developmental target. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.	Executive Director of Operations/Director of Community & Mental Health	A number of sub-indicator performance targets have been identified. These will be built into the IQPR	December 2024 and ongoing	On track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		• Will be provided at next report.		

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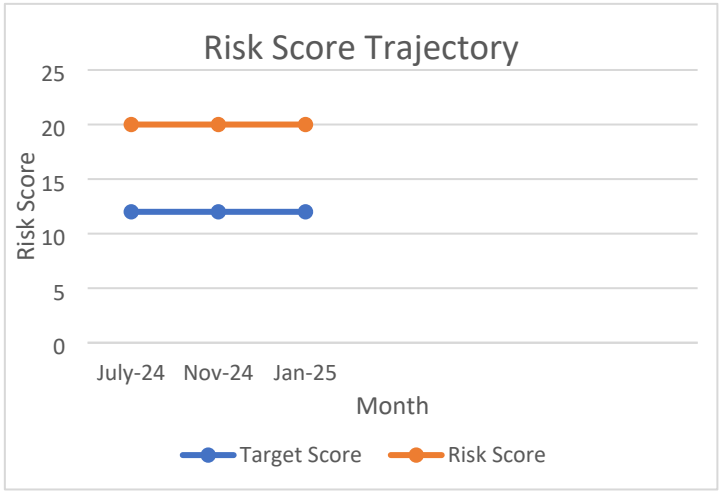
CRR 005 **Risk that:** Increase in demand, inequality of access, complexity of patient needs, or failure to respond to demand pressures for commissioned services results in poorer outcomes and experience for the citizens of Powys. The risk relates to the Timely, Equitable, Effective and Patient Experience elements of the Duty of Quality.	**Executive Lead:** Executive Director of Planning, Performance & Commissioning **Assuring Committee:** Patient Experience, Quality & Safety Committee
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** January 2025
Risk Category: Quality	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

Inherent: 5 x 4 = 20
Current: 5 x 4 = 20
Target: 3 x 4 = 12

Date added to the risk register.
July 24

Source of risk:
Executive Team



Rationale for current score:

Planned Care

NHS Wales

- Latest validated position to month 7 (October 2024):
  - PTHB provider services continue to perform well with zero patients >52 weeks for new outpatient appointment; and zero patients >104 weeks for referral to treatment.
  - Position of PTHB commissioned services from NHS Wales providers has deteriorated for >104 weeks and > 52 weeks.
  - Additional planned care monies issued to NHS Wales providers by WG in October; improvement expected, under assessment for Powys residents.
  - Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

NHS England

- Latest validated position month 6 (September 2024):

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		○ Total pathways waiting has fallen for first time since 2022/23. NHSE providers continue to aim for zero patients waiting over 65 weeks (target September 2024). ○ Powys residents who can access services in NHSE experience lower waiting times than Powys residents access services in NHSW services. ○ NHSE providers report an improved position of patients waiting > 52 weeks. ○ RJAH experiencing growing challenge for all long wait measures. ○ SATH and WVT position improved for patients waiting over 52 weeks. ○ Long wait pressure by treatment specialty remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology. **<u>Cancer</u>** • Cancer performance remains poor against the 62 day targets in both English and Welsh commissioned services. **<u>Urgent and Emergency Care</u>** • In month 7 (October 2024) PTHB MIU continue to perform well with no patients waiting over 12hrs and 100% compliance on the 4 hour target. • Welsh Ambulance performance times remain challenging, however have shown slight improvement from September to October in both % of emergency responses to red calls arriving within 8 minutes and median emergency response time to amber calls.

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		• Performance in commissioned providers UEC departments does not meet required targets (both in Wales and England) but NHS Wales performance in emergency departments remains better than NHSE for Powys residents, but all major units are extremely challenged to provide timely care.

Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
7.1	For Planned Care Services - Regular review of demand pressures by looking at referral levels into services	Referral data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	tbc
7.2	For Urgent & Emergency Services – Regular review of demand pressure by reviewing attendance rates and emergency inpatient volumes	Attendance data into services from commissioning data sets and supplementary reports received from commissioned providers	Reasonable	Executive Director
7.3	Using demand data to plan to commission sufficient service provision for all services provided out of county, noting the need to agree a balanced finance and performance position as part of the IMTP process	Demand, activity and financial information from commissioning datasets used to inform contract plans	Reasonable	Executive Director
7.4	Reviewing where services do not meet clinical and operational standards	Various data sources including operational & performance data.	Limited	Executive Director
7.5	Improving the outcomes and experience data capture to inform future reporting on commissioned services to the DPC and Board as well as future planning	Various data sources including operational & performance data. Qualitative information from QMS, PROMS & PREMS	Limited	Executive Director

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		reporting, concerns, NRIs, clinical audit, regulatory inspections		

Mitigating Actions (What more will we do?)				
Action	**Lead**	**Action update**	**Deadline**	**Action on Target**
Planned Care ▪ Continue regular meetings with commissioned service providers. ▪ Secure performance improvement trajectories from providers. ▪ Medinet contract previously extended to offer Powys residents experiencing long waits in commissioned service providers in NHS Wales to be treated in Powys. Work being progressed to issue a re-tender for insourced provision in 2024/25. ▪ Ongoing scrutiny and oversight through CQPR meetings with escalation through Integrated Performance Report.	Executive Director of Planning, Performance and Commissioning	Performance Trajectories and details on harm reviews for Powys residents requested from commissioned service providers in NHS England and NHS Wales to understand expected performance 2024/25 and to be reviewed and discussed through CQPRMs. Delays experienced in receiving improvement trajectories from some providers. Planned Care Insourced provision tender exercise delayed. Mitigating actions put in place to ensure continuity of service provision whilst tender exercise undertaken.	July 2024 and ongoing	On track

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Cancer	TBA	Added to this version of the risk register. Actions to be agreed.	TBA	TBC
<u>Urgent and Emergency Care</u> ▪ Continue series of regular meetings with WAST and commissioned service providers. ▪ Continue commissioning of ambulance services in partnership through the Joint Commissiong Committee ▪ Secure performance improvement trajectories and improvement plans from providers.	TBCTBC	▪ Historically had regular meetings (ICAP and Q&S) with Health Boards and WAST to cover performance, patient experience, incidents and resultant investigations, clinical indicators. Several recent ICAP meetings have been cancelled. ▪ Regular attendance at JCC and Management Group. ▪ Standing agenda item in CQPRMs to review improvement plans, patient experience, and patient harm.	July 2024 and ongoing	On track
<u>All indicators</u> There are some performance indicators that continue to fail the operational standard e.g. Single Cancer Pathway, 4 Hour ED waits. The Health Board will develop a suite of indicator sub-sets to determine if any improvement is being made towards achievement of the overall target.	TBC	A number of sub-indicator performance targets have been identified. These will be built into the IQPR	August and ongoing	On track

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Current Risk Rating	Update including impact of actions to date on current risk score
5 x 4 = 20	Improved performance experienced within NHS England commissioned service providers; expected improvement in NHS Wales expected following issue of additional planned care monies in October 2024 has not been delivered. Continued inequity of access for PTHB residents accessing NHSW services in comparison with NHSE. More work to do to understand the quality and patient experience impacts of this inequity.

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CRR 006 **Risk that:** Failure to recruit and retain an appropriate workforce, results in an inability to sustain high quality services.	**Executive Lead:** Executive Director People & Culture **Assuring Committee:** Workforce & Culture Committee
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** January 2025
Risk Category: Quality	**Boards Risk Appetite:** Minimal

Risk Rating (likelihood x impact):

Inherent: 4 x 4 = 16

Current: 4 x 4 = 16

Target: 2 x 4 = 8

Date added to the risk register.
July 2024

Source of risk:
KPIs

Rationale for current score:

- The risk has been fully reviewed and assessed as a new risk in July 2024.
- As of 30th November 2024, the Health Board contracted vs budgeted establishment showed a vacancy rate of 12.56%. After the use of overtime, additional hours, agency, and Bank this fell to 6.9%.
- The challenges in recruitment are more pronounced in clinical roles with vacancies running at 25.1% for Medical and Dental, 17.67% for registered Nursing and Midwifery, 16.88% for Add Prof Scientific & Technic and 14.87% for Additional Clinical Services.
- To support safe staffing levels there continues to be a need for reliance on agency staffing with the following WTE agency staff deployed in November 2024 from information held on the Health Roster/TSU systems:
  - Additional Clinical Services: 17.12 WTE
  - Nursing & Midwifery Registered: 34.43 WTE
  - Allied Health Professionals: 7.27 WTE

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Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
6.1	Safecare has been implemented to support and monitor safe staffing levels on wards.	Briefing at daily huddle between Community Service Managers and TSU.	Reasonable	Assistant Directors
6.2	A programmed schedule of staffing huddle meetings take place during the week between the TSU and services to plan and review rosters for the week ahead and prioritise areas requiring additional staffing.	Routine schedule published to include all relevant staff. It is managed by the resourcing team with a rota in place of TSU staff to attend.	Reasonable	Assistant Directors
6.3	A Variable Pay Group has been established and meets twice monthly. A range of performance measures have been developed to monitor variable pay levels.	Minutes and papers from meetings. Escalation of current vacancies within areas of high variable pay spend. Adult and MH Ward managers have been engaged to fully understand and agree existing vacancies and encouraged to actively advertise vacant posts. Wider vacancy 'deep dive' investigation completed and presented to variable pay group.	Reasonable	Deputy CEO
6.4	Workforce projections have been developed for all clinical staff groups with a detailed focus on Nursing (both Registered and HCSWs) across Adult Wards and Community teams and Mental Health Wards and Community Teams, projecting future staffing levels	Workforce performance reports produced routinely and shared appropriately.	Substantial	Lead Executive Directors

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	against known recruitment pipelines, such as Grow our own and international recruitment.	Deep Dive Reports developed annually, or as required.		
6.5	Regular reporting of 'Time to Hire' and recruitment KPI's included within Workforce Performance Reports.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.6	Monthly vacancy reporting in place identifying vacant posts against the financial ledger.	Workforce performance reports produced routinely and shared appropriately.	Substantial	Workforce & Culture Committee
6.7	Workforce planning training delivered and an ongoing offer available.	38 staff have completed the training to date with MH, W&C, Digital and Corporate nursing receiving a 1-hour overview session.	Reasonable	Deputy Director People & Culture
6.8	Intranet page with information on Workforce Planning set up for managers.	SharePoint site: Workforce Planning (sharepoint.com)	Substantial	N/A
6.9	Wage stream available for Bank staff.	System in place and usage report included within the Workforce Performance Report.	Substantial	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Workforce Planning: Roll out the organisationally agreed workforce planning model by delivering training which supports services to develop their resource plans.	tbc	Ongoing support available to service leads in the development of workforce plans. HEIW funded role currently advertised – Workforce Planning Manager, to operationally support	November 2025	On track

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		service areas in the development of workforce plans.		
Candidate Journey application to induction Review the end-to-end candidate journey from application to induction, identifying changes or omissions within the current process that are required to improve the candidate journey. To be extended to include local KPIs for recruitment to the Bank.	tbc	Heavily involved with All-Wales recruitment modernisation group, applying any learning to improve PTHB processes. End to End journey being reviewed to identify opportunities. No activity from NWSSP over this period. End-to-end review of Bank recruitment complete with changes immediately implemented. Weekly monitoring and escalation process in place.	31/03/2025	On Track
Increase bank supply: Targeted Recruitment Open days taking place at all Hospitals and will continue throughout the year. Rolling adverts and targeted Bank adverts for Registered Nurses and HCSW posts.	tbc	5 Open Days held over June and July 2024 across Powys with multiple members recruited to the bank at each event. A further 5 held in August and September 2024. Work continues to onboard the applicants successfully. Further targeted bank recruitment Open Days planned for Q4 2024-25. Rolling adverts out each week and shortlisting against applicants each Friday.	Ongoing	On Track

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International Recruitment Continue international nurse recruitment to a target of 18 Adult nurses and 6 Mental Health Nurses	tbc	18 international nurse offers have been made, first cohort of 6 arrived in Newtown in August 2024, have now all passed their OSCE exam and have their NMC PINs. A further 6 arrived into Machynlleth on 20 November and are under-going their OSCE training. Final cohort of 6 planned for Bronllys/Brecon are due Feb 2025. In addition, 6 RMNs are expected in country by end of Q4.	Ongoing	On Track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		16		

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CRR 007 **Risk that:** Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	**Executive Lead:** Executive Director of Primary Care, Community and Mental Health **Assuring Committee:** Planning, Partnerships and Population Health
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** January 2025
Risk Category: Safety	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

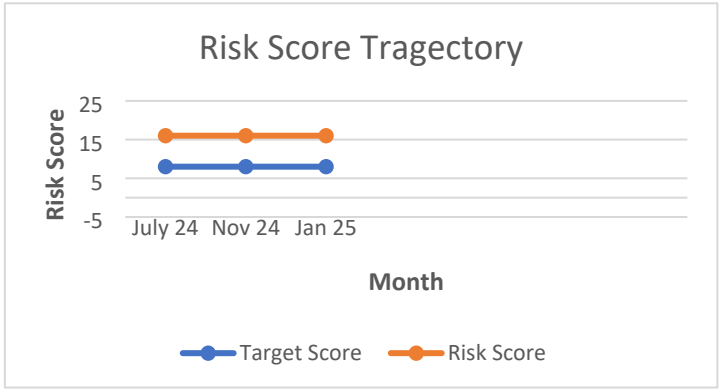
Inherent: 5 x 4 = 20

Current: 4 x 4 = 16

Target: 2 x 4 = 8

Date added to the risk register.
July 2024

Source of risk:
Primary Care Department



Rationale for current score:

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Termination of Rhayader Medical Practice contract, effective from June 2025.
- Financial sustainability of practices may influence the termination of Local Supplementary Services (local enhanced services).
- Dental access continues to be challenging in areas with recruitment challenges. Currently there are approximately 4,495 patients on the waiting list. Access in areas across Powys continue to be compromised due to ongoing workforce challenges. Local mitigating measures implemented to support patient access.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation may be compromised. First

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		WGOS 4 glaucoma pathway planned to be implemented in January 2025.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
7.1	Monitoring and liaison with practices to offer support including weekly review of the escalation tool, reviewing the sustainability matrix and considering sustainability funding applications. Regular discussions with Cluster Lead and LMC regarding ongoing demands and additional actions to manage peaks. 6% Supplementary Services uplift agreed by PTHB execs for 24/25, backdated to 01/04/24	• Escalation Tool • Sustainability matrix score	Reasonable	Executive Committee
7.2	National Contract Assurance Framework in place – data analysis via desktop reviews. Desktop reviews completed and signed off by GMS Contract Monitoring Group. Practice improvement plans and focussed practice visits (where required) currently being undertaken. Completion of practice improvement plans due 31st January with plans to be actioned by 31st March. 5 Practice visits being undertaken with enhanced PTHB support to complete Practice Improvement Plans.	• Contract Assurance Framework • Annual Return • Enhanced Service Audits • Prescribing Data • Practice Declarations • GP Clinical Governance Self Assessment Tool • Information Governance Toolkit	Reasonable	Executive Committee / D&P

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7.3	Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability. Cluster IMTP plans agreed by RPB Executive Group – 09/01/25	• Cluster Plan progress reported to RPB Executive Group	Reasonable	Executive Committee / D&P
7.4	Regular contact and Quarterly Performance Review with Shropdoc to ensure continuation of out of hours services. Contract in place from 1 July 2024 – 31 March 2025 via a Contract Variation Notice. Extension of current contract post 31st March 2025 being progressed due to the delay in Health Services (Provider Selection Regime) (Wales) Regulations 2025 being passed by the Senedd (now due to come into force on 24 February 2025)	• Weekly Rota (triage & base cover) • Monthly achievement against OOH Performance Standards • Quarterly Performance Review • Clinical Governance Assurance Framework	Reasonable	Executive Committee / D&P
7.5	Dental Access Portal (DAP)has been suspended by Welsh Government, pending additional IG assurance requirements. Therefore, no new patients can currently be added to the DAP. Allocating patients from the DAP to Practices is continuing via a manual process by the Primary Care Team. Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis.	• Dental Access Portal • Contract Reform new patient and historic patient metrics. • GDS monitoring Group	Limited	Executive Committee / D&P

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	Access currently compromised in Newtown, Llandrindod Wells and Knighton due to ongoing workforce challenges. Local mitigating measures implemented by PTHB along with practice collaboration to support patient access, in particular urgent access. Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure future access provision via a procurement process.			
7.6	Utilising CDS service for increased input to support urgent GDS access provision when required.	• Daily urgent slot capacity review versus. demand	Reasonable	Executive Committee / D&P

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Arranged for January and February 2025	February 2025	On Track
Review and assess completion of Practice Improvement Plans	ADPC	Completion of practice improvement plans due 31st January with plans to be actioned by 31st March.	March 25	On track
To undertake GDS End of year review visits	ADPC	Arranged for July/August 24	Completed	Completed

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Undertake GDS Mid-Year Review visits	ADPC	Arranged for October/November 2024	November 2024	Completed
Review of GMS sustainability matrix	ADPC	Report to Executive Committee	November 24	Completed
Implementation of additional HB salaried GDS service in Newtown	Associate Dental Director/ADPC	Report to Executive Committee	October 24	Completed.
Implementation of mobile dental clinic in Hay on Wye	Associate Dental Director/ADPC	Report to Executive Committee	Completed	Completed
Offer new recurrent GDS access opportunities across Powys via a procurement process	ADPC	Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure future access provision via a procurement process. Awaiting Exec confirmation to proceed	March	On track
Progress new OOH contract/ contract extension post 31st March 2025 to secure ongoing provision of OOH services up until 1st July 2025	DPCMHH/DOF/ADPC	Extension of current contract post 31st March 2025 being progressed due to the delay in Health Services (Provider Selection Regime) (Wales) Regulations 2025 being passed by the Senedd (now		On track

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		due to come into force on 24 February 2025)		
Ensure future provision of general medical services for patients registered at Rhayader Medical Pratice	DPCMH/ADPC	Vacant Practice Panel met on 18/12/24 and recommended a preferred option to secure the future provision of GMS at Rhayader. Recommendation being considered by Execs on 15/01/25 and for onward approval to Board on 29/01/25	June 2025	On track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16		16		

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CRR 009 **Risk that:** the care provided in some areas is compromised due to the health board's estate being not fit for purpose.	**Executive Lead:** Executive Director of Finance, Capital, and Support Services
	Assuring Committee: Delivery and Performance
Risk Impacts on: Organisational Priorities underpinning Well-being Objectives 1 to 4	**Date last reviewed:** January 2025
Risk Category: Quality	**Boards Risk Appetite:** Minimal

Risk Rating (likelihood x impact):

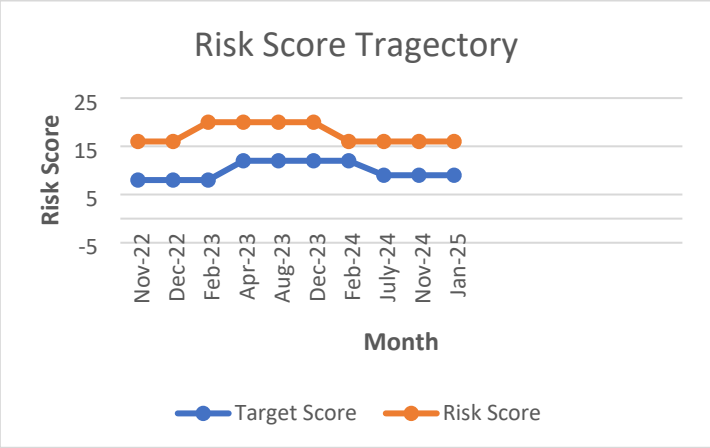
Inherent: 4 x 5 = 20

Current: 4 x 4 = 16

Target: 3 x 3 = 9

Date added to the risk register
January 2017

Source of risk:
Multiple risks arising from aging estate and levels of available funding to remedy.



Rationale for current score:

- **Estates Compliance**: 38% of the estate infrastructure was built pre-1948 and only 5% of the estate post-2005. Significant investment and risk-based programmes of work over several years across the compliance disciplines (fire, water hygiene, electric, medical gases, ventilation, etc.) will be required. Backlog Maintenance at circa £73M. Revenue position is also under significant pressure with energy costs and cost savings plan seeking reductions in expenditure on an aging and already under-invested estate (oldest in NHS Wales). Concerns raised by Internal Audit in March 2024 'Limited Assurance' report on Estates Condition identifying shortfall in funding required to address Backlog and support future Transformation.
- **Capital:** Financial constraints for NHS Wales has seen the introduction of a Capital Business Case Prioritisation Process which will test all current projects for benefits and affordability from April 2024 and this could impact the PTHB capital programme / transformation agenda. NWSSP-SSU audit in February 2024 identified a shortfall in WG Capital against backlog maintenance across the NHS estate with a Limited Assurance finding. Affordability concerns for larger

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		contractors working in rural Powys with high overheads impacting scheme viability. ▪ **Environment & Sustainability**: NHS Wales Decarbonisation Strategic Delivery Plan published in 2021 - challenging targets with limited resource.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
	ESTATES			
9.1	Specialist sub-groups for each compliance discipline	Structured meetings, risk based approach, clear escalations lines	Reasonable	Estates Compliance Group
9.2	Risk-based improvement plans introduced	Highlight reports identifying and tracking risk mitigations, clear escalation lines	Reasonable	Estates Compliance Group
9.3	Specialist leads identified for key compliance areas	Authorised Persons independently appointed by NWSSP-SES	Reasonable	Estates Compliance Group
9.4	Estates Compliance Group and Capital Control Group established	Minutes, papers & work plans from meetings	Reasonable	Innovative Environments Group
9.5	Medical Gases Governance Group; Fire Safety Group; Water Safety Group; Electrical Safety Group; Asbestos Safety Group; Ventilation Safety Group convened with cross organisation & NWSSP-SES membership.	• Minutes and papers from meetings • Audits undertaken by NWSSP	Reasonable	Estates Compliance Group, Audit & Assurance Group
9.6	Capital Programme developed for Compliance and approved capital programme	Paper to Executive level meeting	Substantial	Delivery & Performance
9.7	Capital and Estates set as a specific organisational priority in the Health Board's Annual Plan	Annual Plan	Substantial	Board

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9.8	Address (on an ongoing basis) maintenance and compliance issues	Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
9.9	Address maintenance and compliance improvements to ensure patient environment is safe, appropriate and in line with standards	Compliance Highlight Reports, Audit plans, notes and papers from meetings	Reasonable	Delivery & Performance Group
9.10	30+ Specialist Maintenance Contracts in place to ensure appropriate specialist service provision over 3-5 year contract periods	Contracts let via NWSSP-Procurement and contain Key Performance Indicator regime	Reasonable	Estates Compliance Group
	CAPITAL			
9.11	Capital Procedures for project activity	• Capital Procedures CP/D/1.00 document • Annual Capital Systems Audit reports from NWSSP	Reasonable	Innovative Environments Group
9.12	Routine oversight / meetings with NWSSP Procurement	• Notes from meetings • Annual Procurement Report	Substantial	Innovative Environments Group / Delivery & Performance
9.13	Specialist advice, support and audit from NWSSP Specialist Estates Services	• Notes from meetings • Designated Director role	Substantial	Innovative Environments Group
9.14	Audit reviews by NWSSP Audit and Assurance	Audit reports and Action Plans	Reasonable	Audit and Assurance Group
9.15	Close liaison with Welsh Government, Capital Function	Regular Capital Review Meetings. Notes and papers from meetings	Substantial	Innovative Environments Group

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9.16	Reporting routinely to Delivery & Performance Committee	Notes and papers from meetings	Reasonable	Delivery & Performance Group
9.17	Capital Programme developed and approved	Paper to Executive level meeting	Substantial	Delivery & Performance Group / Board
9.18	Detailed Strategic, Outline and Full Business Cases defining risk	BJC, SOC, OBC, FBC documents / governance	Substantial	Executive Committee / Board
9.19	Capital and Estates set as a specific Organisational Priority	Annual Plan	Substantial	Board
9.20	Capital projects developed for consideration for Welsh Government slippage in order to take advantage of any available funding	Capital proposals sheets Project sheets SBARs	Substantial	Capital Control Group Innovative Environments Group
	ENVIRONMENT			
9.21	ISO 14001 accreditation	SGS external body certification	Substantial	Delivery & Performance
9.22	Environment & Sustainability Group	Notes and papers from meetings	Reasonable	Innovative Environmental Group
9.23	NWSSP-Specialist Estates Services (Environment) support and oversight	Meetings with Director NWSSP-SES	Reasonable	Innovative Environments Group
9.24	Welsh Government support and advice to identify and fund decarbonisation project initiatives	Presence on WG groups such as Community of Experts, etc.	Reasonable	Innovative Environments Group

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9.25	Welsh Government Energy Service / Re:fit energy programme of works underway. Investment Grade Proposal (IGP) published to illustrate invest to save projects	Salix Framework arrangement	Substantial	Innovative Environments Group

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Implement the in-year Capital Programme and develop the long-term capital programme which is responsive to changes in funding availability and funding sources.	Associate Director for Capital, Estates and Facilities	Fluid nature of NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. Outcome of All-Wales NHS Capital Prioritisation Review awaited but application for £30M made December 2024 to RPB IRCF for North Powys. Pressure on programme to divert capital to Transformation activity at short notice.	In line with Annual Plan for 2024-25	On Track
Continue to seek WG Capital pipeline programme funding continuity. 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 £3.0M approved by WG. Further business case to be developed pending outcome of Capital Prioritisation Process.	Associate Director for Capital, Estates and Facilities	PTHB secured £5 million of additional funding via the EFAB for 2023/24 and 2024/25 (Estates Funding Advisory Board) which is aimed to specifically address compliance and backlog maintenance issues across a range of technical specialist	In line with Annual Plan for 2024-25	On Track

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Machynlleth £15.2 reconfiguration of front of hospital completed March 2023 with Lessons Learned exercise completed with WG on 11 October 2024.		areas which may not normally attract business case submissions (Decarbonisation, Infrastructure, Fire, Mental Health). Reduction in NHS All Wales Capital allocations and current WG/NHS funding challenges make future capital investment uncertain. WG approval of £3M Phase 2 project Llandrindod Wells. Revised Discretionary Allocation 2025/26 will be £2.7m (from £1.431m). Targeted Estates Fund (TEF – replacing EFAB) NHS Wales total of £40m per year has been agreed for both 2025-26 and 2026-27 which is to be targeted at a range of activities; Infrastructure, Fire Safety, Mental Health, Decarbonisation, Infection Prevention Control and Decontamination with organisations required to support 30% out of discretionary capital.		

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

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	challenges for recruitment and staff resource establishment level being reviewed at Innovative Environments Group. Organisational recruitment freeze until FY end. **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. International Recruitment has introduced significant extra workload, which is affecting output of core activity. **Finance:** significant cost pressures related to energy 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 reactive failures of key building fabric and infrastructure.

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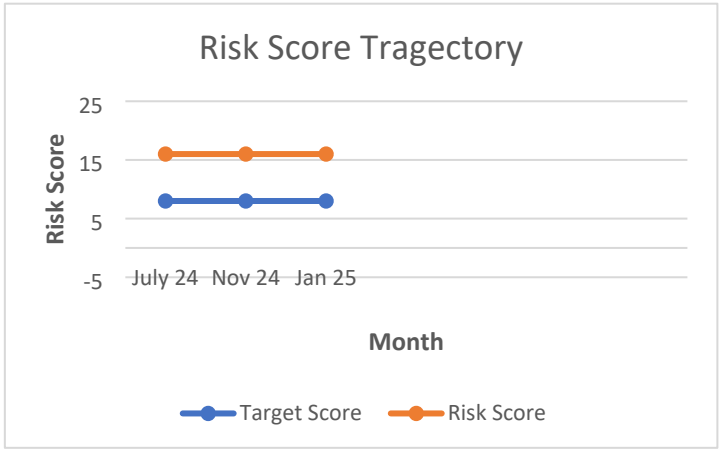
CRR010 **Risk that:** A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	**Executive Lead:** Executive Director of Public Health **Assuring Committee:** Planning, Partnerships and Population Health
Risk Impacts on: Organisational Priorities underpinning WBO 8	**Date last reviewed:** January 2025
Risk Category: Performance and Service Sustainability	**Boards Risk Appetite:** Cautious

Risk Rating (likelihood x impact):

Inherent: 4 x 4 = 16
Current: 4 x 4 = 16
Target: 4 x 3 = 12

Date added to the risk register
July 2024

Source of risk:
Executive Committee



Rationale for current score:

- The impacts of an outbreak of an emerging infectious disease could result in large numbers of people falling ill. At a national level the risk of a pandemic is described as a high risk with catastrophic impacts, and risk of outbreak of an emerging infectious disease as high risk with significant impact. These form the bases of the Health Board's risk rating scoring.
- Impacts on society depend on many different factors – transmission route, time of year, symptoms, severity of disease, travel, who gets ill, whether there are effective treatments or vaccines available and healthcare pathways.
- An event would require an enhanced individual, population and system response to ensure management is effective, efficient and safe. Failure to contain an outbreak could result in a large epidemic or a pandemic.
- The NHS is already operating at near maximum capacity, and Test, Trace and Protect Programme funding at large scale during the Covid pandemic ended in March 2023 as

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		covid transitioned to covid stable scenario in line with WG 'Together for a Safer Wales'.		
Controls (What are we currently doing about the risk?)		**Sources of Assurance**	**Level of Assurance**	**Highest Assurance provided to:**
7.1	Major Incident Plan developed, regularly updated and exercised in line with Civil Contingency requirements.	• Plan approved by Executive Committee • Civil Continency Annual Report	Reasonable	Executive Committee
7.2	Health Board Pandemic Framework updated and working document in place	Executive Committee (March 2024)	Reasonable	Board
7.3	Corporate Civil Contingency arrangements subject to internal audit 2023/24	Audit Report – substantial assurance (Dec 2023)	Substantial	Audit Committee
7.4	The Communicable Disease Outbreak Plan for Wales revised and updated (2023/24). PTHB participated in all Wales multi-agency exercise of the Plan (19/03/24)	Civil Contingency Annual Report (including training plan)	Substantial	Executive Committee
7.5	A joint small Health Protection Team is being developed in line with significantly reduced WG funding to respond to all health protection 'hazards'. The Health Protection team are working in partnership with the Local Authority to build resilience and capability.	Annual Plan	Reasonable	Executive Committee
7.6	The Health Protection team have commenced the Winter Preparedness plans in line with Welsh Government's circular (WHC (2024) 037) (September 2024), in supporting infection prevention control measures in nursing and residential care homes.	Joint Plan (PTHB & PCC)	Substantial	Executive Committee
7.7	Vaccination surge Plan developed and exercised (March 2023)	Surge Plan	Substantial	Executive Committee

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7.8	Health Protection Oversight Group established with membership comprising of Health Board, Local Authority and Public Health Wales	Minutes of Meetings	Substantial	Executive Committee
7.9	Health Board is fully engaged in the Dyfed Powys Local Resilience Forum	Minutes of meetings	Substantial	Executive Director
7.10	Mpox Preparedness Task and Finish Group established to develop plans to respond.	Regular SitRep	Substantial	Executive Committee
7.11	Annual Winter Respiratory vaccination programme in place	Uptake rates	Substantial	Executive Committee
7.12	The Health Board participated in a pan Wales tabletop exercise 'Exercise Fad Felin (5th September 2024), to 'explore the system response to MPOX in Wales'.	Exercise Report	Substantial	Executive Director
7.13	The Health Board has undertaken unannounced tests of 'the management of Mpox pathway at PTHB MIU sites' on 17/10/24	Exercise Report	Substantial	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Consider recommendations and learning from Covid Inquiry Module reports and updated national pandemic preparedness strategy/guidance when it is published.	Corporate & Civil Contingency Manager	Reflection and consideration of learning following module 1 publication on 18/07/24, and incorporate learning into HB plans.	Ongoing	On track
Audit of Community Services Operational Division critical services Business continuity plans	Director of Community Services	Operational division supported by Civil Contingency Manager to update their business	Q4 2023/24	At Risk

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		continuity plans. Audit included in annual audit cycle.		
Revise and update management of covid-19 in care homes pathway (in partnership with LA and PHW)	Health Protection Oversight Group	Pathway revised, updated and agreed by HPOG (July 2024)	July 2024	At Risk
Implement Winter respiratory vaccination programme to eligible groups (Flu/Covid/RSV vaccines)	Director of Public Health	Plans being implemented in line with planning assumptions and learning from last Winter	March 2025	On track
Following an exercise to maximise uptake of vaccine preventable infections (e.g. MMR, childhood vaccines, respiratory vaccines). The PTHB Vaccination service will evaluate the above to identify any lessons and agree plan going forward	Director of Public Health	MMR Catch-up implemented, including targeted intervention to children/young people who do not have recorded MMR vaccination. Covid spring booster campaign implemented. Targeted intervention to increase preschool immunisation uptake	March 2025	On track
Continue with Data sharing across borders task and finish group (PHW/LA/HB) to resolve lab results issues and strengthen reporting of results pathways.	PHW lead, with DPH through HPOG	Task and finish group established, progressing actions to resolve flow of results relating to Welsh residents regarding infections to PHW	Dec 2024 & ongoing	On track

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The MMR Working Task and Finish Group established to coordinate system action to increase MMR vaccination rates (includes action on healthcare staff and catch-up of school aged children) has now been stood-down. The next step is to incorporate the lessons identified from the above into the Health Board's Occupational Health routine programme of work.	Director of Public Health	MMR Catch-up implemented to increase MMR rates in secondary and primary school. Drop-in clinical MMR vaccination available at vaccination centres (Bronllys & Newtown). Targeted letters sent to healthcare staff to offer vaccination & clinics available through vaccination centres and Occupational Health.	July 2024	Completed
Development of an internal Policy for the management of high consequence infectious diseases (HCIDs) and supporting procedures.	Consultant Lead Nurse for IPC	Guidance being developed by PHW and due to be issued in Autumn 2024. FIT testing training sessions regularly offered to staff to maintain competency.	Feb 2025	On track
Undertake a further exercise of the PTHB Vaccination Surge Plan to ensure that it remains fit for purpose.	Head of Service Vaccination	Exercise Report	April 2025	On track
Current Risk Rating		**Update including impact of actions to date on current risk score**		
4 x 4 = 16				

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

Agenda item: 4.5

Board	**29 January 2025**
Subject:	**Powys Teaching Health Board (PTHB) Digital Strategic Framework Annual Delivery and Performance Report**
Approved and presented by:	Claire Madsen Executive Director of AHP, Health Science and Digital
Prepared by:	Chief Digital Data Officer
Other Committees and meetings considered at:	Executive Committee and Delivery & Performance Committee in December 2024 – both of who recommend the paper to the Board

PURPOSE:

This report aims to provide assurance, on the delivery of the Digital Strategic Framework 2023 - 2027, following the approval in July 2023 and reflects on the past year together with a look forward as we continue to deliver against the Digital First Strategic Objective.

RECOMMENDATION(S):

The Board is asked to:

- Take **ASSURANCE** that arrangements are in place for continued delivery against the Digital Strategic Framework.
- **CONSIDER** the updates in the Annual Report in relation to the first twelve months of delivery against the Digital Strategic Framework (DSF) and take **ASSURANCE** of the actions and workstreams undertaken to improve and upgrade the Digital Services offering as set out in the DSF.
- **NOTE** the key achievements and successful implementation of the Target Operating Model (TOM) following the S33 Tupe, and the implementation of the first UK NHS Federated Data Lakehouse
- **NOTE** the structure realignment of Clinical Informatics to the Digital Directorate

Approve/Take Assurance	Discuss	Note
X		X

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ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	N	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

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EXECUTIVE SUMMARY:

1.0 Context

We are proud to present the Powys Teaching Health Board's First Digital Strategic Framework Annual Monitoring Report (2023-2024). This report reflects on the past year and looks forward as we continue to deliver the Digital Strategic Framework, 2023 – 2027, approved July 2023.

2.0 Key Achievements:

1. **Infrastructure and Technology Investment:** We have invested in new infrastructure and technologies to improve the connectivity, security, and reliability of our digital systems. This includes upgrading devices and operating systems to ensure our staff have the most up-to-date equipment, improving the Cyber posture of the organisation, and migrating services to the Cloud. Wi-Fi including Guest Wi-Fi is now much improved.
2. **Implement a new IT Service Target Operating Model:** The Target Operating Model (TOM) for delivering Digital Services at Powys Teaching Health Board (PTHB) has been established following the successful Tupe of Powys S33 ICT Service. This includes newly implemented 'User Experience' KPIs. For performance reporting please see Appendix 1
3. **Digital Transformation Projects:** We launched several projects to enhance the quality and efficiency of our services, such as the scan4safety project, fully managed print solution, fully modernised data platform, and full telephony upgrade. See Appendix 2 for the current Digital Portfolio Programme Plan
4. **Digital Data and Intelligence Platform:** We have implemented advanced data analytics to gain deeper insights and enhance decision-making processes across all departments. This strategic move aims to foster a data-driven culture within our organisation, enabling us to respond swiftly to service changes and patient needs.

3.0 Looking Ahead

We have an ambitious and exciting vision for the next three years, as outlined in our Digital Strategic Framework. We will however, review and refresh the strategy this year to ensure it aligns with the transformation agenda going forwards.

We will aim to continue to deliver on our five strategic themes and align our digital priorities with the Health Board's Integrated Medium-Term Plan, Route map to Sustainability and the national Digital Health and Care Strategy, A Healthier Wales.

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4.0 Acknowledgements

The Chief Digital Data Officer would like to take this opportunity to thank all the Digital staff for their hard work, dedication, and resilience over the past year, and to thank all the clinical and operational staff for their collaboration, support, and feedback. Together, we have achieved a lot and have much more to look forward to. As part of the Executive Portfolio reviews April/May 2024, the Digital Technology and Data services, and the Clinical Informatics Services have transitioned from the Finance Directorate to a clinically led Executive Directorate, for AHP and Health Science, strengthening the vision of a clinically led digitally enabled organisation.

BACKGROUND AND ANNUAL PROGRESS REPORT

We are embarking on an ambitious and exciting journey over the next three years, as detailed in our Digital Strategic Framework. This vision is not only bold but also rooted in our commitment to excellence and innovation in the digital sphere. Our aim is to continue delivering on our five strategic themes while aligning our digital priorities with the Health Board's Integrated Medium-Term Plan, Route map to Sustainability, and the national Digital Health and Care Strategy, A Healthier Wales.

The Health and Care Strategy for Powys, Strategic Objective **"Digital First"** details three key aims:

Digital Care - Telehealth/Care; Improve access to information about health and wellbeing and use digital technologies

Digital Access – National ICT Programme; Implement systems to improve digital access to support care co-ordination, referral and diagnostics

Digital Infrastructure & Intelligence – Including information storage, hosting, security, and recovery, back up and archiving, connectivity, and professional/user skill development of digital transformation.

Our framework is built around **five core strategic themes**, each of which is critical to our vision and success. These themes guide our actions and initiatives, ensuring that we remain focused on our goals and deliver tangible outcomes.

Theme 1 - Citizen Centred Care and Support
Theme 2 – Leadership, Partnership and Alliances
Theme 3 – Infrastructure and Security
Theme 4 – Enabling efficiency and effectiveness
Theme 5 – Big Data and Artificial Intelligence

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Conclusion

Our Digital Strategic Framework sets the stage for a transformative journey over the next three years. By focusing on patient-centric care, integrated systems, data-driven decisions, innovation and technology, and workforce empowerment, we are poised to deliver improved healthcare services in alignment with key plans, strategies and customer experience.

Furthermore, with the Clinical Informaticians and Digital Delivery teams now aligned, the look forward approach will be to create a sustainable workforce support model and plan to ensure PTHB has the right skill mix, capability and capacity, and is efficient in succession planning and development to ensure we retain our valued staff members.

Challenges to overcome

It is essential that digital is integrated into the planning of all models of care so that all the 'digital opportunities' for ways of working are understood and considered. Digital enablement needs to be an integral part of strategic planning and investment as it will be the forerunner of the change we are trying to implement across the HB as part of the Accelerated Sustainable Model.

We recognise there are still gaps, and we have much still to do in terms of realising the efficiency, quality and safety that being on electronic platforms and utilising modern AI tools can deliver.

Working in partnership with Workforce, there is a need for training, upskilling, and deeper cultural change, to move fully to Digital First. There is a solid foundation for collaborative effort. Understanding how to use new tools effectively and how this affects the way services work will require standardisation of ways of working, shared learning and review of current practice.

There are risks noted in relation to digital inflation, workforce, finance, supplier dependency and complexity in the current context. Nonetheless, there is also opportunity to use digital to drive efficiencies and improve patient outcomes.

NEXT STEPS:

Continue with the planned programme of work and ensure the Integrated Medium and Long Term plans align to the delivery of the Digital Strategic Framework 2023-2027 and report the Digital First Updates to the Delivery and Performance Committee as scheduled.

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IMPACT ASSESSMENT – NOT REQUIRED

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

Powys Teaching Health Board (PTHB) Digital Strategic Framework Annual Delivery and Performance Report

November 2024

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Purpose

This report aims to provide assurance, on the delivery of the Digital Strategic Framework 2023 – 2027, following the approval in July 2023 and reflects on the past year together with a look forward as we continue to deliver against the Digital First Strategic Objective.

Executive Summary

1.0 Context

We are proud to present the Powys Teaching Health Board's First Digital Strategic Framework Annual Monitoring Report (2023-2024). This report reflects on the past year and looks forward as we continue to deliver the Digital Strategic Framework, 2023 – 2027, approved July 2023.

Our Year - The Last Twelve Months of Digital Transformation
Despite the unprecedented pressures and uncertainties caused by the COVID-19 pandemic, the Digital team and the entire Health Board have made significant progress in our digital transformation journey. We have delivered many key milestones and achievements that have improved the quality and safety of care for our patients and staff.

2.0 Key Achievements:

1. **Infrastructure and Technology Investment:** We have invested in new infrastructure and technologies to improve the connectivity, security, and reliability of our digital systems. This includes upgrading devices and operating systems to ensure our staff have the most up-to-date equipment, improving the Cyber posture of the organisation, and migrating services to the Cloud. Wi-Fi including Guest Wi-Fi is now much improved.

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2. **Implement a new IT Service Target Operating Model:** The Target Operating Model (TOM) for delivering Digital Services at Powys Teaching Health Board (PTHB) has been established following the successful Tupe of Powys S33 ICT Service. This includes newly implemented 'User Experience' KPIs. For performance reporting please see Appendix 1
3. **Digital Transformation Projects:** We launched several projects to enhance the quality and efficiency of our services, such as the scan4safety project, fully managed print solution, fully modernised data platform, and full telephony upgrade. See Appendix 2 for the current Digital Portfolio Programme Plan
4. **Digital Data and Intelligence Platform:** We have implemented advanced data analytics to gain deeper insights and enhance decision-making processes across all departments. This strategic move aims to foster a data-driven culture within our organisation, enabling us to respond swiftly to service changes and patient needs.

3.0 Key Challenges

1. **Cross Border Programme:** The ongoing issues related to the delivery of services by Digital Health and Care Wales (DHCW) and the cross-border collaboration have reached a critical point. Despite numerous attempts to address these concerns through regular channels, there are still risks associated with the current resolution, and the impact on our operations has become unacceptable. Therefore, it has been necessary to formally escalate these issues to seek a satisfactory resolution.
2. **National Programme priorities versus Local Programme Priorities:** The conflict between nationally driven programmes and locally driven programmes is causing significant challenge to Powys Teaching Health Board (PTHB). National priorities often do not align with local needs, leading to challenges in digital adoption, skills development, and confidence within the organization. This misalignment hinders the effective implementation of digital initiatives and impacts the overall efficiency and effectiveness of PTHB's operations; as a result a corporate risk has been raised and is now being monitored.
3. **Digital Adoption, Skills and Confidence:** There are gaps in understanding and addressing staff digital skills and confidence. The organisation recognises the need to improve digital literacy and provide targeted guidance, mentoring, and support to staff. This involves facilitating digital inclusion and adoption, collaborating with partners such as Health Education in Wales (HEIW) and Cwmpass to act on feedback, and supporting new ways of working between multi-professional teams. We have identified the need for a robust training strategy to provide the vision and framework going forward. The capacity of the clinical digital team is very small and the challenge of supporting clinicians on the ground, across the large geography of PTHB, often falls to very stretched operational managers.

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4.0 Looking Ahead

We have an ambitious and exciting vision for the next three years, as outlined in our Digital Strategic Framework. We will however, ensure the priorities this year align with the transformation agenda and the three key challenges noted above.

We will aim to continue to deliver on our five strategic themes and align our digital priorities with the Health Board's Integrated Medium-Term Plan, Route map to Sustainability and the national Digital Health and Care Strategy, A Healthier Wales.

4.0 Acknowledgements

The Chief Digital Data Officer would like to take this opportunity to thank all the Digital staff for their hard work, dedication, and resilience over the past year, and to thank all the clinical and operational staff for their collaboration, support, and feedback. Together, we have achieved a lot and have much more to look forward to. As part of the Executive Portfolio reviews April/May 2024, the Digital Technology and Data services, and the Clinical Informatics Services have transitioned from the Finance Directorate to a clinically led Executive Directorate, for AHP and Health Science, strengthening the vision of a clinically led digitally enabled organisation.

Background and Annual Progress Report

We are embarking on an ambitious and exciting journey over the next three years, as detailed in our Digital Strategic Framework. This vision is not only bold but also rooted in our commitment to excellence and innovation in the digital sphere. Our aim is to continue delivering on our five strategic themes while aligning our digital priorities with the Health Board's Integrated Medium-Term Plan, Route map to Sustainability, and the national Digital Health and Care Strategy, A Healthier Wales.

The Health and Care Strategy for Powys, Strategic Objective **"Digital First"** details three key aims:

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Digital Infrastructure & Intelligence – Including information storage, hosting, security, and recovery, back up and archiving, connectivity, and professional/user skill development of digital transformation.

Our framework is built around **five core strategic** themes, each of which is critical to our vision and success. These themes guide our actions and initiatives, ensuring that we remain focused on our goals and deliver tangible outcomes.

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Theme 1 - Citizen Centred Care and Support

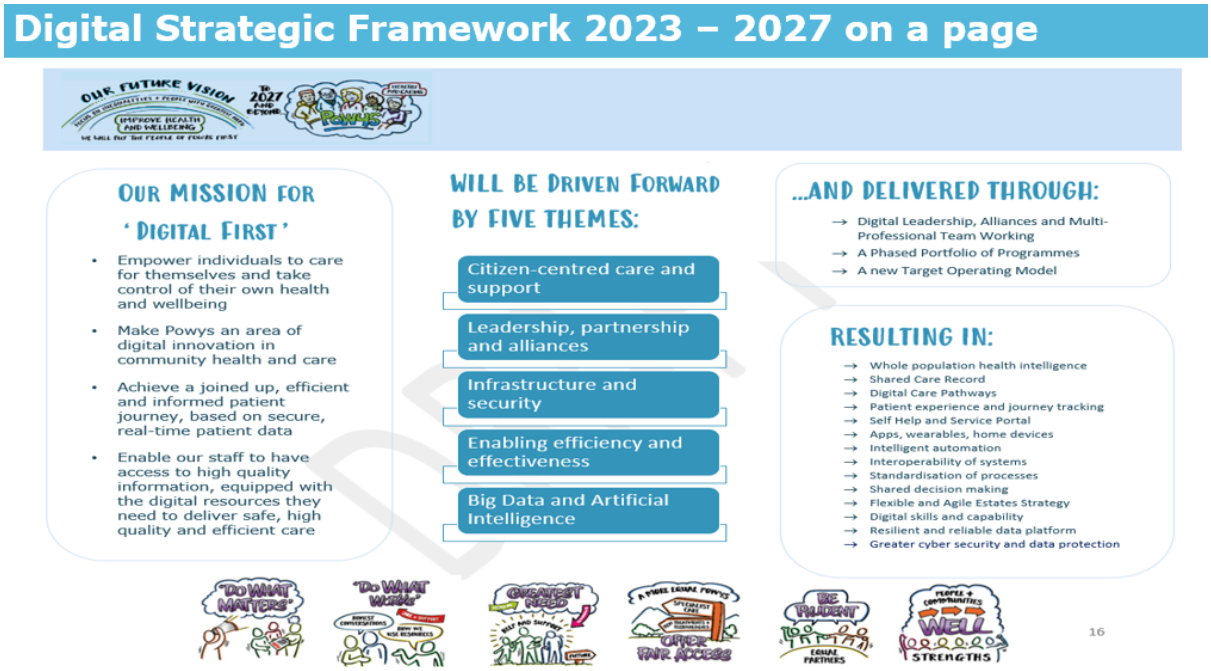
Theme 2 – Leadership, Partnership and Alliances

Theme 3 – Infrastructure and Security

Theme 4 – Enabling efficiency and effectiveness

Theme 5 – Big Data and Artificial Intelligence

The Digital Strategic Framework (2023 – 2027) Plan on a Page



First Year Progress Update

Theme 1 - Citizen Centred Care and Support

Digital Communications

- **Enhanced Patient Engagement**: Improved patient communication is ongoing, examples include sending relevant information to patients about their conditions, treatment options, and self-care tips digitally via email or text message. By sending this information digitally patients are more likely to stay informed and engaged in their own healthcare, via their smart phone apps and personal email access.
- **Convenience and Accessibility**: Continuing to scale out the use of Text Messaging for appointment reminders to reduce 'Did Not Attend' (DNA) rates, which can improve access to care and reduce waste of resources. Therapies have seen a 5% reduction in DNAs since the introduction of text

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message reminders in August 2022, with the average missed appointment costing the HB between £35-£50. Digital communications provide patients with easy access to important information at their fingertips. This convenience will help patients manage their health more effectively and make informed decisions about their care.

- **Timely Updates**: Digital communication allows for timely updates and reminders, which can be particularly important for managing chronic conditions or following up on treatment plans. This can help prevent complications and ensure that patients receive the care they need when they need it. For instance, the use of text messaging for appointment reminders has been scaled out to reduce the Did Not Attend (DNA) rates, and since the introduction of message reminders Therapies have seen a 5% reduction in missed appointments.
- **Personalised Care**: Access to care by phone, text or via email includes both Welsh and English Language, ensuring that patients can communicate and receive information in their preferred language and respecting their cultural identity. Digital communications can be tailored to the individual needs of each patient, providing them with personalised information and support. This personalised approach can enhance patient satisfaction and improve the overall quality of care.
- **Online/Virtual consultations** – Attend Anywhere was the platform implemented to support Virtual Consultations during the Pandemic and following a drop, digital support and engagement is seeing use of the platform increasing slowly. This allows patients to interact with clinicians from the comfort of their homes, reducing travel time and costs, and enhancing safety and privacy. From the period January to September 2024, 3365 individual consultations have taken place which has equated to 374 per month. There has also been an average of 24 group consultations held per month which has supported 153 patients per month. Powys THB is the only Health Board to evidence a sustained or improved uptake of Virtual Consultations, however this is more to be done here, to mandate this as a method of communication throughout the organisation. Service Statistics:

Platform preferences	F2F & Telephone	Virtual
Mental Health	82%	18%
Planned Care	99%	1%
Living Well	21%	79%
Secondary Care	94%	6%
Therapies	90%	10%
Women & Children	98%	2%

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- **Civica patient experience system**, which collects and analyses feedback from patients about their satisfaction, outcomes, and expectations of the services they receive. This helps to identify areas of improvement and best practices, and to involve patients in co-designing and co-producing their care. Survey figures to date:

Month	Surveys			Responses				Targeted Contacts	
	Number of Surveys with New Responses	Surveys with New Targeted Responses	Surveys with New Passive Responses	Total New Responses	# of New Targeted Responses	# of New Passive Responses	# of Responses in Welsh	# of Contacts by SMS	# of Contacts by IVR
Nov-24	32	4	30	185	19	166	3	156	0
Oct-24	33	4	32	251	25	226	0	220	0
Sep-24	32	4	31	271	41	230	0	216	0
Aug-24	30	4	27	230	27	203	1	196	0
Jul-24	36	5	35	299	44	255	2	227	0
Jun-24	26	6	22	404	227	177	1	1983	0
May-24	29	6	26	499	236	263	0	2268	0
Apr-24	28	6	28	369	151	218	0	1738	0

Targeted responses are those collected via SMS, IVR and Email. Passive responses are those collected via all other delivery methods such as QR codes and survey links

- **Whole System Review**, which is a comprehensive assessment of the current state and future direction of the digital transformation of the health board. It aims to align the digital strategy with the clinical vision, and to identify the gaps, challenges, and opportunities for innovation and improvement, which has strong Clinical engagement from front line services. This work is in parallel to the Welsh Community Care System Upgrade required and will form the learning and gap analysis to that programme, in readiness for the next Financial Year 2025/26.
- **Wi-Fi upgrades** on the Day Ward and Llewelyn Ward at Bronllys Hospital have been achieved which has meant the full rollout of the Welsh Nursing Care Record (WNCR) has been completed. This has transformed the way nurses record, store and access patient information on the ward.

Theme 2 - Leadership, Partnership and Alliances

Key projects and achievements include:

- **Implement a new Target Operating Model:** The Target Operating Model (TOM) for delivering Digital Services at Powys Teaching Health Board (PTHB) has been established following the successful Tupe of Powys County Council S33 ICT.
  This new model includes several key elements:
  1. **Simplified Portal for Logging Calls:** The portal for logging calls has been simplified, and the ability to email requests and report faults has

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been reinstated. The portal 'Halo' has also been extended to support workforce and WOD requests.

2. **Out of Hours ICT On-Call Service:** A formal established out-of-hours ICT on-call service is now in place to support silver and gold on call.
3. **On-Site Digital Days:** On-site Digital Days are delivered across the year at every site across Powys to support services directly and face-to-face. This approach takes the support to the staff, rather than making them wait for support.
4. **Workforce IT Requirements Review:** A review of the workforce IT requirements has been undertaken to ensure the best and right equipment is made available to staff, supporting mobile and agile working. Our learning here is that the age of the workforce impacts on the requirements, and particularly where we had moved to smaller devices that were lighter to carry, as part of mobile working, actually this was counterproductive due to the size of the screen being too small. We have also learned that device suppliers are an important stakeholder to ensure that we can fix the devices quickly, the warranties are adding value, and the robustness of the battery life and device in general is an important factor given how much they are used. This work is ongoing to continually review and get the right equipment for each of the role requirements.
5. These elements aim to enhance the **efficiency and effectiveness** of digital services, ensuring that staff have the necessary support and resources to perform their roles effectively.

- Through the **Cross Border** project, and with support from Welsh Government, we are maintaining strong alliances and collaboration with commissioned English NHS Trusts to improve the flow of information when and where it is needed. Working with DHCW however has been a difficult challenge and is at risk of not delivering the intended milestones to introduce letters and pathology results into the Welsh Clinical Portal and improve the interoperability between clinical information systems for support joined up care. This is now critical with the programme extended again to March 2025. This is formally escalated by providing routine updates to the Chief Executive and Executive Committee, and formal correspondence from the Chief Executive to the Digital Health Care Wales (DHCW) Executive and Welsh Government.

- A **Clinical Informatics function** has been introduced following the re-alignment of the Digital Portfolio, to now include Clinical Informatics. This function aligned to Digital Transformation will aim to change behaviours to support standardised approaches to Digital adoption. Bringing Clinical expertise within Digital will work together to:

    - ✓ Embed Clinical Expertise to ensure that technology solutions address real-world clinical needs.

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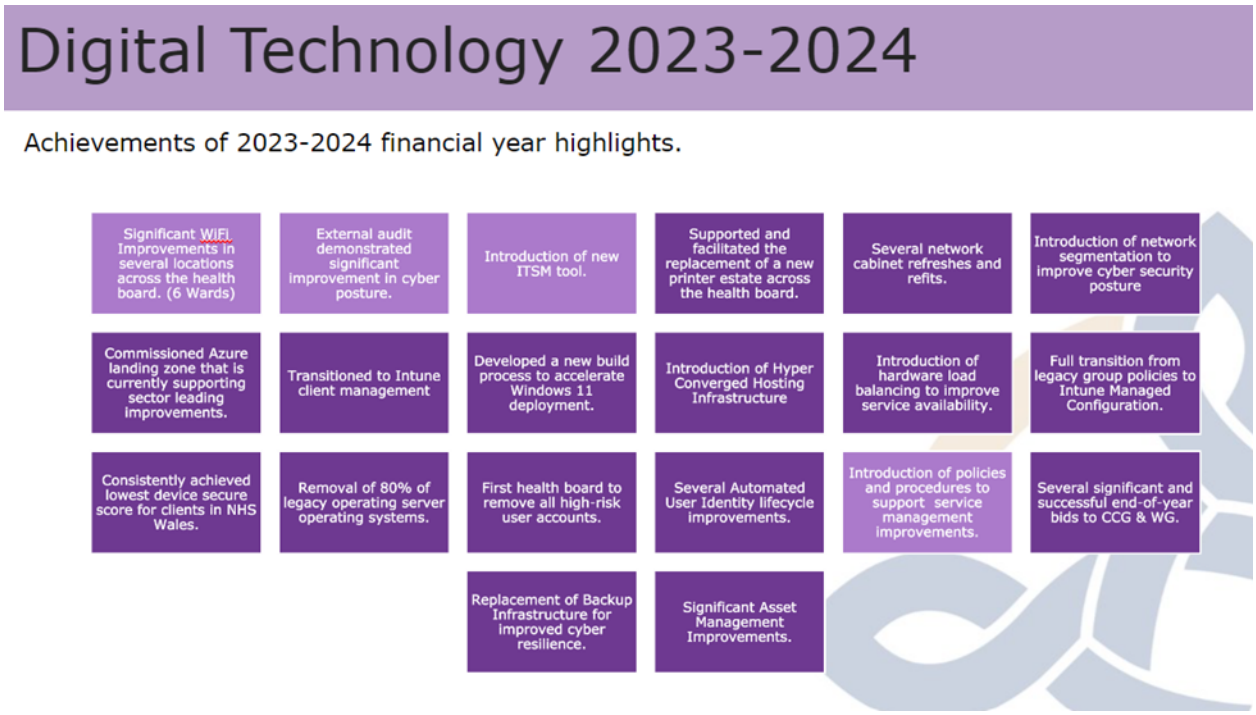
- ✓ Drive Data – Driven Clinical Outcomes to emphasise the "so what" and "why" behind the data, guiding decisions to optimise care pathways and improve patient outcomes.
- ✓ Align Digital Projects with Clinical Priorities
- ✓ Promote a culture of Digital Literacy
- ✓ Aim to improve Clinical Documentation and Reporting

Theme 3 - Infrastructure and Security

Measurable improvements have been made during 2023/24 through the prioritisation of plans needed to ensure the digital infrastructure works as staff expect and need. Following a redesign of the network topology to introduce resilience and mitigate ongoing Cyber threats, six wards across the Health Board have benefited from network, cabling, and Wi-Fi upgrades to enable wider ambitions in the digital strategic framework, and a further 3 wards will be completed by December 2024.

This is now a sustainable approach for network and hosting infrastructure, ensuring it is fit for purpose and resilient. The Cyber Security detection and response capabilities have been much improved and strengthened.



Networking and Bandwidth

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The network capacity enhancement project has enabled access to digital services in locations that were considered digital ‘black spots’ in the health board. The most notable being the Day Hospital in Bronllys, where coverage has enabled better usage of that space. Significant progress has been made in addressing a long-standing backlog of connectivity requirements due to increases in digital demand over several years that was not previously addressed.

Networking cabinets across the health board, whilst functional, were badly maintained and untidy. Whilst this may not identify as a major issue, this has been a significant blocker in addressing and identifying infrastructure improvements. A significant amount of effort has been invested to ensure network cabinets are properly maintained. This has enabled faster deployment of new services and time maintenance efficiencies.

The health boards guest Wi-Fi implementation does not meet the expectations of health board inpatients and visitors and is based on legacy technology. Funding has been secured to implement an entirely new guest wi-fi service that delivers a better user experience. This is in the process of being implemented, with the expectation that it is fully deployed before 30th December 24.

Alongside network improvements to several wards, a full network refresh has been completed in Glasbury house providing improved coverage and capacity. This has supported efforts to enable flexible working in Glasbury and provided more robust connectivity for large meetings.

Cyber Security and Assurance

The health board has welcomed auditing from a cyber security perspective, and we are proud that the most recent audit by NWSSP Internal Audit (December 2023) provided a significant uplift in assurance score from Low Assurance to Reasonable

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Assurance, see below snapshot and further narrative in the report as to how this was achieved:

Follow-up Report Classification

Reasonable Assurance

		Trend
Reasonable	**Follow up:** All high priority recommendations implemented and progress on the medium and low priority recommendations.	⇧

Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Granular reporting	Medium	⇧	Closed
2 Asset management	High	⇧	Medium
3 Backup storage and testing	High	⇧	Closed

Several significant improvements to the health boards cyber security posture have been implemented during the first year of the digital strategic framework. These improvements have targeted the reduction of likelihood of a cyber incident occurring and the ability of the digital teams to recover services should an incident occur.

A cyber incident is likely to start on our client devices, and to ensure that the health boards devices are secured wherever they are used, we have entirely transitioned to a cloud managed endpoint detection and response platform.

A new backup platform has been implemented to ensure that we can recover services even if a cyber incident has occurred. Backups are air gapped (stored physically separate to our digital systems) to ensure they cannot be tampered with or deleted, a common tactic for cyber criminals.

A significant amount of effort has been invested in ensuring that health boards digital assets, each a cyber security risk, are properly audited and tracked to ensure they are maintained and can be fully managed in the event lack of use or a cyber incident.

Theme 4 – Enabling Efficiency and Effectiveness

In our continuous pursuit of excellence, we launched several initiatives designed to elevate the quality and efficiency of our services. These projects are poised to improve various aspects of our operations.

Our Recent Project Launches:

The **Scan4Safety** project will enhance patient safety and improve operational efficiencies within our healthcare services. By implementing a robust scanning system, we can ensure the accurate tracking and management of medical supplies, reducing errors and enhancing the overall quality of care provided to our patients. This project represents a significant step towards modernising our healthcare delivery system.

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The Scan 4 Safety (S4S) project is now complete across Brecon and Llandrindod Theatres. Powys is the first fully covered organisation in Wales to have all theatres connected for S4S patient link. A one-off cost avoidance of £96,380 in stock optimisation has been saved, and an estimated 522hrs of clinical hours saved. Waste was identified as over £10,000 pre-implementation, and the ability to track all types of waste post implementation has proved successful.

Recognising the need for efficient and sustainable printing solutions, we have introduced a **fully managed print solution (MPS)** across all our departments/sites. This initiative is designed to optimise our printing processes, reduce waste, and lower costs. By centralising print management, we can ensure consistent quality, increase security, and support our sustainability goals. The intelligence gained through MPS Dashboards will be used to target areas of high usage, and to support the change in behaviours where appropriate.

Our fully **modernised data platform** is another critical project aimed at enhancing our data management capabilities. With this platform, we can leverage advanced data analytics to gain deeper insights into our operations, make data-driven decisions, and improve service delivery. The modernised data platform is enabling us to manage larger data volumes with greater efficiency, thereby providing more reliable and timely information to our stakeholders.

We are nearing the completion of our **full telephony upgrade**, which will significantly improve our communication infrastructure. This upgrade involves the implementation of the latest telephony technologies, ensuring clearer, more reliable communication channels. Enhanced telephony systems will facilitate better coordination and responsiveness across our organisation, ultimately leading to improved service delivery and inclusion with the ability to be multi-lingual. In addition, there is predicted cost savings by reducing expensive line rental, and associated call packages. The modernisation is providing better data to ensure we are optimising our solutions for phone calls in the most efficient and cost-effective way.

Ongoing development of **virtual consultations (VC)** to support care closer to home and release time to care, whilst also reducing travel. The cost savings since VC was introduced has totalled £21,140, which could be increased further if more services started to introduce the offering.

Work has commenced in terms of a discovery phase and pathway mapping for a full **Electronic Health Record review**, aiming to simplify and standardise the approach for access to and collection of information at the point of care.

Digital Support Staff time is being released as part of the newly implemented **Target Operating Model** which includes an IT Service Management Solution called HALO.

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Through **AI and automation** many of the low-risk repetitive tasks such as new starters and approvals are creating measurable efficiencies.

The Electronic Prescribing **ePMA pre-implementation** phase is complete and has been successful in bidding for Welsh Government funding to move to implementation. This means that paper medicines charts/prescriptions will be replaced as digital prescribing and medicines administration across all Welsh hospitals, which will bring quality and safety benefits to our patients.

Conclusion

These projects underscore our commitment to continuous improvement and innovation. By investing in these initiatives, we are not only enhancing the quality and efficiency of our services but also ensuring that we are well-equipped to meet the evolving needs of our patients and stakeholders. We look forward to the successful completion and integration of these projects, confident that they will yield substantial benefits for our organisation and those we serve.

The **Clinical Coding** Team continue to exceed the two national targets for Clinical Coding. They are:

- Ensuring at least 95% of completed episodes are coded within one month of the episode end date
- Ensuring that at least 90% of identified coding errors are corrected within 35 days of the date the error was identified

The 2024/25 Clinical Coding Audit undertaken by DHCW was completed in May. The recent draft audit report highlights the team have exceeded the targets once again.

Theme 5 - Big Data and Artificial Intelligence

We are committed to continuous improvement and innovation, ensuring that our digital infrastructure remains resilient and capable of supporting future growth.

Furthermore, we are immensely proud to share that we have a new Cloud Data and Analytics platform which has been designed, developed and implemented for transforming the way data is collected, managed, and used to support decision making and improve outcomes. This success includes PTHB being the first NHS UK Federated Lakehouse to exist. This will allow management of a ‘single source of truth’ using modern tooling and will underpin further work that will ensure data is more available in real time, and Linking our on-premises data stores to the cloud to get all our data in one place to combine datasets that historically sat separately and mitigating single points of failure.

Pattern Data
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- The establishment of a Data and Analytics Platform (single source of truth), which is robust & futureproof and has eliminated the performance issues and downtime previously associated with our historic data platform.
- Enabling the integration and standardization of data from multiple sources, as well as the creation and dissemination of live dashboards, reports, and insights.
- Support for advanced analytics and artificial intelligence applications, such as predictive modelling, natural language processing, and is AI enabled.
- A robust data governance framework, which will ensure the quality, security, and ethical use of data (a single source of truth).
    - The data governance framework will also define the roles and responsibilities of data owners, stewards, and consumers, and foster a culture of data literacy and collaboration across the organisation.

Following PTHB vision to implement an NHS UK First Federated Lakehouse, partnership working with services such as Finance, Workforce, Womens and Childrens is enabling elements such as predictive analytics, comprehensive Data Cataloguing & Streaming live dashboards, all while being future proof, FHIR compliant & National Data Resource (NDR) aligned. This also means PTHB is leading the way in other areas such as A.I. implementation to promote self-serve data. Is there an example of something we can put in here?

This also supports the removal of data silo's throughout the Health Board, which creates increased Information Governance risks to the organisation, whilst it cannot monitor and audit how data is sourced, shared and manipulated, and so there is much to do in educating staff and services, about how they currently use and store data, which will need to change, to ensure there is a single source of the truth, tighter controls and processes to align to GDPR legislative best practices and assures our Senior Information Responsible Owner (SIRO) and Caldicott Guardian.

Further achievements include:

- Linking our **on-premises** data stores to the **cloud** to get all our data in one place to combine datasets that historically sat separately and mitigating single points of failure.
- The ability to produce **'live' dashboards** from our in house developed Apps (i.e. as data is entered into an app it will be available on the dashboard within seconds to provide real time reporting.
- Data engineering tasks are being completed more quickly realising 40% increased efficiency through the use of **AI tools**.

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- Full lineage on our data flows for transparency about where data comes from and where it is used.
- **Finance and Workforce** data is moving to the next stage using Power B.I. which will be much easier for the services and variable pay groups to use and will offer opportunities and insights to data that were previously difficult to achieve.
- **Dashboard charts** are proving incredibly valuable and means that staff are not having to consistently check, and update excel charts. Fresher formatting and filter options make for more user-friendly systems which services will benefit from at the variable pay groups.

Further work within the Digital Data teams has resulted in quick turnaround of information to support nursing colleagues who are fully on board with our thinking and approach. **Working together** with services means that refinement and development is jointly configured, and more quickly than how reports were developed previously in IFOR. Services data will be aligned to Finance establishment budgets and current Safe Staffing / Roster Levels, for informed decision making, and planning activities.

App Development & Automation

The App Development & Automation team (a very small team) are continuing to design and produce a number of solutions to solve a range of problems within the Health Board. These include but are not limited to the replacement of manual paper processes, the automation of repetitive tasks & the streamlining of existing systems.

In the past twelve months a total 14 apps & 56 automations have been taken to production.

All of this development work has been done under a design framework to ensure that standards are adhered to, and the correct governance is followed. This means that any data collected as part of any solution built is real-time streamed into our Data Store to ensure the data can be used for downstream operational & analytical use.

An example of App development is the Advanced Learning Needs (ALN) which is designed to capture data on the compliance of the Advanced Learning Needs teams with their deadlines.

- The current process involves manually creating and updating multiple rows of Microsoft Lists for each child or young person who needs ALN services. The proposed process involves using an app that allows adding one record and

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having a new tab per service based on selection, information will then be process through automation to provide the necessary reporting and insight locally and nationally.
- This is potentially going to be adopted by other HB's.

Going forward the team are looking to adopt a full Robotic Process Automation (RPA) suite of tools to take the automation to the next level providing a number of cost savings across a number of areas in the Health Board.

The Platform took One year to implement, has saved 40% of the Analysts time in writing queries, and will evidence an estimated 65% improvement in team productivity by using Data Bricks Assistant which is an AI generated tool to 'ask' questions of the data (where previously this would have required programme writing in SQL).

Look Forward and the next Three Years.

Bridging Clinical Expertise with Digital Strategy

Embedding clinical expertise within the digital team ensures that technology solutions address real-world clinical needs. A key focus is identifying workflows where digital tools can reduce administrative burdens and enhance patient care. Collaborating with clinical teams to prioritise these areas ensures the development of practical and impactful digital solutions.

Driving Data-Driven Clinical Outcomes

Clinicians in the digital team play a vital role in advancing data-driven decision-making by developing reporting frameworks that focus on meaningful clinical metrics. This approach emphasises the "so what" and "why" behind the data, guiding decisions to optimise care pathways and improve patient outcomes.

Aligning Digital Projects with Clinical Priorities

By leveraging their first-hand understanding of clinical processes, clinicians ensure digital initiatives align with real-world priorities. Regular consultations with clinical teams help identify key pain points, which can then be translated into actionable technical requirements to drive effective solutions.

Promoting a Culture of Digital Literacy

Clinicians are instrumental in fostering digital adoption within healthcare teams. Delivering tailored workshops and one-to-one training sessions helps address gaps in digital literacy, demonstrating how digital tools can streamline workflows and

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enhance patient-centred care. Establishing feedback mechanisms ensures training programmes are continually refined to meet evolving needs. A full Training Strategy will be developed in collaboration with the training department, to support this important area of staff upskilling and confidence, which will improve the digital adoption of new system approaches.

Improving Clinical Documentation and Reporting

Clinicians play a key role in enhancing documentation and reporting by training staff on best practices and emphasising its importance for improving outcomes and research. Analysing data trends further supports the identification of actionable interventions, ensuring reporting tools deliver insights that drive meaningful improvements in care.

This integrated approach ensures that clinical expertise is embedded across digital initiatives, supporting efficiency, innovation, and enhanced patient care outcomes.

To achieve our vision, we have identified key initiatives and projects that will drive our digital transformation over the next three years. These initiatives are designed to deliver measurable benefits and support our strategic themes.

Telehealth Expansion

We will expand our research into telehealth services to provide remote consultations, monitoring, and support to patients across various specialties. This initiative will improve access to care, aim to reduce wait times, and enhance patient convenience.

Electronic Health Records (EHR) Integration

Integrating our EHR systems will enable seamless data sharing among healthcare providers, improving care coordination and patient outcomes. This project involves standardising data formats, implementing robust security measures, and improved training staff on EHR usage.

AI-Powered Diagnostics

We will further implement AI-powered diagnostic tools to assist healthcare professionals in identifying and diagnosing conditions more accurately and efficiently. These tools will leverage machine learning algorithms to analyse medical images, patient histories, and other relevant data.

Workforce Training Programs

Investing in our workforce is critical to the success of our digital strategy. We will develop a comprehensive training strategy and programs to equip healthcare professionals with the skills and knowledge needed to thrive in a digital environment.

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These programs will cover topics such as cybersecurity, data analytics, and the use of emerging technologies.

Conclusion

Our Digital Strategic Framework sets the stage for a transformative journey over the next three years. By focusing on patient-centric care, integrated systems, data-driven decisions, innovation and technology, and workforce empowerment, we are poised to deliver improved healthcare services in alignment with key plans and strategies.

Furthermore, with the Clinical Informaticians and Digital Delivery teams now aligned, the look forward approach will be to create a sustainable workforce support model and plan to ensure PTHB has the right skill mix, capability and capacity, and is efficient in succession planning and development to ensure we retain our valued staff members.

Challenges to overcome

Powys has a vision for an Integrated Shared Care Record, but it is recognised this is constrained, with the National Programme delivery and funding model which is reliant on Digital Health and Care Wales to lead. As such a new corporate risk has been recorded to monitor actions to mitigate the risk this approach poses on the systems and design, we are able to influence. The ability to look for a solution that suits Powys is affected by current approach. More confidence is needed to assure PTHB that Primary, Community and Mental Health and our Cross-border challenges are clearly understood by the national team. There is also continued risk in terms of aligned timescales, we want to move fast because we understand the criticality of real time recording, for patient safety and quality, and we could deliver quickly if we were not dependent on the nationally led teams.

It is essential that digital is integrated into the planning of all models of care so that all the ‘digital opportunities’ for ways of working are understood and considered. Digital enablement needs to be an integral part of strategic planning and investment as it will be the forerunner of the change we are trying to implement across the HB as part of the Accelerated Sustainable Model.

Working in partnership with Workforce, there is a need for training, upskilling, and deeper cultural change, to move fully to Digital First. There is a solid foundation for collaborative effort. Understanding how to use new tools effectively and how this

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affects the way services work will require standardisation of ways of working, shared learning and review of current practice.

With the efficiencies and improvements being realised within the automation of IT and BI processes, this will release support staff time to collaborate more closely with clinicians and corporate services in areas where value will be realised, as clinical and technology strategies converge. The benefits of digital and clinical functions will become entwined, and we are observing Clinical services, and Digital Services are already working well together, following the implementation of the new Target Operating Model, and on-site support days.

There are risks noted in relation to digital inflation, workforce, finance, supplier dependency and complexity in the current context. Nonetheless, there is also opportunity to use digital to drive efficiencies and improve patient outcomes.

Next Steps

Following consideration at this Committee, this report will be updated and submitted to Delivery and Performance Committee for their meeting in December 2024 and the PTHB Board on 29 January 2025. The Maturity Matrix once finalised will be submitted to Welsh Government as part of delivery against the requirements of the PTHB Escalation and Intervention 'Enhanced Monitoring' status for strategy, finance and planning.

Continue with the planned programme of work aligned to the delivery of the Digital Strategic Framework 2023-2027.

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Bwrdd Iechyd Addysgu Powys
Powys Teaching Health Board

Agenda item: 4.6

EXECUTIVE COMMITTEE	**29 JANUARY 2025**
Subject:	**Nurse Staffing Act Report**
Approved and presented by:	Claire Roche, Executive Director of Nursing, Quality, Women and Family Health
Prepared by:	Claire Roche
Other Committees and meetings considered at:	Executive Committee – 22 January 2025

PURPOSE:

This paper provides an annual update on the work, actions, and processes in place to ensure that Powys Teaching Health Board complies with the requirements of the Nurse Staffing Levels (Wales) Act 2016. This document offers assurance for the reporting period of 2023/2024.

RECOMMENDATION(S):

The Executive Committee is asked to:

1. To **RECEIVE** the report and take **ASSURANCE** that the Health Board meets its statutory requirements under Section 25A of "The Act".
2. **NOTE** the arrangements in place to ensure that Powys Teaching Health Board (PTHB) is meeting its requirement to consider outcomes for Powys patients receiving care from other providers, which may be affected by nurse staffing levels in commissioned services.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

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EXECUTIVE SUMMARY:

The Nurse Staffing Levels (Wales) Act 2016 places duty to have regard to providing sufficient nurses as per the **Nurse Staffing Levels (Wales) Act 2016**.

All Health Boards must:

a) ensure sufficient nurses to enable nurses to care for patients sensitively, and
b) when securing the provision of nursing services, ensure that there are sufficient nurses to allow the nurses time to care for patients sensitively.

This report provides assurance that Powys Teaching Health Board complies with the requirements under the Nurse Staffing Levels (Wales) Act 2016.

DETAILED BACKGROUND AND ASSESSMENT:

The Nurse Staffing Level (Wales) Act became law in Wales in March 2016. The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commissions a third party to provide nurses. The Health Board has a role, as both a provider and commissioner of healthcare, for the residents of Powys Teaching Health Board (PTHB).

The Act consists of five sections:

Section 25A Duty to have regard for providing sufficient nurses.	Places an overarching responsibility upon the health board, to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations. This duty came into effect in April 2017.
Section 25B Duty to calculate and take steps to maintain nurse staffing levels.	Requires the health board to calculate and take reasonable steps to maintain the nurse staffing levels in all adult acute medical and surgical wards, and paediatric in-patient wards. The health board is also required to inform patients of the nurse staffing level.
Section 25C Nurse staffing levels: method and calculation.	Requires the health board to use a triangulated methodology to calculate the nurse staffing level in all adult acute medical and surgical wards, and paediatric in-patient wards. These duties came into effect in April 2018
Section 25D Nurse staffing levels: guidance.	Section 25D of the Act required that Welsh Government devise statutory guidance to support 'the Act'. The initial statutory guidance document was issued in 2017 with a revised document issued in February 2021 to reflect the extension of 'the Act' to include paediatric in-patient wards.

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Section 25E Nurse staffing levels: reports.	Section 25E requires the health boards to report their compliance in maintaining the nurse staffing level for all wards to which Section 25B pertains. The health board must submit a three-yearly report to Welsh Government. To achieve this three-year report, the health board requires an annual report presented to the Board outlining compliance with 'the Act', any impact upon the quality of care where the nurse staffing level was not maintained and the actions taken in response to this.

All wards in Powys are covered by 25A. Although the Health Board is not required as per Section 25B duties; the overarching principles and guidance are followed to align Powys Teaching Health Board to all other health boards and trusts in Wales.

The Act requires a "designated person" to calculate the nurse staffing level for any setting. In view of the requirement to exercise nursing professional judgement when calculating nurse staffing levels, the designated person should be registered with the Nursing and Midwifery Council and understand the complexities of setting a nurse staffing level in the clinical environment. The Director of Nursing, Quality, Women and Family Health is identified as the 'designated person' for Powys Teaching Health Board.

Methodology for Reviewing Staffing Levels

Operational Guidance was developed for participating organisations that had adult acute medical and surgical wards and whilst this *does not* apply to Powys Teaching Health Board, the Executive Director of Nursing, Quality, Women and Family Health has adopted this to align the Health Board process to this methodology.

Section 25C of the Nurse Staffing (Wales) Act 2016 refers to the triangulation methodology by which Nurse Staffing Levels are to be calculated and this is illustrated below:

- **Patient Acuity**. An estimate of the amount of care a patient requires based on the intensity, complexity and unpredictability of their holistic needs. In Wales the Welsh Level of Care is the tool used to assist burses in measuring the acuity and dependency of their patients
- **Quality Indicators**. A measure of factors that relate to the delivery of nursing care and are used to demonstrate whether the department delivers good outcomes for patients and staff.
- **Professional judgement**. Involves the nurses applying their knowledge, skills and experience in a way which is informed by professional standards, law and ethical principles to develop a decision on the factors which influence clinical decision-making in relation to patient safety.

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Ward Establishment Reviews 2023-24

Between February 2023 and July 2023, detailed ward establishment reviews were undertaken in all inpatient services in Powys. This included an in-person visit by the Executive Director of Nursing, Quality, Women and Family Health or Deputy Director of Nursing, Head of Nursing (either for the Community Service Group or Mental Health or nominated representative), and the Chief Nursing Information Officer and Nurse Staffing Act Lead.

All in -patient ward areas have agreed levels of nurse staffing for both Registered Nurses and Health Care Support Workers and this was presented to the Executive Committee in January 2024.

Annual establishments reviews will be undertaken and during 2024/25, these will be an update assessment of the detailed reviews undertaken in 2023/24.

Plans are in place for 2025/26 to mature the process. The matured review will include a triangulation of data at a service and organisational level. Planned staffing levels will be scrutinised and reviewed by a panel with senior representation to include Deputy Director level representation from Nursing, People and Culture and Finance Directorates. The recommended outcome will then be presented to the Executive Director of Nursing, Quality, Women and Family Health as the confirmed designated person.

Safe-Care

In quarter 2 of 2023/24 Safe-Care was deployed into all adult inpatient Community Service wards. This provides real-time data in relation to staffing, skill mix and patient acuity. Safe-Care allows the ward user to record whether staffing was appropriate to meet the needs of the patients on a shift-by-shift basis. Wards in Powys capture the census data once daily in the morning and overall completeness of the data being reported (February-June 24) ranged from 61% - 98% across wards. Current acuity data shows that on average 89% of patients require defined care pathways or complex nursing care, and 7% requiring urgent or one-to-one care.

Safe-Care data and intelligence will inform the revised approach to establishment reviews in 2025/26.

Nursing Workforce: Recruitment and Retention

25A of the Act places an overarching responsibility upon the Health Board to ensure they have robust workforce plans, recruitment strategies, structures and processes in place to ensure appropriate nurse staffing levels across their organisations.

The Health Board has worked to maximise the recruitment and retention of nurses and a programme of work is in place to reduce variable spend and in supporting the All-Wales Nurse Retention Plan. This includes:

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- Annual workforce projections and subsequent planning is undertaken which informs the annual education commissioning submission as well as the development of future nursing workforce pipelines (International Educated Nurses, Aspiring Nurse Programme).
- Roster optimisation – ensuring that all rosters are completed in line with the Rostering Policy (HR090).
- Maximising opportunities for healthcare support worker development through Level 4 Certificate in Healthcare Practice qualification, as a fast-track route for healthcare support workers employed by the organisation into pre-registration nurse training, to ensure that we are able "grow our own", options available include Open University and Part-Time Bachelor of Nursing routes.
- Ongoing successful international recruitment.
- A streamlined fast track recruitment process for bank workers.
- Recruitment of a Workforce Retention Lead to support the recruitment and retention of staff aligning outcomes with the Nurse Retention Plan set out by HEIW.

Assurance of Nurse Staffing in Commissioned Services

The Health Board commissions secondary care and specialised community services for Powys residents from other organisations in NHS Wales and NHS England.

Services are currently commissioned from:

NHS Wales	NHS England
• Aneurin Bevan UHB • Betsi Cadwaladr UHB • Cardiff & Vale UHB • Cwm Taf Morgannwg UHB • Hywel Dda UHB • Swansea Bay UHB • Velindre NHS Trust	• Gloucestershire Hospitals NHS Trust • Sandwell & West Birmingham NHS Trust • Shrewsbury and Telford NHS Trust • Wolverhampton NHS Trust • Worcester Acute Hospitals NHS Trust • Wye Valley NHS Trust • Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust • Shropshire Community Health NHS Trust

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NHS Wales Commissioned Services

Section 25B of the Nurse Staffing Levels (Wales) Act 2016 guidance states that the nurse staffing levels should be reviewed at least every six months when entering the workforce planning tool data; when there is a change of use/service that is likely to alter the nurse staffing level; or if the designated person deems it necessary. As part of the Nurse Staffing Levels (Wales) Act 2016 Public Board papers should annually include the nurse staffing level of each individual ward to which sections 25B to 25E of the Act apply.

The All-Wales Executive Nurse Director Peer Group approve the quality indicators for reporting period. The current indicators are listed below:

- Avoidable hospital acquired pressure damage.
- Falls resulting in moderate harm, serious harm, or death.
- Medication errors resulting in moderate harm, severe harm, death & never events.
- Any complaints received about nursing care.
- Paediatric inpatient wards also include infiltration/extraversion injuries as part of their care quality indicator measurements.

All Health Boards in Wales submitted an Annual Nurse Staffing Levels Assurance Report to their respective Boards in May 2024. The reports provide details of the processes and governance in place, details of their calculations for staffing levels in 25B wards in addition to their recruitment and retention of the nursing workforce.

English Commissioned Services

In England, there is no law related to nurse staffing. English commissioned providers do not have a nurse staffing act, although the National Quality Board set out guidance with expectations for nursing and midwifery staffing to assist NHS provider boards make local decisions that will deliver high-quality care for patients within the available staffing resources. As part of PTHB's commissioning agreement with English providers, the Long-Term Agreement (LTA) for 2024/25 includes a clause requiring providers to assure the Health Board of their nurse staffing levels.

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PTHB also has the Integrated Quality and Performance Framework (IQPF), incorporating the Commissioning Assurance Framework, which sets out the framework for improving performance processes to provide assurance to the Board (for services PTHB provides and commissions) on the delivery of quality, patient-centred services.

The Quality and Safety Team, and Commissioning Team, attend regular Contract Quality Performance and Review Meetings. The consideration of nurse staffing levels is a key component of this. Any serious concern would trigger the Head of Quality and Safety to attend the relevant incident panel meeting. A combined approach involving the Quality and Safety, and Commissioning Teams, are involved in the response, closely liaising with the commissioned service. A raised concern can also be triggered through the Ombudsman, Medical Examiner, and inquests through HM Coroner's Office.

Conclusion

Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the responsibilities of each health board to ensure that there are appropriate nurse staffing levels across their respective organisations to ensure safe, effective, and timely care to patients across all its nursing services. This report assures that in line with statutory guidance, the Health Board is compliant with the requirements and is maturing the process for nurse staffing reviews across all nursing services, demonstrating the commitment to having 'regard to the importance of providing sufficient nurses to allow time for the nurses to care for patients sensitively'.

1.

NEXT STEPS:

1. Undertake establishment reviews to re-assess the detailed reviews of 2023/24 in Q4 of 2024/25
2. Plan the revised establishment review process for implementation in 2025/26.
3. Continue to monitor contracts to ensure that all NHS commissioned service providers share details with the Health Board to provide assurance on their nurse staffing levels.

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IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
Financial					
Corporate					
Operational					
Reputational					

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rhanbarth powys region

Report:	**Regional Directors Report**
Period Covered:	**27 November 2024 – 22 January 2025**
Author:	**Katie Blackburn**
Status:	**For Information**
Date:	**29 January 2025**

National Updates:

Dentistry

Llais has published a report on access to NHS dentistry. This sets out the key issues we have heard from residents, and calls for urgent action to improve access.

More information is available from the Llais website: Our position on access to dentistry in Wales | Llais

Same Day Urgent Care

A national survey of experience of same day urgent care concluded during Q3 and analysis is under way. Findings will be shared with health boards and national bodies when available.

More information is available from the Llais website: Help us improve Same Day Urgent Care services | Llais

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Silly Rules

Llais is working with the Bevan Commission to hear from patients and staff about the rules that get in the way of better care and support.

A national survey is under way until the end of January, with individualised reports due to be shared with health boards later this spring.

More information is available from the Llais website: Silly Rules | Llais

Regional priorities:

Based on what we have heard, Llais Powys has three regional priorities for Powys for 2024/25:

Llais Local:

Llais uses a range of approaches to engage with citizens in Powys regarding their experience of health and care services. This includes locality engagement during which Llais offices and volunteer engage with individuals and groups within each of the Powys 13 localities, and Public Forum events.

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Since the last meeting of the Board, Llais has published a summary from their recent Public Forum event in Llanwrtyd Wells. The infographics below set out the key themes raised by attendees.

These have been shared by Llais through their channels and a video summary is also available to share the findings.

Watch the feedback
videos:

- Cymraeg
- English

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The Public Forum in Llanwrtyd Wells was a powerful reminder of the value of listening to local communities.

Residents provided clear, actionable ideas about what the future of health and social care should look like, centred around better access, integrated services, stronger local care options, and enhanced communication.

By implementing these forward-looking solutions, health and social care providers in Powys and across Wales can ensure that services meet the evolving needs of the community, promoting a healthier, more equitable future for all.

LLAIS
Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

Advocacy:

Total no. new cases opened	12
Total no. cases closed	23
Total no. open advocacy cases	106

Katie Blackburn

Regional Director – Llais Powys

22 January 2025

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

Agenda item: 5.1

BOARD	**DATE 29 JANUARY 2025**
Subject:	**SUMMARY OF JOINT COMMITTEE ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant joint committees.

PURPOSE:

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Joint Commissioning Committee (JCC).

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

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent joint committee meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

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EXECUTIVE SUMMARY:

This report provides an update of the recent activities of the Joint Commissioning Committee of the PTHB Board.

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

DETAILED BACKGROUND AND ASSESSMENT

Joint Commissioning Committee (JCC)

The Joint Commissioning Committee held virtual meetings on 21 January 2025. The papers for this meeting are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee

The briefing report from that meeting will be shared at the March meeting of Board.

Mid Wales Joint Committee for Health and Social Care

The Mid Wales Joint Committee for Health and Social Care has not held a meeting since the last update to Board in November 2024.

NEXT STEPS:

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

IMPACT ASSESSMENT – NOT REQUIRED

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

Patterson,Liz
27/01/2025 14:49:03

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

Agenda item: 5.2

BOARD	**DATE OF MEETING: 29 JANUARY 2025**
Subject:	**SUMMARY OF PARTNERSHIP BOARD ACTIVITY**
Approved and presented by:	Hayley Thomas, Chief Executive
Prepared by:	Interim Head of Corporate Governance
Other Committees and meetings considered at:	Information contained in the papers appended to this report have been considered by the relevant partnership board.

PURPOSE:

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

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

RECOMMENDATION(S):

It is recommended that the Board:

- **RECEIVE** and **NOTE** the updates contained in this report in respect of the matters discussed and agreed at recent partnership board meetings.
- Take **ASSURANCE** mechanisms are in place to report appropriately to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

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

Date: 29/01/2025 11:49:03

EXECUTIVE SUMMARY:

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

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

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

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

The PSB met on 11 December 2024 where the following items were discussed:

- Workstreams:
  - Evidence and insight
  - Undertaking a whole system approach to health weight
  - Responding to the climate emergency

The next meeting is scheduled for 20 March 2025.

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

The RPB met on the 19 September 2024 where the following items were discussed:

Paterson Liz 27/01/2025 14:49:03

- National updates
- Evaluation, prioritisation and assurance process update

- RPB Deep Dive Series - Start Well Partnership
- RPB Resilience Plan and update
- RPB Executive Group update

The RPB are next scheduled to meet on 31 January 2025.

Board to Cabinet Forum (BCF)

The Board to Cabinet Forum has not met since the last meeting of Board in November 2024.

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

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

Patterson,Liz
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ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Services Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	21 November 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made

Chair's Report

The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:

- The most recent Welsh Risk Pool Committee meeting which took place on 24 September 2024, with the next meeting taking place on 26 November 2024.
- The Autumn Development Day hosted on 11 October 2024 was positive and provided valuable feedback and insights as regards Committee management, including the induction process for members and highlighting the importance of ensuring Executives are representing organisations to ensure quoracy for meetings. Presentations included Risk Appetite, Transforming Access to Medicines and the refresh of the Customer Charter. Welsh Risk Pool delivered a session covering the life cycle of a claim, opportunities to minimise the length of claims and exploring the impact on people in processes, sharing examples of learning programmes, such as PROMPT. Going forward, the Welsh Risk Pool Team would ensure, where possible, that the useful data collated was made available to NHS Wales to inform organisational planning and decision-making.
- Discussions were held at the Chair's Peer Group on 29 September 2024, regarding Clinical Associates in Applied Psychology, the Aspiring Board Member Programme run by the Public Bodies Unit to increase diversity in Board membership across Wales, the Care Action Committee and productivity and performance. Further, the Group received an update from Paul Mears from the Chief Executives. The Llais Strategic Plan and the disciplinary processes for Chairs and Independent Members were also discussed. There was also an update from the Welsh Confederation and Welsh Confederation Conference on 6 November 2024.
- NWSSP would be hosting an All-Wales Planning Programme for Learning Autumn Event on 22 November 2024.

The Committee **NOTED** the Chair's Report.

Managing Director Update

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The Managing Director presented his report, which included the following updates:

- The Welsh Risk Pool Committee recently highlighted slight delays in terms of deferred cases, potentially due to additional pressures in Health Board Claims

Teams, but was positive in terms of 209 cases reviewed with £15 million of reimbursements.

- In terms of finance, NWSSP put forward 22 schemes for capital funding and are working through the approvals.
- Positive progress has been made on the South East RadioPharmacy project and subject to Welsh Government (WG) approval and planning permission, works would be looking to commence in January 2025. Notwithstanding there was a current issue regarding the stack diffusion assessment and HEPA filters, which would be discussed with Natural Resources Wales. The Newport Council planners have requested a formal Section 106 Agreement together with a small contribution to the adjoining roadway scheme as part of the planning approval process.
- There was great work being undertaken around lessons learned and organisational learning being taken forward as part of the Welsh Risk Pool programme.
- NWSSP have confirmed the proposed £2 million declaration for distribution to NHS and WG.
- The internal process for the Integrated Medium Term Plan (IMTP) is on-track and we would bring a further update of the plan to the January Committee meeting, for approval.
- The Medical Examiner Service became statutory in September 2024 and we have been working through delays experienced regarding records being returned to us. As such, there had been some press interest in North Wales and we have been working with Betsi Cadwaladr University Health Board (BCUHB) around this.
- As regards accommodation, the Companies House and HQ accommodation position had changed with negotiations ending for the NG2 site which we understand has now been sold. Therefore we are looking to extend our lease of the current HQ site and to downsize Companies House to a smaller footprint.
- In terms of international recruitment, there had been a positive recent visit to Kerala and the Medical Director reported a significant number of doctors and nurses were appointable to positions. In terms of going forward for future visits, it would be helpful for Health Boards to be clear on their available vacancies.
- Laundry Services' achieved the BS14065 accreditation for decontamination of linen at their North Wales and Swansea sites and are progressing on other sites. As expected, there had been a number of challenges in terms, operationally, due to the ageing estate and laundry equipment, which has been as a direct result of the lack of investment in previous years.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Single Lead Employer Model

A comprehensive deep dive into the Single Lead Employer (SLE) Model was presented to the Committee by the Deputy Director of People and Organisational Development, Sarah Evans.

The SLE model is now fully embedded as part of NWSSP's organisational set up with a Tripartite Agreement in place for NWSSP to work in partnership with Health Education and Improvement Wales (HEIW) and any host organisations. This complex model of working is further underpinned by an Employment Management Agreement. In terms of scope, SLE covers all Medical, Dental and Pharmacy trainees across Wales; the current headcount exceeds 3,700 trainees. The initial implementation began with GP trainees in 2015 and expanded to include Foundation Doctors during the pandemic. The remaining trainees were then transferred between 2020-2022.

Audit Wales 1/10/2024 13:47:49 63

Benefits of the SLE model include a simplified employment process, encompassing one pre-employment check, one contract of employment and one payroll form. Further, it ensures easier access to salary sacrifice schemes, mortgages and more effective support for trainees with disabilities. A further benefit includes streamlined payments; for example, ad-hoc duties are paid via one SLE assignment.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

Price Increase – Alder House Lease

The report sought the Committee's endorsement for the annual increase of rent at Alder House, prior to obtaining approval of Velindre University NHS Trust Board.

The Committee resolved to **ENDORSE** the proposal.

Charnwood Court Lease Extension

The report sought the Committee's endorsement in order for the Velindre University NHS Trust Board to formally sign and seal the extension of the lease at NWSSP Headquarters at Units 4/5 Charnwood Court, Nantgarw, in accordance with the Standing Orders for the operation of the Committee.

The Committee resolved to **ENDORSE** the proposal.

Purchase to Pay (P2P) Governance Update

The All-Wales P2P Governance Group progress update sought the Committee's approval to cease the auto-release of invoices process from 1 January 2025. The Committee was informed of the progress made against the priorities which were identified in order to achieve the maximum impact and target the greatest improvements across the P2P process.

The Committee **APPROVED** the recommendation to cease the auto-release process from 1 January 2025 and **NOTED** the progress made by the Group.

Risk Appetite Statement

The Statement was brought to the Committee for approval and was last presented at the January 2023 meeting, following significant amendment. It is periodically reviewed by the Senior Leadership Group (SLG) and was discussed at the Autumn Development Day on 11 October 2024.

The Statement reflects guidance from the Good Governance Institute and a bolder approach to taking risk, which was reaffirmed at the Autumn Development Day when the application of the appetite levels for financial, regulatory, quality, reputational and people was discussed. In particular, the balance and interaction between value for money and quality generated a lot of discussion and was something that would need to continue to be monitored closely, and for the Committee to challenge itself as part of decision making and considerations in future.

The Committee **APPROVED** the Risk Appetite Statement.

Peterson,Liz
07/01/2025 14:49:03

Items for Noting

NWSSP Decarbonisation Update

SD presented an update on decarbonisation, following the commitment to provide a bi-annual update to the Committee.

The Decarbonisation Action Plan (2024-2026) had been reviewed by Welsh Government and was rated as amber assurance, with NWSSP having since addressed the areas identified regarding monitoring on a National level. All of the findings in the 2023-24 Internal Audit Report relating to staff training, operational impacts of risks and preparation of a fully costed implementation plan have been addressed.

The update provided assurance to the Committee of NWSSP's ongoing efforts and progress in reducing carbon emissions and promoting sustainability within NHS Wales and the Committee **NOTED** the Decarbonisation Update.

Duty of Quality Update

The report outlined steps made to ensure improving quality remains at the heart of the wide variety of services provided by NWSSP, on behalf of NHS Wales and sets out the positive actions taken to meet the Duty.

Progress included the establishment of a good practice network across all divisions, which focuses on sharing learning and quality improvement programmes and development of an All-Wales ESR e-learning module. Further, NWSSP's Business Quality Manager had delivered bespoke training sessions and was happy to engage with wider NHS Wales landscape as regards progressing the non-clinical side of quality. It was recognised that the National Group was unable to focus on the non-clinical measures due to clinical pressures, demands and the attendees being largely clinicians.

The Committee **NOTED** the Duty of Quality Update as provided by the NWSSP Medical Director.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position as at 31 October 2024 with a year-to-date surplus of £2.422m. This was reported as a surplus of £1.899m within our core operational budgets and £0.523m against the recurrent covid allocation. The £1.899m surplus against core budgets is primarily due to ongoing turnover and delays with targeted recruitment to vacancies. Therefore, NWSSP gave a provisional recommendation of a £2.000m distribution to partners, subject to pay award funding allocations.

Personal Protective Equipment (PPE) stock, which remains an area of uncertainty requiring WG direction, would be discussed at the meeting with WG on 29 November 2024. Budgets would also be explored as part of our IMTP process and we are identifying particular schemes that NWSSP will need to make investment into in the near future that will require NWSSP to generate internal resource savings or secure investment from WG or partners. In terms of capital schemes, we have submitted an ambitious list of potential capital schemes should additional funding become available and NWSSP is on-track with use of the allocation for the year.

Paterson Lisa 29/01/2025 10:49:13

The Welsh Risk Pool is forecasting £140m for the current year, which would require invoking of the risk sharing agreement with Welsh Government, confirming at the end of December the allocations from organisations and continue to manage the risk for the remainder of quarter four.

Audit Wales Management Letter 2023-24 - A very positive position was reported and no recommendations were raised. The Director of Finance and Corporate Services noted that she had met with Richard Harris, Engagement Lead for Audit Wales, to consider the year ahead in terms of the key risks being managed as an organisation and any improvements that can be made to working arrangements in the spirit of continuous improvement.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased by 0.3%, to 3.24%, compared to 2.90% for the same period last year (October 2023 to September 2024), but remained under the NHS target of 3.30%.
- PADR compliance remained above target, at 85.74%.
- Statutory and mandatory e-learning compliance remained very high at 93.16%, excluding the SLE Division.
- Turnover was reported at 22.11%, which had decreased by 1.61%, compared to the same period last year. When excluding the SLE Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 10.15%.
- Agency spend increased to £18,188 in September 2024, from £12,247 in August 2024. However, we had received no new agency requests in October 2024, 3 staff were engaged via agency in September 2024 and the Resource Bank were recruiting for roles for Laundry, Clerical and Drivers.

Performance - Key Performance Indicators (KPIs) from June to September 2024 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 38 of 40 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £198m, as at the end of September 2024 and the Time to Hire target within Recruitment continued to be achieved over recent months.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included strong performance across divisions, especially customer satisfaction and employee well-being, noting that there was further progress to be made in demonstrating progress against our Decarbonisation Plan to Welsh Government. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 2 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Going forward, the focus would be on targeted actions as we moved into Quarter 3. Additional scrutiny would be applied to objectives identified as off track or at risk. Updates regarding Decarbonisation, Foundational Economy and People & Organisational Development were provided. The Director of Planning, Performance and Informatics also updated the Committee that the 2025-28 IMTP development is well under way and confirmed that it would come to the next SSPC meeting, following further development

with the NWSSP SLG in order to ensure it is submitted to Welsh Government within the required timescales.

Project Management Office & Service Improvement Update Report – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. It was noted that four projects had been closed since the last report: Medical Examiners; Procurement of Implementation of Wales Healthcare Student Hub; Wales General Ophthalmic Service – Primary Care Contract Return; and Charnwood and Companies House Accommodation.

Corporate Risk Update - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee's attention was drawn to the accommodation risk and the Primary Care Workforce Intelligence System risk, which was escalated by the SLG at its last meeting. It is expected that focus by the SLG and very recent management action will see these risks reduced in the next report. The remainder of the Corporate Risk Register position remained stable.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 6 and 7 of 2024/25).
- Personal Protective Equipment (PPE) Report.
- Shared Services Partnership Committee Forward Plan.
- NWSSP Audit Committee Assurance Report for October 2024.

Part B (Private Session)

Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960

NHS Wales Energy Source Decision November 2024

The Wales Energy Group's (WEG) proposal in respect of All Wales supply of electricity for the financial year 2025-26 was brought to the Committee's attention, for approval. Challenging discussions were had regarding the energy sourcing options available and a unanimous recommendation was made to stay with the current zero carbon for businesses option.

The Committee **APPROVED** the proposal to remain with the current energy provider, Zero Carbon for Business.

Any Other Business (AOB)

TM further thanked the Committee for their contributions and support during 2024.

Matters requiring Board/Committee level consideration and/or approval

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

Matters referred to other Committees

No further matters were referred to other Committees.

Date of next meeting	Monday 3 February 2025 at 9.30am to 11.30am

Papers for 27/01/2025 14:49:03

Board 2024-25								
Theme	**Item Title**	**22/05/2024**	**11/07/2024 (Annual Accounts**	**24/07/2024**	**25/09/2024 (F2F)**	**27/11/2024**	**29/01/2025**	**26/03/2025**
Governance	Minutes of previous meeting	✓	✓	✓	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓	✓	✓	✓
Listening and Learning	Patient Experience Story	✓		✓	✓	✓	✓	✓
Listening and Learning	Staff Experience Story	✓		✓	✓	✓	✓	✓
Governance	Update from Chair (inclu PSOW in Sept update)	✓		✓	✓	✓	✓	✓
Governance	Update from Vice-Chair	✓		✓	✓	✓	✓	✓
Governance	Update from Chief Executive	✓		✓	✓	✓	✓	✓
Governance	Assurance Reports of Board Committees	✓		✓	✓	✓	✓	✓
Governance	Board Action Log	✓		✓	✓	✓	✓	✓
Risk	Corporate Risk Register	✓		✓	✓	✓	✓	✓
Risk	Risk Appetite							✓
Risk	Review of Risk Management arrangments						☒	✓
Governance	Assurance Reports of Board Partnership Arrangements			✓	✓	✓	✓	✓
Governance	Assurance Reports of Joint Committees			✓	✓	✓	✓	✓
Governance	Assurance Report of Local Partnership Forum			✓		✓	✓	✓
Governance	Committee Terms of Reference					✓	✓	✓
Governance	Committee Work Plans							✓
Governance	Board Work Programme			✓	✓			
Governance	Standing Orders							✓
Governance	Scheme of Delegation							
Governance	Common Seal			✓				
Governance	Committee Membership			✓				
Governance	Annual Assessment of Committee and Board Effectiveness							✓
Governance	Committee Annual Reports							✓
Governance	JCC Governance documents				✓		✓	
Governance	Socio-economic duty assurance report							✓
Governance	Register of Interests					✓		
Governance	Speaking Up Safely and Raising Concerns Report							✓
Governance	Board Assurance Framework				☒		✓	
Governance	Structured Assessment						✓	
Governance	Review of Consent Agenda Protocol							✓
Planning	Integrated Plan Approach to development					✓		
Planning	Draft Integrated Plan						✓	
Planning	Integrated Plan 2025/26							✓
Planning & Finance	Annual Delivery Plan 2024/25 including budget allocation and framework	✓						✓

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Planning	Winter Planning/Resilience				☒	✓		
	Winter vaccination programme				✓			
Partnerships	RPB Annual Report				✓			
Partnerships	RPB Delivery (6 monthly)	✓				☒		✓
Partnerships	PSB Wellbeing Plan (Future Generations Act)							
Partnerships	Partnership Governance Framework							✓
Population Health	Annual Report of Director of Public Health	✓						
Performance	Integrated Performance & Quality Report			✓	✓	✓	✓	✓
Performance	Integrated Quality Report - incorporated into IPR							
Performance	Annual Delivery plan - by quarter			✓	✓	✓		✓
Finance	Approach to the Annual Accounts							✓
Finance	Annual Report and Financial Statements		✓					
Finance	Financial Performance	✓		✓	✓	✓	✓	✓
Finance	Finance Savings Report							
Finance	Charitable Funds Annual Accounts and Report	✓					✓	
Finance	Appove contracts and financial delegations above the CEOs limit							
Partnerships	Llais Regional Director Report			✓	✓	✓	✓	
Compliance	Anti Racism Plan				☒	☒	✓	
Equality, Diversity & Inclusion	Equality, Diversity and Inclusion Annual Report			✓				
Equality, Diversity & Inclusion	Strategic Equality Plan 2023-27							✓
Equality, Diversity & Inclusion	Welsh Language Annual Report			✓				
Compliance	Safeguarding Annual Report							
Quality	IPC Assurance Report			✓				
Listening and Learning	Patient Experience Approach			☒				✓
Compliance	Wellbeing of Future Generations Act Report					☒		✓
Civil Contingencies	Major Incident and Emergency Response Plan			✓				
Civil Contingencies	Civil Contingencies Annual Report			✓				
Planning	Corporate Business Continuity Plan			✓				
Capital and Estates	Health and Safety Annual Report							✓
Capital and Estates	Capital and Estates Strategy							✓
Governance	PSOW Annual Letter				✓			
	Therapies and Health Sciences Annual Update							
Digital	Digital Strategic Framework				☒	☒	✓	
Transformation / Change	Temporary Service Changes			✓			✓	✓
Workforce	Nurse Staffing Levels				☒	☒	✓	
Governance	Petitions Protocol				✓			
Governance	Annual Report of Petitions received							✓
Compliance	Transition of Care Annual Report						☒	

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Governance	Standards of Behaviour Policy						☒	✓
IN-COMMITTEE	Financial Sustainability			✓	✓	✓	✓	✓
	CRR (IC risks)			✓	✓	✓	✓	✓
	Minutes of previous IC meeting				✓	✓	✓	✓
	Legal Dispute	✓						
	Radiology Infomatics System Programme FBC							
	RaTS Committee Annual Report			✓				
	COVID-19 Public Inquiry preparation and readiness update			✓			☒	✓
	ePMA			✓				
	JR EMRTS			✓				
	Emergency Response and Planning self assessment			✓				
	Rhayader GP Practice						✓	
Key								
Date to be confirmed								
Item to be confirmed								
Item deferred								
Item brought forward								
Due to Committee								
Find Exec Cttee date								
Added to draft agenda								

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Powys Teaching Health Board Glossary (January 2025)

Acronym	
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
ADoECP	Associate Director of Estates, Capital & Property
DIT	Director of Improvement & Transformation
AFC	Agenda for Change
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
ABUHB	Aneurin Bevan University Health Board
AR	Audit Recommendations
AGW	The Auditor General for Wales
BAF	Board Assurance Framework
BMA	British Medical Association
BCUHB	Betsi Cadwaladr University Health Board
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development

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CPR	Child Practice Review
CRR	Corporate Risk Register
CSP	Clinical Service Plan
CV	Curriculum Vitae
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CCN	Childrens Community Nursing
CTMUHB	Cwm Taff Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DATIX	Incident Management System
DPA	Data Protection Act
DGH	District General Hospital
DToC	Delayed Transfer of Care
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EMRTS	Emergency Medical Retrieval & Transfer Service?
ESR	Electronic Staff Record
EOY	End of Year
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
FBC	Full Business Case
GIRFT	Getting It Right First Time
GDS	General Dental Services
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HPF	Healthcare Professionals Forum
HDUHB	Hywel Dda University Health Board

Patterson, Nicola
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ICF	Integrated Care Funding
IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LMC	Local Medical Committee
LPF	Local Partnership Forum
LTA	Long Term Agreement
LHB	Learning Health Board
LA	Local Authority
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MD	Ministerial Direction
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership

Patterson, Liz
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OCP	Organisational Change Process
OOC	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
OBC	Outline Business Case
PA	
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RN	Registered Nurse
RPB	Regional Partnership Board
RIIC	Research, Innovation & Improvement Coordination
RISP	Radiology Information System Procurement
RPB	Regional Partnership Board
RTT	Referral to Treatment
RJAH	Rhobert Jones Agnus Hunt
RTS	Routemap To Sustainability
RIF	Regional Investment Fund
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure

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SBUHB	Swansea Bay University Health Board
SaTH	Shrewsbury and Telford Hospital NHS Trust
SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
WPOCT	Welsh Point of Care Test System
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
WPAS	Welsh Patient Administration System
YTD	Year to Date

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