

# Delivery and Performance Committee

Thu 29 February 2024, 09:30 - 13:00

## Agenda

09:30 - 09:30

0 min

1. PRELIMINARY MATTERS

 D&P\_Agenda\_29Feb2024.pdf (3 pages)

1.1. Welcome and Apologies

*Chair*

1.2. Declarations of Interest

*All*

1.3. Minutes from the previous meeting held on 19 December 2023

*Attached* *Chair*

 D&P\_1.3\_Unconfirmed Minutes DP\_19 December 23.pdf (20 pages)

1.4. Delivery and Performance Committee Action Log

*Attached* *Chair*

 D&P\_1.4-Action Log 2023-24.pdf (1 pages)

09:30 - 09:30

0 min

2. ITEMS FOR ASSURANCE

2.1. Finance Performance Report Month 10 (including savings report)


*Attached* *Deputy Chief Executive/Director of Finance and IT*

 D&P\_2.1\_Financial Performance Report Mth 10.pdf (18 pages)

2.2. Integrated Performance Report Month 09


*Attached* *Director of Planning, Performance and Commissioning*

 D&P\_2.2 IPR Cover Sheet\_PTHB\_Final.pdf (7 pages)

 D&P\_2.2a\_IPR\_23-24\_Month 9\_Final.pdf (54 pages)

2.3. Quarter 3 Delivery Plan Progress Report

*Attached* *Director of Planning, Performance and Commissioning*

 D&P\_2.3\_Q3 Delivery Plan\_Cover Paper\_D&PCommittee.pdf (5 pages)

 D&P\_2.3a\_Q3 Progress Report D&P Committee.docm.pdf (71 pages)

2.4. Six monthly report on Continuing Health Care costs

*Attached* *Interim Director of Operations, Community and Mental Health*

 D&P\_2.4\_Six monthly report on CHC costs.pdf (26 pages)

 D&P\_2.4a\_CHC Appendix 1.pdf (1 pages)

2.5. Agency Spend deep dive

Mills Belinda  
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Attached      Interim Director of Operations, Community and Mental Health

 D&P\_2.5\_Variable pay report MHL Feb 2024.pdf (14 pages)

## 2.6. Digital Strategic Framework

Attached      Deputy Chief Executive/Director of Finance and IT

 D&P\_2.6\_Digital First Update February 2024.pdf (16 pages)

## 2.7. Primary Care Services: GMS

Attached      Deputy Chief Executive/Director of Finance and IT

 D&P\_2.7\_GMS CAF Report.pdf (17 pages)

 D&P\_2.7a\_Commissioning Assurance Framework-Primary Care Medical Services.pdf (11 pages)

 D&P\_2.7b\_GMS CAF Tolerance Levels 2022-2023.pdf (17 pages)

 D&P\_2.7c\_Appendix three-GMS CAF dashboard 2022-23.pdf (2 pages)

 D&P\_2.7d\_Appendix four - Access Standard Commitment 2022-23.pdf (2 pages)

## 2.8. Primary Care: Community Pharmacy

Attached      Medical Director

 D&P\_2.8\_Community Pharmacy Performance Report.pdf (20 pages)

## 2.9. Health and Safety Annual Report

Attached      Director of Therapies and Health Science


 D&P\_2.9\_Cover Paper Health and Safety Annual Report 2024.pdf (6 pages)

 D&P\_2.9a\_Health and Safety Report.pdf (32 pages)

## 2.10. Capital and Estates Compliance Report

Attached      Assistant Director of Estates

 D&P\_2.10\_Estates Compliance Feb 2024.pdf (6 pages)

 D&P\_2.10a\_Committee Estates Compliance Overview Feb 2024.pdf (21 pages)

## 2.11. Information Governance Monitoring Report

Attached      Deputy Chief Executive/Director of Finance and IT

 D&P\_2.11\_IG Key Performance Q2\_Q3 FY 23\_24.pdf (7 pages)

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### 09:30 - 09:30 3. ITEMS FOR DISCUSSION

0 min

*There are not items for discussion*

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### 09:30 - 09:30 4. ESCALATED ITEMS

0 min

#### 4.1. Organisational Escalation and Intervention Status

Oral      Deputy Chief Executive/Director of Finance and IT/Director of Planning, Performance and Commissioning

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### 09:30 - 09:30 5. ITEMS FOR INFORMATION

0 min

*Deputy Chief Executive/Director of Finance and IT*

#### 5.1. Internal Audit - Information Governance Report

Mills Belinda  
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Attached

 D&P\_5.1\_PTHB-2324-09 IG Final Internal Audit Report.pdf (20 pages)

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09:30 - 09:30

0 min

## 6. OTHER MATTERS

### 6.1. Committee Risk Register

Attached

Director of Corporate Governance

 D&P\_6.1\_D&P\_Committee Risk Report\_Feb24.pdf (2 pages)

 D&P\_6.1a\_Committee Risk Register\_Dec23.pdf (23 pages)

### 6.2. Committee Work Programme

Attached

Director of Corporate Governance

 D&P\_6.2\_Committee Work Programme 2023-24.pdf (2 pages)

### 6.3. Annual Assessment of Committee Effectiveness

Attached

Director of Corporate Governance


 D&P\_6.3\_Committee effectiveness Feb 2024.pdf (20 pages)

### 6.4. Review of Committee Terms of Reference

Attached

Director of Corporate Governance

 D&P\_6.4\_Review of Committee Terms of Reference.pdf (4 pages)

 D&P\_6.4a\_Committee\_ToR\_Sept21\_Final.pdf (13 pages)

### 6.5. Items to be Brought to the Attention of the Board and/or Other Committees

Oral

Chair

### 6.6. Any Other Urgent Business

Oral

Chair

### 6.7. Date of the Next Meeting: 07 May 2024 via Microsoft Teams

Chair

### 6.8. Confidential Items

*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*

### 6.9. Cyber Security and Power Outage Risk

Director of Finance & IT

### 6.10. IT Infrastructure and Asset Management Action Plan

Mills Belinda  
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**POWYS TEACHING HEALTH BOARD  
DELIVERY AND PERFORMANCE  
COMMITTEE  
TUESDAY 29 FEBRUARY 2024,  
09.30 – 13:15  
VIA MICROSOFT TEAMS**



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

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

**AGENDA**

Time	Item	Title	Attached/Oral	Presenter
	<b>1</b>	<b>PRELIMINARY MATTERS</b>		
09.30	1.1	Welcome and Apologies	Oral	Chair
	1.2	Declarations of Interest	Oral	All
	1.3	Minutes from the previous Meeting 19 December 2023	Attached	Chair
	1.4	Delivery and Performance Committee Action Log	Attached	Chair
	<b>2</b>	<b>ITEMS FOR ASSURANCE</b>		
09.40 15 mins	2.1	Finance Performance Report Month 10 (including savings report)	Attached	Deputy Chief Executive/Director of Finance and IT
09.55 25 mins	2.2	Performance: Integrated Performance Report Month 09	Attached	Director of Performance and Commissioning
10.20 10 mins	2.3	Quarter 3 Delivery Plan Progress Report	Attached	Director of Performance and Commissioning
10.30 10 mins	2.4	Six monthly report on Continuing Health Care costs	Attached	Interim Director of Operations, Community Care and MH
10.40 25 mins	2.5	Agency Spend deep dive	Attached	Interim Director of Operations, Community Care and MH
11.05 15 mins	2.6	Digital Strategic Framework	Attached	Deputy Chief Executive/Director of Finance and IT
11.20 10 mins		<b>COMFORT BREAK</b>		
11.30 15 mins	2.7	Primary Care Services: <ul style="list-style-type: none"> <li>GMS</li> </ul>	Attached	Deputy Chief Executive/Director of Finance and IT
11.45 15 mins	2.8	Primary Care: <ul style="list-style-type: none"> <li>Community Pharmacy</li> </ul>	Attached	Medical Director
12.00 15 mins	2.9	Health and Safety Annual Report	Attached	Director of Therapies and Health Science

12.15 15 mins	2.10	Capital and Estates Compliance Report	Attached	Assistant Director of Estates
12.30 10 mins	2.11	Information Governance Monitoring Report	Attached	Deputy Chief Executive/Director of Finance and IT
	3	ITEMS FOR DISCUSSION		
There are no items for inclusion within this section				
	4	ESCALATED ITEMS		
12.40 5 mins	4.1	Organisational Escalation and Intervention Status	Oral	Deputy Chief Executive/Director of Finance and IT/Director of Planning, Performance and Commissioning
	5	ITEMS FOR INFORMATION		
	5.1	Internal Audit Information Governance Report		
	6	OTHER MATTERS		
12.45 5 mins	6.1	Committee Risk Register	Attached	Director of Corporate Governance
	6.2	Committee Work Programme	Attached	Director of Corporate Governance
12.50 15 mins	6.3	Annual Assessment of Committee Effectiveness	Attached	Director of Corporate Governance
13.00 5 mins	6.4	Review of Committee Terms of Reference	Attached	Director of Corporate Governance
	6.5	Items to be Brought to the Attention of the Board and/or Other Committees	Oral	Chair
	6.6	Any Other Urgent Business	Oral	Chair
	6.7	Date of the Next Meeting: 7 May 2024 via Microsoft Teams		
6.8 The Chair, with advice from the Board Secretary, has determined that the following items include confidential or commercially sensitive information which is not in the public interest to discuss in an open meeting at this time. The Board is asked to take this advice into account when considering the following motion to exclude the public from this part of the meeting: <u>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</u> <b>"Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest"</b>				

13.10	6.9	Corporate Risk - Cyber Security and Power Outage Risk	Oral	Director of Finance & IT
13.15	6.10	IT Infrastructure and Asset Management Action Plan	Attached	Deputy Chief Executive/Director of Finance and IT

**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.**

**Meetings are currently held virtually, should you wish to observe a virtual meeting of a committee, please contact the Director of Corporate Governance at [PowysDirectorate.CorporateGovernance@wales.nhs.uk](mailto:PowysDirectorate.CorporateGovernance@wales.nhs.uk) at least 24 hours in advance of the meeting in order that your request can be considered on an individual basis.**

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

Mills Belinda  
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**POWYS TEACHING HEALTH BOARD  
DELIVERY & PERFORMANCE COMMITTEE**

**UNCONFIRMED**

**MINUTES OF THE MEETING HELD ON TUESDAY 19 DECEMBER 2023  
VIA MICROSOFT TEAMS**

**Present:**

Ronnie Alexander	Independent Member (Chair)
Robert Lewis	Independent Member (General)
Kirsty Williams	Independent Member (PTHB Vice-Chair)
Cathie Poynton	Independent Member (Trade Union)

**In Attendance:**

Pete Hopgood	Director of Finance, Information and IT
Stephen Powell	Director of Planning, Performance and Commissioning
Claire Madsen	Director of Therapies and Health Sciences
Helen Bushell	Director Of Corporate Governance
Lucie Cornish	Assistant Director of Therapies and Health Sciences
Dauids Farnsworth	Assistant Director Community services Group
Jason Crowl	Assistant Director of Support Services
Wayne Tannahill	Associate Director of Capital, Estates and Property
Vicki Cooper	CDO and Assistant Director Digital Transformation
Lucie Cornish	Assistant Director of Therapies and Health Sciences
Hywel Pullen	Deputy Director of Finance
Steve Elliot	Special Advisor (Finance)
Elizabeth Patterson	Interim Head of Corporate Governance

**Observers:**

Carl Cooper	Powys Teaching Health Board Chair
Stuart Bodman	Principal Internal Auditor Audit and Assurance
Emma Giles	Audit Wales
Diasy Dee	(HEIW)

**Apologies for Absence:**

Hayley Thomas	Chief Executive Officer
Joy Garfitt	Interim Director of Operations
Debra Wood Lawson	Director of Workforce and OD

**Committee Support:**

Belinda Mills	Corporate Governance Officer (minutes)
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D&P/23/69	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>The Committee Chair welcomed everyone to the meeting. Apologies for absence were noted as recorded above.</p>
D&P/23/70	<p><b>DECLARATIONS OF INTERESTS</b></p> <p>No interests were declared in addition to those already declared in the published register.</p>
D&P/23/71	<p><b>MINUTES OF THE DELIVERY AND PERFORMANCE COMMITTEE ON 17 OCTOBER 2023</b></p> <p>The minutes of the previous meeting held on 17 October 2023 were AGREED as a true and accurate record.</p>
D&P/23/72	<p><b>COMMITTEE ACTION LOG</b></p> <p>The Action Log recorded updates with the following information provided during the meeting:</p> <p><b>ARA/23/08</b> - Orthopedic Services: It was requested that the presentation was circulated to members of the Committee for information.</p> <p><b>D&amp;P/22/73a</b> - Care Home Staff Training: <i>Noting that some additional care homes have participated in the falls training but there are still seven homes that have declined the offer. Could that be included in commissioning arrangement?</i> The Assistant Director Community Services Group advised the Health Board has sought assurance with the provider regarding training in their homes. The initial feedback was that they do have their own internal training. However, it was highlighted that it would be beneficial to have a standardised training and the Health Board is looking at amending their contracting arrangement to include the training requirement. The Committee agreed to close the action.</p> <p><b>D&amp;P/23/43</b> - Falls from Height. A separate briefing had been provided. Action noted as closed.</p> <p><b>PTHB/22/105</b> - Adastra Cyber Issues. The Committee noted a paper had been provided to the In Committee meeting. Action noted as closed.</p> <p>The Committee RECEIVED the Action Log updates and noted the closed items.</p>

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ITEMS FOR ASSURANCE	
D&P/23/73	<p><b>FINANCE PERFORMANCE REPORT MONTH 08</b></p> <p>The Director of Finance, Information and IT presented the report which provided an update on the November 2023 (Month 08) Financial Position, including progress with savings delivery. At month 8, there was a £9.771m overspend against the revised planned deficit of £9.481m giving the Health Board a year-to-date operational overspend of £290k. Attention was drawn to the following areas:</p> <ul style="list-style-type: none"><li>• The year-end forecast remains to achieve the £12m control total target with a current deficit of £290k deficit against that target,</li><li>• Key areas of pressure include:<ul style="list-style-type: none"><li>○ agency spend which continues to be significantly higher than in previous years including in mental health,</li><li>○ the commissioning budget, linked to emergency activity and not being able to deliver some of those transformational savings originally identified in the plan.</li></ul></li><li>• The Health Board has secured a VAT rebate of circa £0.4m</li><li>• Continuing Health Care remained a significant cost pressure in month.</li></ul> <p>It was noted that against the original £33.5m deficit plan, the plan included the requirement to deliver £7.5m worth of savings, mitigating actions and cost reduction:</p> <ul style="list-style-type: none"><li>• As of month 8, the Health Board is performing above the level originally planned by £980k against the £7.5m target,</li><li>• the total green and amber schemes identified to date is £8.6m against the £7.5m target,</li><li>• The Health Board have a £3.941m capital allocation, which includes the discretionary allocation and are on track to deliver against that capital allocation.</li></ul> <p>Independent Members asked the following questions for assurance: <i>How many of the overseas nurses are mental health nurses?</i> The Director of Finance, Information and IT explained that he would come back with this information.</p> <p><b>Action: Director of Finance, Information and IT</b></p> <p><i>Noting the spend of £2.566m on delayed discharge due to lack of capacity and social care, can an update be provided on discussions with Powys County Council to mitigate this position?</i></p>

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The Director of Finance, Information and IT explained that there are several aspects to agency spend, and variable pay. There a significant number of vacancies, and a programme of work has been developed to improve recruitment and increase retention. Workforce gaps are covered in the most efficient way, initially using overtime, then bank staff, then on-contract agencies before using off-contract agencies.

It was also highlighted that if everything has been done but still the position does not improve, then it will be necessary to ascertain what capacity can be supported.

The Director of Planning, Performance, and Commissioning stated that twice week reviews of system flow and pressures are in place, both within and outside the region. The ongoing issue with capacity in adult social care is the main barrier to progress. Some nursing homes were not accepting admissions for Christmas and Council and health colleagues met with a main provider to address this.

The Assistant Director of Community Services stated that the social care limitations are a market constraint and are not connected to the local authority's assessment performance, which has greatly improved. This is leading to additional work to reduce length of stay and improve capacity. Work is being undertaken with the local authority to develop the market, including supported living improvements, market development and shared functions between health services and domiciliary care. However, there are limitations with the workforce in the community. Regarding capacity improvement in these areas, there is the agency plan reduction meeting where actions are being addressed, with some progress in controlling agency access and reducing dependency. Notably, improvements have been observed in managing challenging behaviours through alternative methods.

*Can an update be provided on the review of contract in relation to the commissioning forecast which has not improved significantly since the month six position?*

The Director of Planning, Performance, and Commissioning stated that monthly meetings are held with commissioning and finance colleagues to review the year-to-date position and jointly agree on the forecasted outturn by provider. It was observed that some of the extra stretch targets aimed at reducing costs to £12m have not been factored in yet.

Another key variable with the English provider contracts is the announcement of further junior doctor strikes. There are three more days of junior doctors strikes in England this week and six days in the New Year, which will lead to reduced delivery and expenditure compared to current forecasts for December

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	<p>and January. This will be considered in the future forecast update.</p> <p><i>With regards to savings performance with an overperformance of £980k but the table at the bottom of page 7 implies that to date performance is under by £1m, could you explain the difference between those two points?</i></p> <p>The Deputy Director of Finance, Information and IT explained that it is the difference between the timing of when a particular savings will be achieved. The top table relates to the whole year and the bottom table refers to the year to date. Some transformational savings have been identified in the commissioning portfolio this year, but there are additional savings related to accountancy gains that have not yet been acknowledged.</p> <p>The Assistant Director of Community Services stated that in relation to the national programme for reducing agency costs and recent communications to the Health Board, there is a commitment to addressing workforce concerns about inequitable pay and reducing agency spend. Agency usage increases costs and agency travel costs are not included. To reduce spending, the reduction plan leverages benefits from ongoing initiatives like overseas nurses. Additionally, a second cohort of band four apprenticeship nurses has begun working through their OSCEs (Objective Structured Clinical Examination).</p> <p><i>Can an update be provided about discussion with Welsh Government in relation to the financial position for next year?</i></p> <p>The Director of Finance, Information and IT confirmed that the situation is challenging. There are no specific details yet as the budget announcement has not been made. A meeting with the Director of Finance for Health and Social Care and Welsh Government is scheduled for 21 December 2023 to gain more information on next year's allocation. The Board will be updated after this meeting.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• RECEIVED the financial report and took assurance that the organisation has effective financial monitoring and reporting mechanisms in place.</li> <li>• CONSIDERED and DISCUSSED the revised financial forecast for 2023/24 and underlying deficit.</li> </ul>
D&P/23/74	<b>INTEGRATED PERFORMANCE REPORT (IPR) MONTH 07</b>

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The Director of Planning, Performance and Commissioning presented the report which provided an update on the latest available performance position against the NHS Wales Performance Framework up until the end of October 2023 (month 7). The month 7 report highlights areas of escalation and exception as a priority. Detailed slides on compliant measures will be included bi-annually. Attention was drawn to the following areas:

- urgent care performance is still poor across commissioned services;
- a separate presentation on WAST (emergency ambulance) performance is included on the Committee agenda;
- all Health Boards have been asked to provide three further high impact actions to the Emergency Ambulance Services Committee by 21 December 2023 to enhance flow;
- a challenging position due to two junior doctor strikes in England and Wales. Both English Trusts and Welsh Health Boards are experiencing significant delays and are focused on clearing the backlog this week and into the next;
- as a response to systems pressures and pending junior doctor strikes, the Welsh Government has set up additional weekly system resilience meetings to address urgent care flow, respiratory illness and other challenges facing the NHS and adult social care sector;
- regarding planned care from commissioned services, particularly for the extreme long waiters and those patients waiting two years or more, there has been a slight decrease in those figures. While some progress has been made compared to the beginning of the year, the situation still needs improvement. Total wait times for English providers are still growing. This will be a major focus of the five-year plan, aiming to reduce waiting time and the associated costs for providers;
- page six of the report shows that six of the nine Ministerial measures are not currently on track for delivery. A delivery confidence assessment has been introduced but currently, the number of patients waiting for a follow up beyond their due target date will not be delivered. Some variability remains in planned care access targets due to fragility; actions are being taken. For a number of those planned care specialties, there is a reliance upon inbound and clinical staff from other Health Boards.

Independent Members asked the following questions for assurance:

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*Given that the Health Board is not meeting six out of the nine Ministerial targets and is compliant with only three, how many targets do you realistically think can be achieved?*

The Director of Planning, Performance and Commissioning, noted the last table displays the delivery confidence assessment. Four green items indicate high confidence. The amber measures are fragile for a variety of reasons. However, there is an option to bring some activities in-house, within budget constraints. If more is spent on insourcing than currently forecasted, that will increase the financial gap against the control total.

*Why is there significant monthly variability regarding the Welsh single cancer pathway performance for Powys residents?*

The Director of Planning, Performance and Commissioning stated what typically tends to happen, particularly in Health Boards where the clinical teams are quite small, is that annual leave or unplanned sick leave can quite often cause a swing in performance across periods.

*In relation to the struggle with in-reach services, might it be better not to offer in-reach services?*

The Director of Planning, Performance and Commissioning stated in terms of in-reach services, Getting It Right First Time (GIRFT) reviews are encouraging the Health Board to concentrate on a smaller range of specialties and do them well, for example on orthopaedic, ophthalmology and general surgery. The Health Board provides a wider range of surgical services in Powys, and their sustainability remains a challenge. Further work is ongoing to strengthen provision of services in Powys and further develop clinical oversight. Orthopaedic surgeons have been consulted to develop stronger and longer relationships. It was also highlighted that a plan is being investigated where improved governance oversight and shared appointments are introduced.

*Why is work in the field of speech language therapy for children, particularly those under 18, struggling to meet the targets?*

The Director of Planning, Performance and Commissioning stated that as part of the improving performance framework, a higher level of direct oversight with the service manager has been implemented. Remedial action plans have been created so that there is a better understanding of what the issues are and when those services will return to compliance.

The Director of Planning, Performance and Commissioning undertook to provide an update to Committee on the status of the actions and the level of delivery confidence in the ability to bring those measures on track in due course.

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	<p><b>Action: Director of Planning, Performance and Commissioning</b></p> <p>The Director of Therapies and Health Sciences added that this service has seen an increase in demand. Additional Learning Needs have had the greatest impact on speech and language therapy, and there are currently no extra resources to support the additional work. When children are identified as having language requirements at school, speech and language therapists will assist schools in managing those children in the classroom setting, as well as upskilling teachers and support workers to be able to support those children.</p> <p>The Director of Planning, Performance and Commissioning added that the Mental Health Recovery Action Plan has been produced and was recently presented to Welsh Government through the IQPD process.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• DISCUSSED and NOTED the content of this report;</li> <li>• CONSIDERED any areas for further discussion or action as noted above;</li> <li>• Took ASSURANCE that the Health Board has appropriate systems in place to monitor performance and respond to relevant issues.</li> </ul>
D&P/23/75	<p><b>DEEP DIVE ON AMBULANCE RESPNSE (WAST)</b></p> <p>The Director of Planning, Performance and Commissioning gave a presentation drawing attention to the following areas:</p> <ul style="list-style-type: none"> <li>• good performance of the Powys Minor Injury Units in meeting the four-hour treatment target. The Health Board has considered expanding the MIU offer to reduce pressure on Type 1 Accident and Emergency sites, and reducing the opening hours of MIU due to low footfall overnight,</li> <li>• average costs per MIU, range from £86 to £200 per attendance,</li> <li>• access challenges in major Accident and Emergency (A&amp;E) units were shared,</li> <li>• Powys ambulance crews lose around 900 to 1000 hours per month waiting at A&amp;E, and</li> <li>• Potential future services models were shared along with the potential extended role of MIUs and potential admission avoidance models.</li> </ul> <p>Independent Members asked the following questions for assurance:</p> <p><i>In relation to MIUs, can decisions be made on what the Health Boards aspirations are, both geographically and in the volume and specialised services which they provide?</i></p>

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	<p>The Director of Corporate Governance explained that this could be undertaken by the whole Board.</p> <p><i>What will be the difference between a GP appointment and what would be available at the MIU?</i></p> <p>The Assistant Director Community Services stated that it is about continued application of triage and ensuring that people are directed to the right point in the system, with NHS 111 being a key component of that. This is currently in the design phase but is getting close to the point where it can be moved to small scale implementation, a key component will be having appropriate clinical leadership in place.</p> <p>The Committee RECEIVED the report and NOTED the developments and actions underway.</p>
D&P/23/76	<p><b>INFORMATION GOVERNANCE MONITORING REPORT AND INFORMATION GOVERNANCE TOOLKIT</b></p> <p>The Director of Finance, Information and IT presented the report on the Health Board's performance against the NHS Wales Information Governance (IG) Toolkit for Health Boards and Trusts 2022-2023.</p> <p>The Health Board completes the NHS Wales Information Governance toolkit as a self-assessment questionnaire. The Health Board have scored 92% which is a good level of performance and suggests a good level of assurance around the IG position and approach.</p> <p>The IG Toolkit Improvement Plan Actions for 2023-24 were shared.</p> <p>It was noted that the Health Board had an internal audit with a Limited Assurance rating. A management response and action plan are being completed. The audit report and the management response will be taken to Audit Committee and a copy of this will be provided to Delivery and Performance Committee for reference.</p> <p>Independent Members asked the following questions for assurance:</p> <p><i>What is the key for the colours in the IG Toolkit Actions from Improvement Plan 2023-24?</i></p> <p>The Director of Finance, Information and IT explained that priorities and actions are linked to percentages. The red indicates a lower percentage and stands out as a high-priority action area. The grey items have no score and are not directly linked.</p>

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	<p><i>What actions are taking place in respect of the red item Number 6?</i></p> <p>The Assistant Director Digital Transformation stated that this item relates to the organisations legal obligation to logging why records are processed. It is a 'record' of records processing activities that will need to be recorded on the Information Assets Register. An example may be that ROPA (Records of Process Activity) captures the data flow into a system to support direct care but there is a secondary use of the data, for example it gets shared for service planning/reporting. The Health Board selects the most appropriate lawful basis for each activity. The ROPA should include links to privacy notices, any records of consent and how and where these are captured, controller-processor contracts, the location of the personal data, DPIA's if applicable and retention periods.</p> <p>The Committee:</p> <ul style="list-style-type: none"><li>• REVIEWED the contents of this report and took ASSURANCE the management actions identified in the Improvement Plan to support the 2023-24 submission.</li><li>• NOTED due to the change in the platform and additional categorisation the scoring for 2023-24 out-turn report may show a drop in compliance.</li><li>• Took ASSURANCE from the significant improvement in records management compliance from 0% in previous years submissions to exceeding expectations for 2022-2023.</li><li>• NOTED the publication of the Toolkit scores and final out-turn report in accordance with requirements of the Wales Information Governance Board (WIGB).</li></ul>
D&P/23/77	<p><b>CAPITAL PROGRAMME DELIVERY</b></p> <p>The Associate Director of Capital, Estates and Property presented the report which provided an update on the current status of the Capital Pipeline Programme of Work for financial year period 2023-24 and drew attention to the following matters:</p> <ul style="list-style-type: none"><li>• Discretionary capital is £1.26m this financial year and expected to reach £1.431m next financial year;</li><li>• This supported in excess of 20 projects including ward improvements, flood damage repairs and implementing agile working and IT upgrades across the organisations, along with the reduction of backlog maintenance and estates compliance issues as well.</li><li>• The capital allocation group allocate funding to schemes following a prioritisation process which looks at health and safety risks, decarbonisation, digital and what benefits capital can make in revenue cost savings.</li></ul>

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- Additional funding has been secured via a range of sources including via the Estates Funding Advisory Board (EFAB) both this and next financial year.
- This is an additional £2.6m and examples of where this is being spent include, a significant scheme at Welshpool this year upgrading electrical infrastructure.
- In addition to EFAB, Welsh Government have introduced some additional emergency funding opportunities with an additional £2.5m over the next two of years. There are two schemes at Bronllys for repair and replacement of roofs in the mental health ward, and the outpatients' departments costing £1.6m.
- The Health Board derives benefits by reducing energy costs, making revenue savings and impacting the decarbonisation.
- There are a number of larger schemes with Welsh Government for consideration including the strategic outline case for North Powys and in Llandrindod progressing from phase one to phase two.
- In terms of capital slippage, this is the only year that the Health Board has not seen any significant funds coming back out of the system, which adds pressure on the capital team due to limited time to spend money. The organisation has been successful in recent weeks with a number of bids, including a Children's and Young Person's Sanctuary worth £0.5m, improving patient facing areas for MIUs on two sites, and also £120k to support a diagnostic programme.
- A bid for refit money which is particularly directed towards energy and decarbonisation savings is in development. This is a Salix funded scheme with Welsh Government that could potentially be between £2.5m and £3.5m starting next year. This will bring significant benefits, such as replacing all internal lighting across the Health Board with LED lighting, which could result in circa 13% savings on electricity usage.
- A Capital Project Manager in the Health Board, has been awarded Rising Star 2023, and the Bro Dyfi Community Hospital reconfiguration project, was short listed in the Partnership and Working Together Excellence Awards.

Independent Members asked the following questions for assurance:

*What is the overall assessment of a high level of backlog maintenance?*

The Associate Director of Capital, Estates, and Property stated that a survey called Six Facet Survey was conducted in 2018, revealing a £73m worth of necessary work to bring the estate up to a satisfactory condition. This contributes to the £1b backlog maintenance recognised in the NHS estate

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<p>Mills Belinda 28/02/2024 15:10:16</p>	<p>across Wales. The 5 yearly update of the Six Facet survey is currently being undertaken. The results of this update will be important, given the recent success in securing major investments at Llandrindod and other sites for backlog maintenance.</p> <p><i>How is a balanced capital programme that addresses high-risk areas of the estate while maintaining a good balance between patient-facing and behind-the-scenes expenditures ensured?</i></p> <p>The Associate Director of Capital, Estates and Property stated that the Health Board has undergone extensive audits in recent years. There is a robust system in place, led by experts, to handle statutory maintenance areas such as electricity and ventilation. A risk-based process is used to prioritise spending based on expert recommendations. The shared services specialist estate services audits also help identify risks and guide funding decisions. In terms of discretionary capital, a well-established cross-organisational capital group meets monthly to assess risks and issues, considering business criticality, patient safety, health and safety, and other factors. Prioritising funds is a challenging task.</p> <p><i>Can an update be provided in relation to purchase of Spa Road, Llandrindod Wells?</i></p> <p>The Associate Director of Capital, Estates and Property stated that Welsh Government supported the purchase of Spa Road, and the Health Board had many competing requests for Spa Road occupation. Ensuring joint use with third sector organisations was a priority. One proposal is to make it a community-facing hub. There are other proposals being considered for basement archive space, including a mix of items in open spaces. However, requests are being worked on to create an overarching occupation proposal.</p> <p><i>Is there any focus on the requirement for nursing staff and monitoring patients? Is this something being taken into consideration and given priority when making decisions?</i></p> <p>The Associate Director of Capital, Estates and Property stated the Health Board is currently bidding for Llandrindod Phase 2 with the Welsh Government. If successful, one area of focus will be modernising the ward environment, specifically the bathroom facilities and observation facilities.</p> <p>The Assistant Director Community Services Group stated that the same is being done in Ystradgynlais. Some of the best standards of accommodation have amenities like ensembles and individual rooms, but these can limit visibility.</p> <p>The Committee:</p> <ul style="list-style-type: none"><li>• NOTED the update and took ASSURANCE in respect of progress on capital project activity in year,2023-24.</li></ul>
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## PRIMARY CARE SERVICES REPORTS: GENERAL DENTAL SERVICES (GDS)

The Director of Finance, Information and IT presented the report for assurance to the Committee on the General Dental Services Commissioning Assurance Framework process applied to the 2022/2023 contract year, and drew attention to the following areas:

- Three services were in routine monitoring, 17 in enhanced monitoring, and 1 breach notice issued. Information on mitigating actions and flexibilities available in the contract is provided in the report;
- The paper highlights last year's underperformance and the amount called back into this financial year.
- Successful contract changes occurred in relation to Newtown and Llandrindod Wells.
- 100% of practices met the access arrangement requirements and remained open, 80% of the practices took up the offer of a mid-year review and the two managed practices received a mid-year review.
- 100% of practices received an end of year review, and 95% completed the Quality Assurance Self-Assessment.
- A breach notice was served to the practice that did not complete the review.
- One practice was subject to external audit scrutiny and that was completed by the NHS Business Services Authority.

Independent Members asked the following questions for assurance:

*In relation to the numbers that are in routine enhanced monitoring, is that a trend which is upward or is it going downward or is it that fairly stable?*

The Director of Finance, Information and IT stated that it is fairly stable but undertook to check this position.

*Is the mobile dental unit back in use?*

The Director of Finance, Information and IT confirmed that it is currently in use and has been under review, regarding the situation in Crickhowell, where there has been a contract hand back.

The Committee:

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

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**DIGITAL FIRST MONITORING REPORT**

The Director of Finance, Information and IT presented the report in relation to the cross-border pathways project to support treating Powys patients more safely and effectively. This was a joint piece of work with Digital Health Care Wales (DCHW) and the Health Board had received digital priorities and investment funding to support the work which will take place over a two-year period.

Independent Members asked the following questions for assurance:

*Regarding the seven whole time equivalent posts for startup and foundation phases. How are these apportioned, are the costs solely ours, or are they divided with other organisations?*

The Director of Finance, Information, Services and IT stated that during the initial stage of the bid, key positions needed for the project would have been appointed both within our organisation and in DHCW, mostly working regular hours. These are funded via the investment fund.

The Assistant Director Digital Transformation stated that resource funding is evenly split between DHCW and PTHB. What has not been included is the resource funding in the English Trusts where goodwill is needed to assist with managing and supporting the testing phase. The plan is to deliver the programme by July 2024, except for the images, which will be picked up in the Radiology Informatics System Procurement programme.

*Regarding the flow of sensitivity with SaTH how can this be improved?*

The Assistant Director Digital Transformation stated that SaTH's resource issues related to their implementation of a new patient administration system have been raised to the Integrated Care Board. The Integrated Care Board was established in England to oversee and assist with an integrated shared care record across Wales, England, and Scotland.

*In relation to the NHS app, which is going to be active soon, can a report be provided on the differences between the NHS app's services in Powys and Swansea?*

The Director of Finance, Information and IT undertook to provide a report to Committee members regarding the provision of NHS app services in Powys and Swansea.

**Action: Director of Finance, Information and IT**

The Committee:

- NOTED the current position against the cross-border programme and the current challenges.

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	<ul style="list-style-type: none"> <li>• Took ASSURANCE from the next steps in the project and timelines.</li> </ul>
D&P/23/80	<p><b>IT INFRASTRUCTURE AND ASSET MANAGEMENT (UPDATE AGAINST AUDIT REPORT AND PROGRESS)</b></p> <p>The Director of Finance, Information and IT presented the report which provided an update against actions from the Infrastructure and Asset Audit recommendations.</p> <p>The paper was incremental with the latest update added to the narrative. Most areas are green, but there is some additional work required for action 5.1, specifically related to fire and water detection. Work is underway to address this issue.</p> <p>All other key areas are green, except for 7.1, which includes network division into VLANs and firewalls. There has been progress in stage one, but further work on network redesign is still in progress and the pace of completion is linked to that.</p> <p>Independent Members asked the following questions for assurance:  <i>In relation to 5.1 (Fire and Water detection) what progress is being made?</i></p> <p>The Director of Finance, Information and IT undertook to feedback to Committee members on this matter in the next meeting.</p> <p><b>Action: Director of Finance, Information and IT</b></p> <p><i>What are the consequences if we do not have a telephony upgrade?</i></p> <p>The Director of Finance, Information and IT stated that the Health Board has received confirmation of the telephony upgrade funding which will help with this piece of work.</p> <p>The Assistant Director Digital Transformation added that the Health Board is in a stronger and safer position now than 12 months ago and that there has been significant capital investment from Digital Priorities Investment Fund. This risk is being addressed nationally as well as locally.</p> <p>The Committee:</p> <ul style="list-style-type: none"> <li>• Took ASSURANCE from the updates provided on the progress to date on actions taken in relation to the Infrastructure and Asset Audit.</li> </ul>
<div>Mills, Belinda 28/02/2024 15:10:16</div> D&P/23/81	<p><b>FOOD HYGIENE RATING</b></p> <p>The Director of Therapies and Health Sciences presented the report which described the findings of a Food Hygiene Inspection in Bronllys Hospital and actions taken to improve the rating and provide assurance regarding measures taken</p>

to strengthen compliance across all kitchens and drew attention to the following matters:

- Additional work has been done to improve assurance levels across the Health Board and other kitchens,
- After four weeks of work, the team improved their rating to 5.
- The Health Board have looked at the quality assurance framework that is in place.
- Changes have been made to increase frequency and training of inspectors and that inspectors in this case include supervisors, coordinators and managers and that this training is now a rolling programme.
- There has also been a review of staffing across the area including staffing requirements, particularly focused on the supervisory leadership.
- A morale review was conducted in the service, and a Team Climate Survey for support services had begun.
- A deep dive was conducted of the issues in Bronllys leading to enhanced supervision in order to offer assistance to the team.
- The findings are not solely about staffing levels, but also about staff morale, clarity, knowledge, and awareness of food safety, hygiene, and the consequences of any violations.
- In terms of training delivery and type, the Health Board aim to strengthen online training by increasing supervision and inspections, as well as enhancing high-level leadership.
- Three other kitchens are due for review within the next three months, historically these kitchens have all received a rating of 5.

Independent Members asked the following questions for assurance:

*Noting that one of the supervisors had a level 3 qualification, but the other did not, could training be improved for the supervisor without a level 3 qualification to increase confidence in their management of the service?*

The Assistant Director of Support Services stated that this has highlighted the importance of training to meet the required standard. The Environment Health Officer inspection is an annual inspection, and the Health Board should not solely rely on a regulator to determine their quality. It is crucial for the Health Board to ensure that standards are adhered to. It was highlighted that a new catering compliance group to focus on audit outcomes is being created. It was also noted that training focuses on increasing levels to ensure all supervisors reach level 3, and that toolbox talks for practical focus training in order to maintain standards are also being conducted.

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	<p><i>In relation to the issue of morale, how do we get the right balance between trusting employees to perform their job without feeling pressured by internal inspections, while still ensuring compliance?</i></p> <p>The Assistant Director of Support Services explained that the assurance framework and the food safety management system that was in place was effectively a high trust system, therefore requiring less oversight from senior staff. For the next two quarters the focus will be on the intervention model to establish the right levels of oversight, ensuring staff feel confident and accountable for the food they prepare. While this is a unique occurrence, the Health Board is confident in supporting the team and exploring ways to refresh the entire space, inspired by the transformation of the Bronllys canteen into a café Koi show model to help the catering staff feel more engaged in what they are providing to staff and patients and feel more empowered. It was also added that as part of the compliance group that was set up, their membership is included as well.</p> <p>The Director of Therapies and Health Sciences added that online training and peoples learning styles are being considered. A senior manager has been moved into Bronllys to help understand the position.</p> <p>The Committee:</p> <ul style="list-style-type: none"><li>• NOTED the findings of the first inspection and subsequent re inspection.</li><li>• Took ASSURANCE from the actions taken to rectify the issues identified and to strengthen compliance across all kitchens.</li></ul>
<b>ITEMS FOR DISCUSSION</b>	
<i>There were no items for inclusion within this section</i>	
<b>ESCALATED ITEMS</b>	
D&P/23/82	<p><b>RECORDS MANAGEMENT IMPROVEMENT PLAN AND UPDATE (ACTION D&amp;P/23/11)</b></p> <p>The Director of Finance, Information and IT presented the report which provided an update on the progress, challenges, and next steps for the Records Management Internal Audit Recommendations.</p> <p>This was a long-standing escalated area, the action plan was developed in response to the 2019 Internal Audit Report, which had no assurance and highlighted six key areas. The paper highlights progress to date in these six areas.</p> <p>A more detailed action plan was included in the appendices, which had a corresponding Red Amber Green (RAG) assessment, and there was progress in a number of areas. However, there were still areas where further action and improvement was required.</p>

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	<p>Key risk areas were highlighted and included in the overview. The Health Board also need to align to a national piece of work led by DHCW, looking at electronic patient records.</p> <p>There have been discussions to improve the reporting, including clarifying timelines for areas which have not been completed and referencing significant areas where investments are needed. Referring to DHCW's work on a National Solution for Wales.</p> <p>The Committee:</p> <ul style="list-style-type: none"><li>• NOTED the current position with the progress against the 2019 Internal Audit recommendations.</li><li>• NOTED the areas requiring immediate attention together with longer-term plan.</li><li>• NOTED the challenges and identified risks with mitigation recommendations.</li><li>• NOTED the achievements resulting in completion of the Internal Audit actions.</li><li>• Took ASSURANCE on the progress to date on actions taken in relation to the Records Management Improvement Plan.</li></ul>
D&P/23/83	<p><b>ORGANISATIONAL ESCALATION AND INTERVENTION STATUS</b></p> <p>The Director of Corporate Governance presented the report stating that the Health Board is currently in the second tier of the Welsh Government's Escalation and Intervention status and currently under enhanced monitoring for finance and planning, specifically relating to statutory duties.</p> <p>It was highlighted that no additional information had been received since the update at the Board in November and that this item will continue as a recurring topic and a report on monitoring progress towards de-escalation criteria will be shared once there is clarity of the de-escalation criteria.</p> <p>Independent Members asked the following questions for assurance:</p> <p><i>When might there be something substantive to report?</i></p> <p>The Director of Corporate Governance explained that was hoped it would be early in the New Year. The key difference in terms of monitoring from Welsh Government is that there will now be monthly Integrated Quality and Performance Delivery (IQPD) meetings, there will be an enhanced monitoring section within those meetings.</p> <p>The Director of Planning, Performance and Commissioning added that the Planning Guidance for 2024 and beyond had been received and that the Health Board is currently waiting</p>

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	for the details of the technical planning guidance which will outline enhanced monitoring. At present, two letters have been received, one from the Health Minister and another from the Director General which remind the Health Board of the duty to break even. Further guidance on de-escalation is expected.
<b>ITEMS FOR INFORMATION</b>	
<i>There were no items for inclusion within this section</i>	
<b>OTHER MATTERS</b>	
D&P/23/84	<p><b>COMMITTEE RISK REGISTER</b></p> <p>The Director of Corporate Governance presented the report and highlighted that on 29 November 2023 the Board reviewed the corporate risks in light of the revised financial forecast for this year and the amended Annual Delivery Plan 2023-24. In November, the Board was considered corporate risks that require retention, those that need amendment and some new risks that may need to be added in line with the new strategic plans being developed for 2024-29. The Corporate Risk Register will be provided to the next meeting of the Committee.</p> <p>The Committee NOTED the update.</p>
D&P/23/85	<p><b>COMMITTEE WORK PROGRAMME</b></p> <p>The Director of Corporate Governance presented the report and highlighted some actions regarding asbestos that will be addressed. There are many items due to the next meeting and that will be reviewed to ensure that the meeting is appropriately planned.</p> <p>The Committee RECEIVED the Committee Work Programme for information.</p>
D&P/23/86	<p><b>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND OTHER COMMITTEES</b></p> <p>The Delivery and Performance Committee will bring to the attention of the Board the emergency response and particularly ambulance waiting times that were covered earlier in the meeting as an ongoing escalated item.</p>
D&P/23/87	<p><b>ANY OTHER URGENT BUSINESS</b></p> <p>No other urgent business</p>
D&P/23/88	<p><b>DATE OF THE NEXT MEETING</b></p> <p>The date of the next meeting is scheduled on 29 February 2024 at 10:00 via Microsoft Teams.</p>
D&P/23/89	<p>The following resolution was passed:</p> <p>Representatives of the press and other members of the public shall be excluded from the remainder of this meeting</p>

	having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.																																						
<p><b>Present:</b></p> <table><tr><td>Ronnie Alexander</td><td>Independent Member (Chair)</td></tr><tr><td>Rhobert Lewis</td><td>Independent member</td></tr><tr><td>Kirsty Williams</td><td>Independent Member</td></tr></table> <p><b>In Attendance:</b></p> <table><tr><td>Pete Hopgood</td><td>Director of Finance, Information and IT</td></tr><tr><td>Steve Powell</td><td>Director of Performance and Commissioning</td></tr><tr><td>Hayley Thomas</td><td>Interim Chief Executive</td></tr><tr><td>Debra Wood-Lawson</td><td>Director of Workforce and Organisational Development</td></tr><tr><td>Joy Garfitt</td><td>Director of Operational/Director of Community and Mental Health</td></tr><tr><td>Helen Bushell</td><td>Director of Corporate Governance</td></tr><tr><td>Claire Madsen</td><td>Director of Therapies and Health Sciences</td></tr><tr><td>Lucie Cornish</td><td>Assistant Director Therapies and Health Sciences</td></tr><tr><td>Steve Elliot</td><td>Special Advisor (Finance)</td></tr><tr><td>Liz Patterson</td><td>Interim Head of Corporate Governance</td></tr><tr><td>Carl Cooper</td><td>PTHB Chair</td></tr><tr><td>Belinda Mills</td><td>Corporate Governance Officer (minutes)</td></tr></table> <p><b>Apologies for Absence:</b></p> <table><tr><td>Joy Garfitt</td><td>Director of Operational/Director of Community and Mental Health</td></tr><tr><td>Hayley Thomas</td><td>Chief Executive Officer</td></tr><tr><td>Debra Wood Lawson</td><td>Director of Workforce and OD</td></tr><tr><td>Cathie Poynton</td><td>Independent Member</td></tr></table>		Ronnie Alexander	Independent Member (Chair)	Rhobert Lewis	Independent member	Kirsty Williams	Independent Member	Pete Hopgood	Director of Finance, Information and IT	Steve Powell	Director of Performance and Commissioning	Hayley Thomas	Interim Chief Executive	Debra Wood-Lawson	Director of Workforce and Organisational Development	Joy Garfitt	Director of Operational/Director of Community and Mental Health	Helen Bushell	Director of Corporate Governance	Claire Madsen	Director of Therapies and Health Sciences	Lucie Cornish	Assistant Director Therapies and Health Sciences	Steve Elliot	Special Advisor (Finance)	Liz Patterson	Interim Head of Corporate Governance	Carl Cooper	PTHB Chair	Belinda Mills	Corporate Governance Officer (minutes)	Joy Garfitt	Director of Operational/Director of Community and Mental Health	Hayley Thomas	Chief Executive Officer	Debra Wood Lawson	Director of Workforce and OD	Cathie Poynton	Independent Member
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D&P IC/23/90	<p><b>FINANCIAL SUSTAINABILITY</b></p> <p>Rationale for item being held in private: Information relating to the financial and business affairs of the organisation that were confidential but would be released, either partially or fully, into the public domain in the future.</p> <p>The Director of Finance, Information and IT provided the Committee with a verbal update in relation to financial sustainability.</p> <p>The Committee NOTED the update on financial sustainability</p>																																						
D&P IC/23/91	<p><b>MINUTES OF IN-COMMITTEE 17 OCTOBER 2023</b></p> <p>The minutes of the In-Committee meeting held on 17 October 2023 were AGREED as an accurate and true record.</p>																																						

Belinda Mills  
RAG Status:

- At risk

On track

Completed

No longer needed

Transferred
- Red - action date passed or revised date needed

Yellow - action on target to be completed by agreed/revised date

Green - action complete

Blue - action to be removed and/or replaced by new action

Grey - Transferred to another group



Delivery and Performance Committee								
Meeting Date	Item Reference	Lead	Meeting Item Title	Details of Action	Update on Progress	Original target date	Revised Target Date	RAG status
OPEN ACTIONS FOR REVIEW								
19-Dec-23	D&P/23/74	DPPC	Integrated Performance Report	To update the Committee on the status of the actions regarding the speech language therapy for children and the level of delivery confidence in the ability to bring those measures on track in due course.	Update at 29.02.2024: Update will be provided in the meeting of the 29 Feb 2024 within the IPR report item - item then recommended for closure.	07/05/2024		On track
19-Dec-23	D&P/23/80	DFIT	IT Infrastructure and Asset Management (Update against Audit Report and Progress)	To update Committee members on the progress of fire and water detection.	Update at 29.02.2024: Update will be provided in the meeting of the 29 Feb 2024 - item then recommended for closure.	29/02/2024		On track
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (NONE)								
19-Dec-23	D&P/23/79	DFIT	Digital First Monitoring Report	To provide a report to Committee members regarding the provision of NHS app services in Powys and Swansea.	Update at 29.02.2024: Item will be scheduled for the next meeting on 7 May 2024			On track
ACTIONS RECOMMENDED FOR CLOSURE (MEETING 29/02/2014)								
19-Dec-23	D&P/23/73	DFIT	Finance Performance Report Month 08	To inform Committee members about the number of overseas mental health nurses.	Update at 29.02.2024: No specifically trained mental health nurses in current cohorts but plans in place for future cohorts.			Completed

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# Powys THB Finance Department Financial Performance Report Board

**Period 10 (January 2024)  
FY 2023/24**

**Date Meeting: 29/02/24**

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# Introduction

Subject:	FINANCIAL PERFORMANCE REPORT FOR MONTH 10 OF FY 2023/24
Approved & Presented by:	Pete Hopgood, Director of Finance
Prepared by:	Hywel Pullen, Deputy Director of Finance
Other Committees and meetings considered at:	Executive Committee – 21 February 2024

PURPOSE:
This paper provides an update on the January 2024 (Month 10) Financial Position, including progress with savings delivery.
RECOMMENDATION:
The Committee is asked to receive the financial report and take assurance that the organisation has effective financial monitoring and reporting mechanisms in place.
The Committee is asked to consider and discuss the financial forecast for 2023/24 and revised underlying deficit.

Approval/Ratification/Decision
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Discussion
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Information
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THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):
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Strategic Objectives:	• Focus on Wellbeing	✗
	• Provide Early Help and Support	✗
	• Tackle the Big Four	✗
	• Enable Joined up Care	✗
	• Develop Workforce Futures	✗
	• Promote Innovative Environments	✗
	• Put Digital First	✗
	• Transforming in Partnership	✓

Health and Care Standards:	• Staying Healthy	✗
	• Safe Care	✗
	• Effective Care	✗
	• Dignified Care	✗
	• Timely Care	✗
	• Individual Care	✗
	• Staff and Resources	✓
	• Governance, Leadership & Accountability	✗

Revenue			
Financial KPIs : To ensure that net operating costs do not exceed the revenue resource limit set by WG	Revised Plan £'000	Actual £'000	Trend
Reported in-month financial position – (deficit)/surplus	-630	-440	↓
Reported Year To Date financial position – (deficit)/surplus	-10,740	-11,140	↑
Year end – (deficit)/surplus	-12,000	-12,000	→

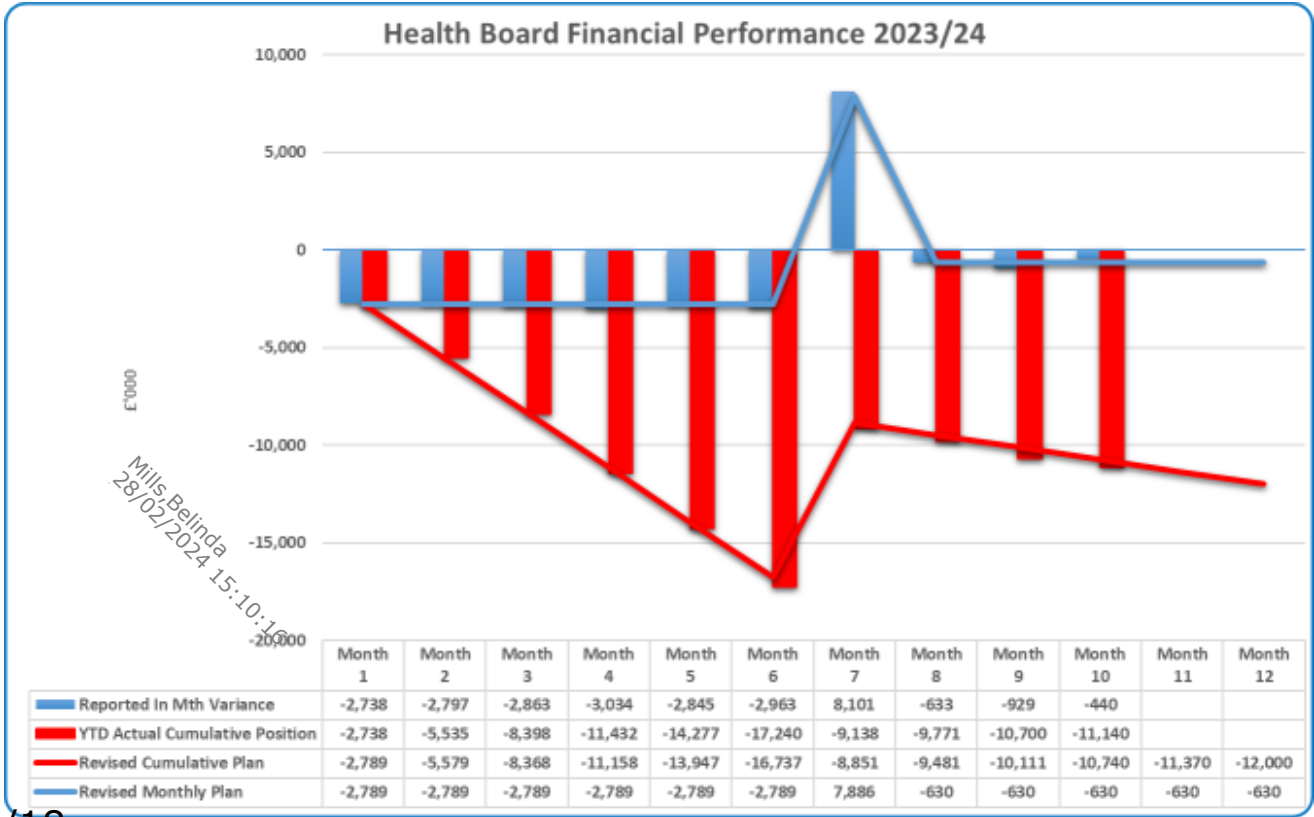
Capital		
	Value £'000	Trend
Capital Resource Limit	4,813	↑
Reported Year to Date expenditure	1,922	→
Reported year end – (deficit)/surplus – Forecast	0	→

In November, following the provision of £18.300m additional funding from WG, the Board agreed to revise the 2023/24 Financial Plan to the £12.000m deficit target control total given by WG.

At month 10, there is a £11.140m overspend against the revised planned deficit of £10.740m giving the Health Board a year-to-date operational overspend of £399k.

At this stage, the Health Board is forecasting that it will achieve the £12.000m deficit control total.

The capital resource limit for 2023/24 is £4.813m. To date £1.922m has been spent.



DAY FIVE – Flash

- Agency expenditure of £0.752m in January, continues to improve marginally month on month from high levels experienced this year. However, it remains higher than last year’s average spend. **This remains a serious concern, given the Health Board is planning for it to reduce.**
- Overspend on commissioning budget, due to increased emergency activity and cost at providers; plus, transformational savings yet to be found by the organisation.
- CHC has increased its forecast outturn in month 10, with a net decrease of 1 packages of care, giving a total of 315 clients.
- These pressures have been offset this month with improvements in Prescribing and Dental.

Overall Summary of Variances £'000s

	Budget YTD	Actual YTD	Operational Variance YTD
01 - Revenue Resource Limit	(337,995)	(337,995)	0
02 - Capital Donations	(108)	(108)	0
03 - Other Income	(6,493)	(7,327)	(834)
Total Income	(344,596)	(345,430)	(834)
05 - Primary Care - (excluding Drugs)	37,128	36,482	(646)
06 - Primary care - Drugs & Appliances	29,419	29,429	9
07 - Provided services -Pay	88,487	91,096	2,609
08 - Provided Services - Non Pay	20,561	16,628	(3,933)
09 - Secondary care - Drugs	1,252	1,137	(114)
10 - Healthcare Services - Other NHS Bodies	136,087	138,826	2,739
12 - Continuing Care and FNC	24,121	24,646	525
13 - Other Private & Voluntary Sector	3,118	3,121	2
14 - Joint Financing & Other	7,905	7,946	41
15 - DEL Depreciation etc	4,141	4,141	0
16 - AME Depreciation etc	3,118	3,118	0
18 - Profit/Loss Disposal of Assets	0	0	0
Total Costs	355,337	356,570	1,233
Reported Position	10,740	11,140	399

At Month 10, there is a £11.140m overspend against the revised planned deficit of £10.740m giving the Health Board a year-to-date operational overspend of £0.399m.

The most significant adverse variances are on:

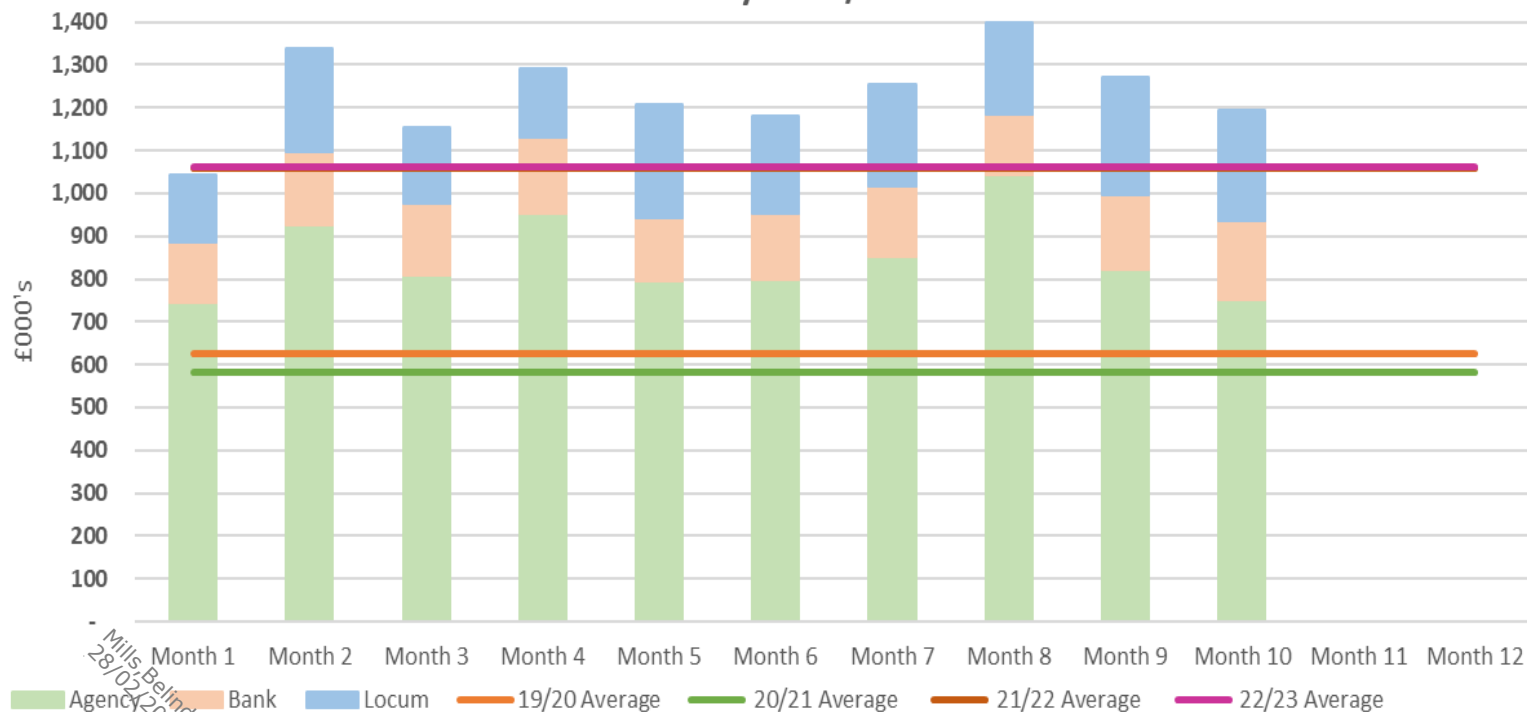
- pay budgets at £2.609m - driven by the use of agency, from both on and off contract suppliers, which is running at a much higher rate in April to January than it was for the equivalent months last year; and
- commissioned healthcare services at £2.739m - combination of two factors:
  - Costs of emergency activity greater than had been planned for; and
  - Transformational savings, which are intended to reduce expenditure on commissioned healthcare services are having less financial impact.

The underspend on non-pay budgets is due to accountancy gains and VAT rebates.

## We are focused on this because:

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

Total Actual Variable Pay 2023/24 vs Previous Years



## Performance and Actions

- The Month 10 YTD pay is showing an overspend of £2.609m against the year-to-date plan. The current level of vacancies is 233 (10%) against the HB's budgetary establishment, mainly in MH and Community services.
- The chart opposite on variable pay demonstrates high levels of variable pay in the first 10 months of 2023/24 compared to the average value from each of the last 4 financial years. **The growth is particularly stark within our Mental Health services.**
- Powys appears to be an outlier within NHS Wales as agency spend was 11.2% of total pay in Month 09, against the Wales average of 4.4%.
- The HB's Variable Pay Reduction group is implementing its action plan.

## Risks

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

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



**We are focused on this because:**

Commissioning of healthcare services is circa 40% of all expenditure and has been growing steadily. It is a core component of the Health Board's Strategy facilitated through the Accelerated Sustainability Model.

**Status Update**

At Month 10 overspend of £3.347m on year-to-date budget of £136.998m. This is £1.647m on transformational savings not achieved and increased expenditure with English providers. LTAs for 2023/24 are in the process of being agreed with our providers in England.

**Commissioning Forecast 2023/24**

Commissioning	2021-22 Outturn (£'000)	2022-23 Outturn (£'000)	2023-24 Forecast (£'000)
Welsh Providers	38,536	38,772	41,302
English Providers	61,013	65,033	69,734
WHSSC / EASC	44,608	48,694	50,421
Other NHS Providers	4,374	4,501	4,289
Mental Health (LTAs Only)	742	851	845
<b>Total</b>	<b>149,274</b>	<b>157,851</b>	<b>166,591</b>

**Risks**

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

2023/24 forecast is less certain due to pace of recovery by providers.

- 2023/24 inflation included in forecast; Welsh Health Boards 1.5% to cover non-pay / English providers 3.4%.
- 2023/24 Welsh Health Boards based on DoFs financial flows agreement (2019/20 activity baseline with 5% tolerance levels).
- A review of activity information has identified a trend of increased emergency presentations, which is under investigation. Providers ability to deliver both core and recovery activity is variable and will be closely monitored.
- To date, the HB has experienced 5,182 days of delayed discharges as a result of Social Care availability. At the daily full cost of a community hospital bed, this equates to a cost of £3.055m to date.

We are focused on this because:

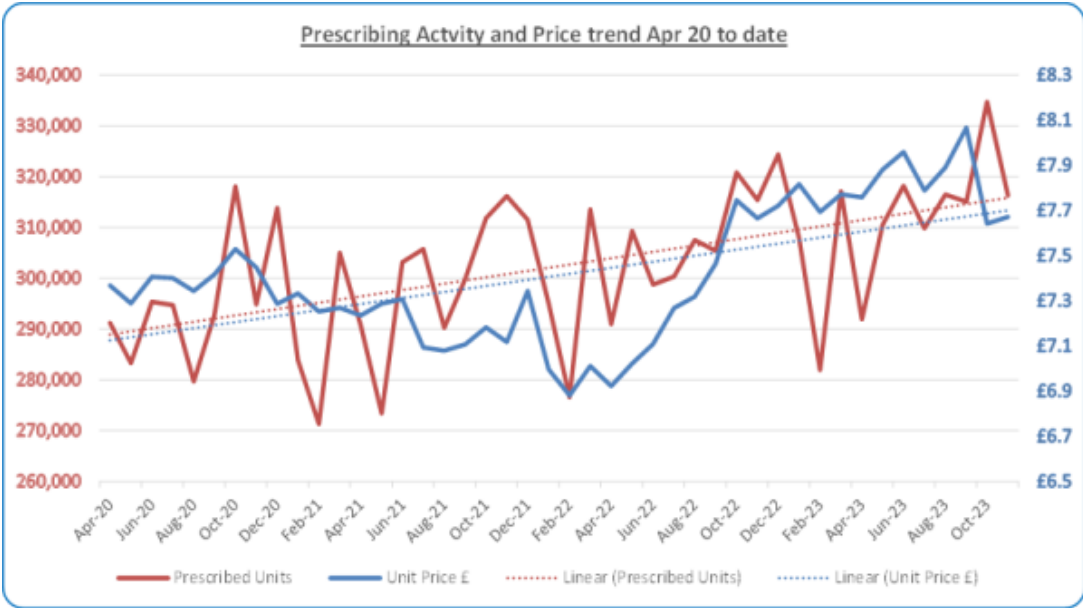
The costs of prescribing have risen significantly since April 2022. This has been driven by both price inflation and increased prescribing activity. Current adverse variance of £1.04m against the prescribing budget of £28.96m pa, will have a material impact on the Health Board’s financial obligations.

Status Update

At Month 10 forecast overspend of £1.037m on 2023/24 budget of £28.9m. Prescribing costs are reported 2 months in arrears. This is a £143k improvement on M9 outturn.

- YTD costs, M1-M8, are £1.754m higher than M1-8 in 2022-23 (9.8%).
- Unit price increase year on year of 6.9% to M8 23-24, driven by NCSO/price concessions.
- Prescribing activity steady year on year increase of 2.7%.

Prescribing cost increases	19-20	20-21	21-22	22-23	23-24 (f'cast)
		£k	£k	£k	£k
Prescribing Budget	23,142	22,320	23,182	24,694	28,959
Prescribing Annual costs	24,867	25,953	25,610	27,469	29,997
Yr on Yr % increase/decrease		4.4%	-1.3%	7.3%	9.2%
Yr on Yr increase £ Total		1,086	-344	1,859	2,529
Yr on Yr increase £ Growth		-109	475	655	736
Yr on Yr increase £ Inflation		1,196	-819	1,204	1,792



Risks & Challenges

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

Medicines Mgt savings performance and actions

- Medicines Mgt savings scheme forecasting £1.3m against prescribing budget plus £0.3m of rebates.
- Guidance & support is given to Primary Care including, decision support software, monthly KPI reporting, practice visits, shared formulary and prescribing guidelines, audit, shared care agreements.
- Active involvement in NHS Wales pharmacy and finance forums.

We are focused on this because:

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

Area	19/20 Year end Position £'000	20/21 Year end Position £'000	21/22 Year end Position £'000	22/23 Year end Position £'000	23/24 Budget £'000	23/24 Forecast £'000	Growth 2022/23 to 2023/24 Forecast £'000
Children	267	151	157	296	324	303	7
Learning Disabilities	957	1,568	1,639	2,461	2,580	3,509	1,048
Mental Health	7,344	7,801	10,611	13,949	16,487	15,778	1,829
Mid Locality	981	925	1,635	1,882	1,560	2,094	212
North Locality	1,365	1,537	2,098	2,646	2,907	3,482	836
South Locality	1,495	1,958	1,853	1,904	2,068	1,849	(55)
Grand Total	12,410	13,941	17,994	23,138	25,927	27,016	3,878
Number of active clients	236	252	294	307	324	315	8

D2RA				696	648	294	(402)
FNC	2,218	2,095	1,960	2,131	2,370	2,370	239
Total	14,628	16,035	19,954	25,966	28,945	29,680	3,714

Performance and Action

The 2023/24 financial plan had provision for CHC inflation and growth.

As at month 10, there is an overspend of £0.525m on year-to-date budget of £24.121m against Continuing Care and FNC. The number of CHC packages has decreased by 1 from 316 to 315 in January.

D2RA is the cost associated with discharging patients direct into nursing homes to facilitate flow from DGHs, prior to full CHC assessment.

Across Wales, at Month 09, the forecast is for a 16.0% increase in costs in 2023/24 compared to 2022/23, with Powys currently showing 10.9% increase.

Risks

The HB has seen a significant increase in the complexity and number of patients requiring CHC, there is a risk the growth continues in 2023/24 above that planned for.

What the table tells us

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

We are focused on this because:

Delivering savings is key to successfully mitigating financial risk and achieving the financial plan. Maximising recurrent savings is key to our financial sustainability and tackling our underlying deficit into the medium term.

Progress against Savings Target

Exec Lead	23/24 Target	Green	Amber	Green + Amber	Red	Shortfall on Total Target vs Green & Amber	% Achievement on Target vs Green & Amber
Finance	610	5,297	453	5,750	385	(5,141)	943%
Medical	504	1,742	0	1,742	0	(1,238)	345%
Nursing	21	21	0	21	0	(0)	102%
Planning & Performance	2,570	943	25	968	246	1,602	38%
Primary & Community Care & MH/LD	1,464	252	339	591	893	873	40%
Therapies Directorate	211	269	0	269	203	(58)	127%
Public Health	2,089	2,089	0	2,089	0	1	100%
Workforce & Organisational Development	17	17	0	17	0	0	99%
Chief Executive	14	37	0	37	0	(23)	266%
Grand Total	7,500	10,667	817	11,484	1,728	(3,984)	153%

Performance and Actions

- The original 2023/24 Financial Plan was a deficit of £33.5m, this was predicated on the Health Board achieving £7.5m savings. The revised £12.0m 2023/24 financial Plan still requires this as well as £3.2m of mitigating actions.
- As shown in the table £11.891m schemes have been forecast (£10.966m Green and £0.925m Amber), with a further £1.728m Red pipeline ideas.
- Due to the recognition of accountancy gains (non-recurrent), the HB is overperforming against savings profiled to date by £2.147m.
- The recurrent impact of saving schemes at £5.779m, is a shortfall of £1.721m against the £7.500m recurrent target.

Note: RAG rating is per WG’s guidance in WHC (2023) 012: [Welsh Health Circular 2023 012 \(English\).pdf](#)

Performance of Schemes

Green and Amber										RED		
Exec Lead	No of Schemes	Plan to Date	YTD Actual Savings	Variance to Date	Current Year Annual Plan	Current Year Forecast	Forecast Variance	Plan FYE (Recurring Schemes only)	Forecast FYE (Recurring schemes only)	No of Red Schemes	Red Potential 23/24	Red Potential FYE
Finance	9	2,816	6,219	3,403	610	6,302	5,693	605	525	6	385	453
Medical	8	525	1,278	754	504	1,751	1,247	687	1,895	0	0	0
Planning & Performance	7	2,252	769	(1,483)	2,570	984	(1,586)	2,301	523	1	246	493
Primary & Community Care & MH/LD	23	1,048	430	(618)	1,464	591	(873)	1,377	651	46	893	1,407
Therapies Directorate	5	94	186	91	211	281	70	59	59	6	203	367
Public Health	4	1,742	1,741	(1)	2,089	2,091	2	2,090	2,089	0	0	0
Workforce & Organisational Development	3	22	22	0	17	34	17	16	17	0	0	0
Chief Executive	4	44	44	0	14	51	37	0	0	0	0	0
Nursing	9	27	27	(0)	21	42	21	22	22	0	0	0
Grand Total	72	8,570	10,717	2,147	7,500	12,127	4,627	7,157	5,780	59	1,728	2,719

Risks

Timescales and capacity of teams to deliver the schemes. This risk is currently quantified at £84k.

What the tables tells us

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

**We are focused on this because:**

As we approach the end of the financial year, it is helpful for the Board to be aware of the key underlying assumptions and the range of risks and opportunities the Health Board is exposed to as it seeks to achieve the £12m target control deficit.

- **Assumptions** – there are £16.8m of anticipated allocations yet to be confirmed and received from Welsh Government. The top 3 cash related items are:
  - Pay awards - £5.4m
  - COVID Programme - £2.3m
  - Real Living Wage - £2.3m
- **Risks** that the financial position could deteriorate of £4.5m have been reported in the MMR. The key items are:
  - Increased activity by commissioned providers - £1.0m
  - Historic application of continuing healthcare determinations - £1.2m
  - Prescribing - £0.5m
  - Misalignment between PtHB and WG Allocation Assumptions - £1.5m
- **Opportunities** that the financial position could improve of £2.0m have been reported in the MMR. The key items are:
  - Underspend on dental ring fenced allocation - £0.6m
  - Reduced activity by commissioned providers - £0.5m
  - Reduced CHC costs - £0.3m
  - Prescribing - £0.4m

## Summary:

- PTHB submitted a plan with a £33.5m planned deficit for 2023/24. Following the additional allocations of £18.3m in Month 7, at the public Board meeting in November, the Board approved a revised financial plan for 2023/24, which aims to achieve a deficit £12m control total.
- At month 10, PTHB is reporting a £11.14m overspend. This comprises the profiled revised planned deficit £10.74m, with an operational overspend of £0.399m.
  - The £7.5m savings target is profiled into the position. Actions are progressing to deliver a greater value of savings in 2023/24 than the target, but with a reduced recurrent impact.
  - The key operational pressure needing to be addressed is agency expenditure, especially within mental health services.
- The revenue forecast for 2023/24 remains at £12.0m in line with the WG control total. There are several underlying assumptions and a range of risks and opportunities surrounding this forecast.
- The underlying deficit of the Health Board is currently assessed as being £25.6m. In broad terms, this is due to £4.1m of the additional WG funding being non-recurrent, £1.7m recurrent shortfall on the savings programme and accountancy gains off-setting recurrent cost pressures.
- The Health Board has a £4.814m capital allocation, which it will manage within.
- Due to having a forecast financial deficit, the THB will require additional cash in the latter part of the year (month 12). Powys THB submitted a formal application for strategic cash support to Welsh Government in November.

# Powys THB Finance Department

## Financial Performance Report – Appendices

Mills, Belinda  
28/02/2024 15:10:16



Embedded below are extracts from the Monthly Monitoring Return submitted to Welsh Government on 13<sup>th</sup> December 2023.

## MMR Narrative



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

## MMR Tables



[https://  
s365.sharepoint.co](https://s365.sharepoint.co)

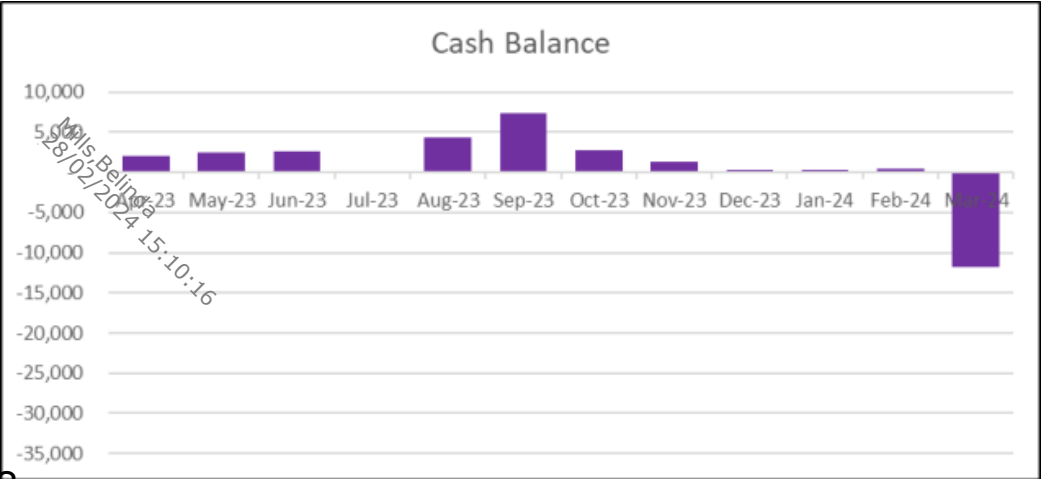
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Scheme	Capital Resource Limit	Annual Planned Expenditure	Expenditure to 31st January 2024
WG CRL FUNDING	£M	£M	£M
Discretionary Capital	0.993	0.993	0.793
EFAB Infrastructure	0.406	0.406	0.270
EFAB Fire	0.107	0.107	0.014
EFAB Decarbonisation	0.378	0.378	0.000
Llandrindod Fees	0.236	0.236	0.236
Replacement Roofing, Bronllys Hospital	1.468	1.468	0.609
Telephony Infrastructure upgrades	0.285	0.285	0.000
Minor Injury Unit Improvements	0.180	0.180	0.000
Diagnostic Equipment	0.120	0.120	0.000
Sanctuary Provision for Children and Young People	0.496	0.496	0.000
IFRS16 Leases	0.144	0.144	0.000
Donated assets - Purchase	0.130	0.130	0.000
Donated assets (receipt)	(0.130)	(0.130)	0.000
TOTAL APPROVED FUNDING	4.813	4.813	1.922

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	Mth 1 £'000	Mth 2 £'000	Mth 3 £'000	Mth 4 £'000	Mth 5 £'000	Mth 6 £'000	Mth 7 £'000	Mth 8 £'000	Mth 9 £'000	Mth 10 £'000	Mth 11 £'000	Mth 12 £'000
OPENING CASH BALANCE	1,268	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	313	500
Receipts												
WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA	37,680	35,008	41,867	34,714	35,921	35,913	29,385	35,070	37,315	31,630	33,212	18,171
WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	(130)	(130)	(130)	(130)	(106)	(198)	(237)	(145)	(183)	(138)	(130)	(130)
WG Revenue Funding - Other (e.g. invoices)	6	150	5	58	19	19	1,135	5	104	1,127	1,074	1,514
WG Capital Funding - Cash Limit - LHB & SHA only	0	0	500	0	0	250	176	472	518	731	624	1,803
Income from other Welsh NHS Organisations	1,137	509	489	875	687	363	867	698	525	860	600	600
Sale of Assets	0	0	0	0	0	0	0	0	0	0	0	0
Other	610	612	289	229	549	854	274	675	585	523	600	600
Total Receipts	39,303	36,149	43,020	35,746	37,070	37,201	31,600	36,775	38,864	34,733	35,980	22,558
Payments												
Primary Care Services : General Medical Services	2,722	2,386	3,119	1,998	2,606	2,561	3,003	2,505	3,102	2,989	2,557	2,520
Primary Care Services : Pharmacy Services	904	0	845	0	366	815	0	407	944	0	450	450
Primary Care Services : Prescribed Drugs & Appliances	2,852	0	2,970	0	1,534	2,985	0	1,522	2,946	0	1,500	1,500
Primary Care Services : General Dental Services	307	465	545	628	488	439	585	463	370	593	450	450
Non Cash Limited Payments	81	81	88	85	75	89	96	96	126	92	80	80
Salaries and Wages	8,918	8,647	9,864	9,261	8,715	8,109	8,407	8,506	8,520	8,643	8,500	8,500
Non Pay Expenditure	22,723	24,070	25,201	26,123	19,041	18,979	23,875	24,406	23,888	21,725	21,050	19,188
Capital Payment	53	73	228	131	28	162	275	294	45	633	1,206	2,220
Other items	0	0	0	0	0	0	0	0	0	0	0	0
Total Payments	38,560	35,722	42,860	38,226	32,853	34,139	36,241	38,199	39,941	34,675	35,793	34,908
NET CASH FLOW IN MONTH	743	427	160	(2,480)	4,217	3,062	(4,641)	(1,424)	(1,077)	58	187	(12,350)
Balance c/f	2,011	2,438	2,598	118	4,335	7,397	2,756	1,332	255	313	500	(11,850)



Due to the £12m revised forecast financial deficit, the THB will require strategic cash support in the latter part of the year (month 12).

	Opening Balance	Closing Balance	Forecast Closing
	Beginning of	End of	Balance
	Apr-22	Jan-24	End of
	£'000	£'000	Mar-24
	£'000	£'000	£'000
Tangible & Intangible Assets	104,855	107,057	107,057
Trade & Other Receivables	18,154	13,624	13,624
Inventories	147	147	147
Cash	1,268	313	(11,850)
Total Assets	124,424	121,141	108,978
Trade and other payables	50,353	23,526	45,257
Provisions	15,842	7,955	7,955
Total Liabilities	66,195	31,481	53,212
Total Assets Employed	58,229	89,660	55,766
Financed By			
General Fund	11,604	43,035	9,141
Revaluation Reserve	46,625	46,625	46,625
Total Taxpayers' Equity	58,229	89,660	55,766

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28/02/2024 15:10:16

Financial Plan submitted to WG on 31 March 2023 with deficit of £33.5m

Core Financial Plan Year 1 2023/24

Financial Plan	(£m)
Underlying deficit	18.6
Inflationary pressures	8.9
Demand/ service growth	7.4
Net effect of allocation adjustments and COVID	6.1
Mitigating actions	(7.5)
<b>TOTAL DEFICIT</b>	<b>33.5</b>

The original 2023/24 Financial Plan was a deficit of £33.5m

Range of significant risks to be managed

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

Submission of supplementary papers and associated Minimum Data Set on 31 May 2023 confirmed a deficit financial plan of £33.5m, with increased assurance.

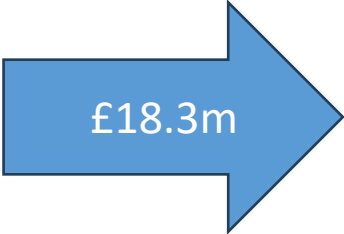
Following the additional allocations of £18.300m in Month 7, at the public Board meeting in November, the Board approved a revised financial plan for 2023/24, which aims to achieve a deficit £12m control total.

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28/02/2024 15:10:16

Original Financial Plan

£33.5m

Additional Funding

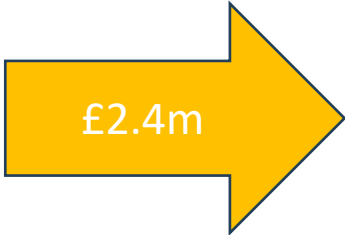


Interim Position @M7

£15.2m

**Actions underway**

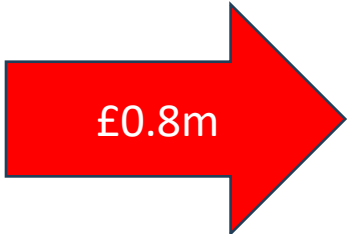
- |                                     |       |
|-------------------------------------|-------|
| • Slippage WG funding               | £1.1m |
| • 10% schemes                       | £0.5m |
| • VAT rebate                        | £0.4m |
| • Dental contract under performance | £0.4m |



£12.8m

**Stretch**

- |   |       |
|---|-------|
| • Commissioned services –                     | £0.4m |
| • Agency expenditure –                        | £0.4m |
| • Continuing Healthcare –                     | £0.1m |
| • Further underspends on WG funding streams – | £0.2m |



£12.0m

Revised  
Financial Plan

Mills, Belinda  
28/02/2024 15:10:16

<b>Delivery and Performance Committee</b>		<b>Date of Meeting: 29/02/2024</b>
<b>Subject:</b>	<b>Powys Teaching Health Board Integrated Performance Report Position as of December (Month 9) 2023/24</b>	
<b>Presented by:</b>	Executive Director of Planning and Performance	
<b>Approved by:</b>	Executive Director of Planning and Performance Assistant Director of Performance and Commissioning	
<b>Prepared by:</b>	Head of Performance Administrative Officer, Integrated Performance	
<b>Other Committees and meetings considered at:</b>	Executive Committee – 21 February 2024	

#### **PURPOSE:**

This Integrated Performance Report (IPR) provides an update on the latest available performance position for Powys Teaching Health Board against the NHS Wales Performance Framework up until the end of December 2023 (month 9).

#### **RECOMMENDATION(S):**

The Delivery & Performance Committee are asked to:

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

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
<b>x</b>	<b>✓</b>	<b>✓</b>

Mills Belinda  
28/02/2024 15:10:16

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

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

**EXECUTIVE SUMMARY:**

This report provides the Delivery and Performance Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. The IPR format for Month 9 highlights areas of escalation and exception as a priority. To note a full IPR including all measures will be available for the March Board using Month 10 data.

At the end of December 2023 (Month 9) the health board remains in a position of non-compliance against key and challenging PTHB set target trajectories for the Ministerial priority measures. The key challenge for the Powys planned care service is the highly fragile system capacity with significant pressures that are often outside of the health boards control e.g., industrial action. Looking at key areas such as diagnostics the performance is varied e.g., endoscopy has seen improvement with reduced breaches in December, whilst echocardiograms, and non-obstetric ultrasound have seen an increase in breaches against the 8-week target resulting from in-reach service challenge. The therapies service specialties remain under pressure, with key services such as musculoskeletal (MSK) physiotherapy, podiatry, and speech and language (SALT) facing severe and ongoing workforce challenges of sickness and vacancies.

For referral to treatment (RTT) consultant led pathways improvements have been made but the provider still has breaches in 36+ and over 52-week

pathways for patients who wait for a new outpatient appointment, and breaches over 52 weeks for treatment although no patients waits more than 104 weeks. Key challenges for RTT pathways include an especially fragile in-reach service provision (general surgery as an example) and ongoing very high demand across multiple specialties with an increase in referred urgency of patient. Other problems include in-reach commissioned fragility for outpatients and day case activity, and non-Powys (acute centre) complex diagnostic with additional reporting delays. Proactive steps are being taken operationally which include the use of private insource capacity for planned care, extensive pathway validation and efficiencies work, and use of weekend clinics and theatre sessions. Other positive elements for the provider include key clinical leadership recruitment which strengthens the day case and endoscopy units in Brecon and Llandrindod. There is further risk going forward into Q4 which is outside health board control e.g., upcoming industrial action which effects local, in-reach commissioned, and all NHS commissioned services. This will result in the loss of capacity due to unavoidable hospital-initiated cancellations of day case, and outpatient sessions which will delay patient pathway length to treatment.

Mental health performance within the health board remains robust against national target apart from part 1b adult interventions which reports a predicted drop (15.6% compliance in Dec-23). Neurodevelopment assessment for children is also another key area of challenge following significant and ongoing referral demand pressure which started post pandemic 2021/22 and is seen as a national challenge.

For those patients waiting in Powys commissioned planned cares services long waits remain a challenge. There has been improvement from Welsh providers albeit slow against key Ministerial priorities, but the challenge of equity remains when on average waits for NHS England's pathways result in a quicker treatment than those within NHS Wales, industrial action will significantly impact wait times in Q4.

Cancer performance remains poor against the 62-day targets in both English and Welsh commissioned services and remains under continued scrutiny at a national level. As a provider of initial outpatient and diagnostics the health board continues to achieve robust wait time for its part in the Single Cancer Pathway in Wales.

For emergency care Welsh Ambulance performance times remain poor with 42.4% of calls meeting the 8-minute target. Powys minor injuries units continue to perform well with no patients waiting over 12hrs and 99.9% compliance on the 4hr target. However, all acute units in both England and Wales report challenging performance with extreme system flow pressure at the end of Q3. Welsh performance in this aspect is slightly better for

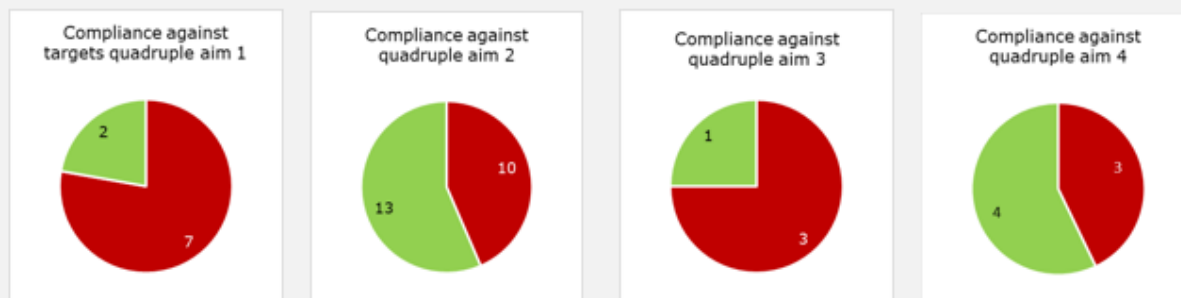


residents but a significant number of patients wait beyond 4 hrs within emergency care departments.

### Quadruple aim compliance

Compliance against quadruple aims remains challenging with aim 2, and 4 reporting a positive percentage of measures achieved.

#### **Compliance against NHS Performance Framework measures at month 8 by quadruple aim area.**



### Escalation & Exception

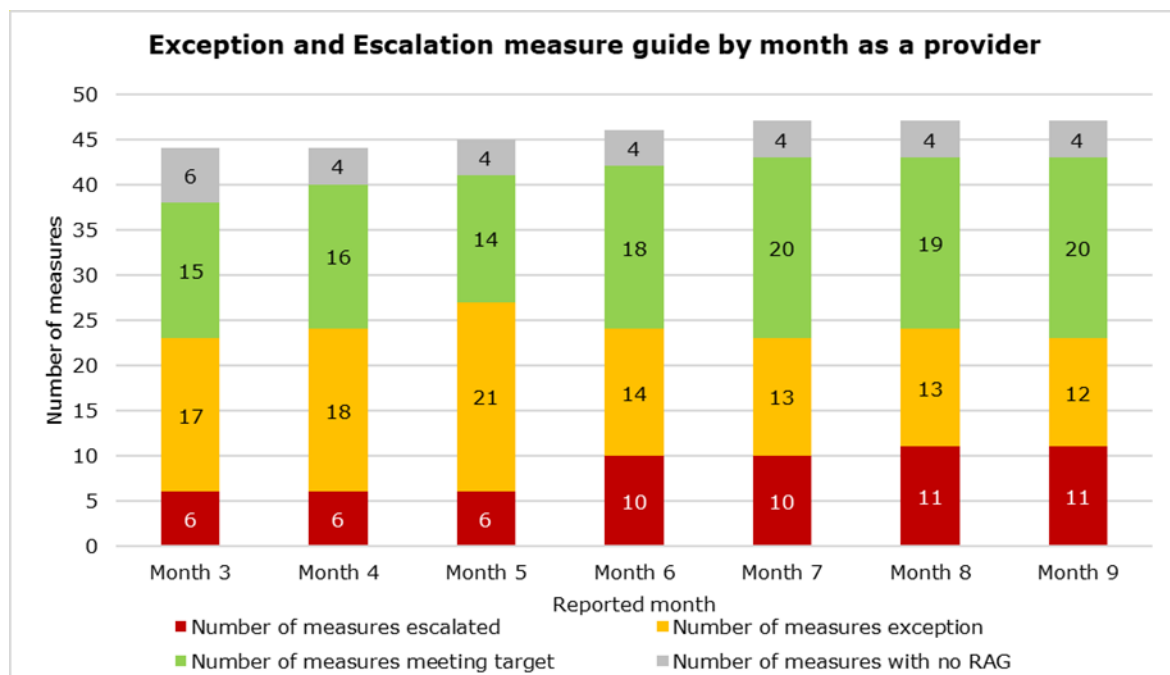
As part of the Integrated Performance Framework (IPF), process measures are now highlighted as escalations (*when a performance matter does not meet target and hits criteria for a higher level for resolution, decision-making, or further action*) or exception (*Referring to a deviation or departure from the normal or expected course of action*).

In Month 9 (December) 47 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework, with 11 of the measures escalated:

- Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment.
- Mental Health adult interventions.
- Patients waiting for diagnostics beyond 8 weeks.
- Percentage of children waiting under 14 weeks for a therapy.
- Patients waiting longer than 14 weeks for a therapy.
- Number of patients waiting over 52 weeks for a new outpatient appointment.
- Number of patients waiting more than 36 weeks for a new outpatient appointment.
- Patient follow-up (FUP) pathways delayed 100% and over.
- Number of patients waiting more than 52 weeks for treatment.
- Children/Young People neurodevelopmental waits
- Mental Health adult CTP compliance.

Through the IPF, remedial action plans have been developed to address these escalated measures, those plans with a red RAG rating have currently been unable to identify an estimated recovery time or the plan has high risk of achievement.

This graph below provides the relative performance of the health board against the 2023/24 NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the IPR by exception.



Measures with no RAG rating are those with either insufficient datum to determine compliance and those where PTHB reports but has no national target as a non-acute provider.

### Ministerial Priorities 2023/24

At the end of December, the health board is not meeting six of the challenging set targets to drive performance improvement (33% compliant 3 of 9). Three planned care measures are now not expected to achieve their target as of March 2024 and a further 3 are under significant risk of achievement. All escalated measures are discussed within the Performance and Engagement group with key service leads and remedial actions plans are in place or under development.

The performance team has included its RAG assessment of year end delivery against the Ministerial Priorities should no further action be taken:

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Ministerial Priority Measures			Month												Risk of delivery R.A.G
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90	
		Actual	98	97	100	74	53	85	82	83	58				
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	1	3	4	19	42	60	80	18	19				
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0	
		Actual	67	98	112	126	159	197	257	222	213				
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	0	0	0	0	0	0	0	0	0				
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0	
		Actual	16	14	14	29	52	75	99	56	58				
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0	
		Actual	159	160	117	134	152	139	132	190	192				
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0	
		Actual	243	273	265	418	511	499	390	288	343				
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0	
		Actual	4,763	1902	1667	1660	1683	1624	1575	1533	1568				

For the priorities 2023/24 as submitted to the Delivery Unit for Mental Health 6 of 9 total metrics meet submitted trajectory (please see table below).

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% LPMHSS assessments undertaken within 28 days from the date of receipt of referral - Under 18	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%
		Actual	98.0%	100.0%	100.0%	95.6%	100.0%	97.1%	100.0%	100%	94.9%			
% LPMHSS assessments undertaken within 28 days from the date of receipt of referral - 18 & over		Performance Trajectory	80.0%	82.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%
		Actual	80.4%	91.6%	92.9%	91.9%	97.9%	89.7%	87.5%	89.1%	86.7%			
% therapeutic interventions started within 28 days following an LPMHSS assessment - Under 18		Performance Trajectory	77.5%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	78%	83%	88%	90%	79%	80.8%	89.2%	88.1%	88.2%			
% therapeutic interventions started within 28 days following an LPMHSS assessment - 18 & Over		Performance Trajectory	66.0%	68.0%	70.0%	72.0%	70.0%	75.0%	78.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	65.8%	47.2%	62.3%	49.0%	60.5%	48.5%	41.7%	49.2%	15.6%			
% patients waiting less than 28 days for first appointment for sCAMHS	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
		Actual	97.2%	100.0%	100.0%	100.0%	95.8%	100.0%	100%	100%	100%			
% children & young people waiting less than 26 weeks to start ADHD or ASD ND assessment		Performance Trajectory	70.0%	71.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	69.7%	71.3%	72.2%	72.9%	68.9%	62.3%	58.8%	54.3%	51.5%			
% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult MH		Performance Trajectory	86.0%	93.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%	86.6%			
% HB residents in receipt of secondary MH services who have a valid CTP - Under 18	90%	Performance Trajectory	97.8%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
		Actual	97.8%	98.0%	89.3%	94.5%	94.3%	96.2%	93.0%	90%	94%			
% HB residents in receipt of secondary MH services who have a valid CTP - 18 & over		Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%
		Actual	87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78.0%	77.0%			

## NEXT STEPS

- The IPF framework for PTHB will be undergoing revision to embed key elements of the Duty of Quality, including changes to the IPR and addition of further quality measures this work is expected to be completed before the start of 2024/25 financial year but is dependant on both national and local documents provision prior to next year.
- Through the IPF, work continues to implement the required process to provide effective challenge, support and scrutiny of both provider via Performance and Business meetings, and commissioned services via the CQPRM process, both of these forums work with the aim to improve patient outcomes and support quarterly directorate performance review meetings for Executive team scrutiny.

- The Performance Team continues to work closely with commissioned service providers to understand referral demand, demand and capacity gaps, waiting list profiles at specialist level and model robust performance trajectories within the context of the NHS Wales Planning Framework and Ministerial Targets for 2023/24 for Powys provider, English and Welsh commissioned services.
- Ongoing work to ascertain the performance of key services and measures at the end of Q4 2023/24 and ability to meet the NHS Performance Framework submitted trajectories.

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# Powys Teaching Health Board

## Integrated Performance Report

Month 9 – Updated 14/02/2024

Select one of the below boxes to navigate to the required section of the report

[Introduction](#)

[Executive Summary](#)

[Escalated Performance Challenges](#)

[Exception Reporting](#)

[Appendix 1 – All metrics score sheet](#)

[Appendix 2 – Progress against Ministerial Priorities](#)

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# What is the Integrated Performance Report (IPR)

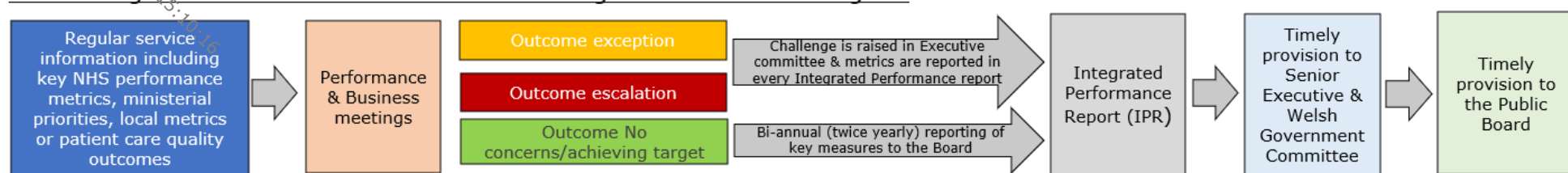
This report is a key part of the health boards Integrated Performance Framework (IPF) designed to drive improvement in health board performance and health outcomes for those patients that Powys is responsible for. The IPR uses key NHS Performance Framework measures which include Ministerial priorities and other timely local measures to provide robust assessment of the health boards success. This process utilises both quantitative and qualitative measurements which are backed by statistical process, business rules, and narrative provided by leads of that service area.

## Business rules for reporting within the Integrated Performance Report

The health board business rules are designed to highlight potential challenge and provide clear assurance for the Board and Public stakeholders. The IPR as a function of the IPF will **not** contain information on those metrics that are consistently achieving success (exception of bi-annual full update) but focus on metrics of exception or escalation.

Exception	Escalation	De-Escalation
Referring to a deviation or departure from the normal or expected course of action, it signifies that a specific condition or event requires attention or further action to address the deviation and ensure corrective measures are taken.	When a performance matter (exception) does not meet target and hits criteria for a higher level for resolution, decision-making, or further action.	The appropriate trigger for a measure or service to be de-escalated. Either challenge has been rectified, requirement has changed, or via senior committee decision.
Criteria of an exception examples	Criteria for escalation examples	Criteria for de-escalation
Any target failing an NHS Performance target, operational, or local target/trajectory	Any measure that fails a health submitted trajectory as part of the Ministers priorities.	Measure returns to within target values, or escalation element is downgraded from a ministerial priority
Where SPC methodology reports rule 2, or rule 4 (details on next slide) even if a measure is set target.	Performance recovery failing its service plan to improve or maintain performance. Especially if measure/service reporting significant special cause concern with the making data count approach (SPC).	Performance or service recovers to planned levels following remedial action plan or another local plan (this may not require adherence to national target compliance e.g., moves to exception status).
Any reportable commissioned metric where performance is not meeting national target	Any significant failure of quality standard e.g. never event or failing accountability conditions.	Quality standard challenge is resolved.
	Any metric or service can be raised to escalation level where concern is raised at internal Performance & Business meetings (PBM).	Senior committee decision following evidence via escalation process used within Performance & Business meetings (PBM).

## PTHB Integrated Performance Framework challenge escalation flow diagram



# Using statistical process control (SPC)

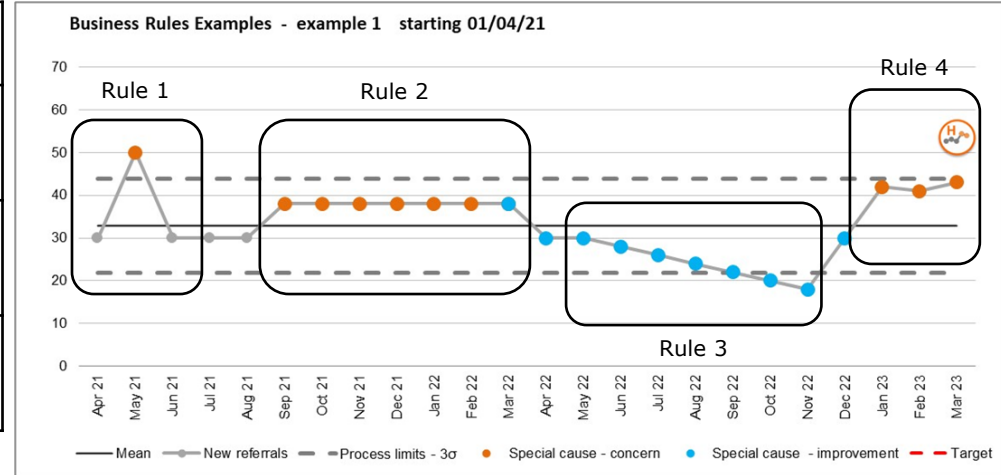
SPC charts are used as an analytical technique to understand data (performance) over time. Using statistical science to underpin data, and using visual representation to understand variation, areas that require appropriate action are simply highlighted. This method is widely used within the NHS to assess whether change has resulted in improvement.

## Key facts for SPC

- A minimum of 15-20 data points is needed for this method (24 are used within this document where available).
- 99% of all data points will fall between lower and upper confidence intervals (outside of this should be investigated).
- Two types of trend variation: Special cause (**Concerns** or **Improvement**) and **Common Cause** (no significant change)

## Key Rules of SPC

1	Single data point outside of limit (upper or lower) – unexpected (data quality? Isolated event or significant service pressure?)
2	Consecutive points above or below mean (not normally natural) - A run of six or more values showing continuous increase or decrease is a sign that something unusual is happening in the system.
3	Consecutive points increasing/decreasing (trend of at least 6 if monthly, more for shorter time periods e.g., days/weeks) showing special cause variation.
4	Two of three points close to process limits – especially in volatile data (wide control lines) can provide early warning requiring further escalation.



## NHS Improvement SPC icons



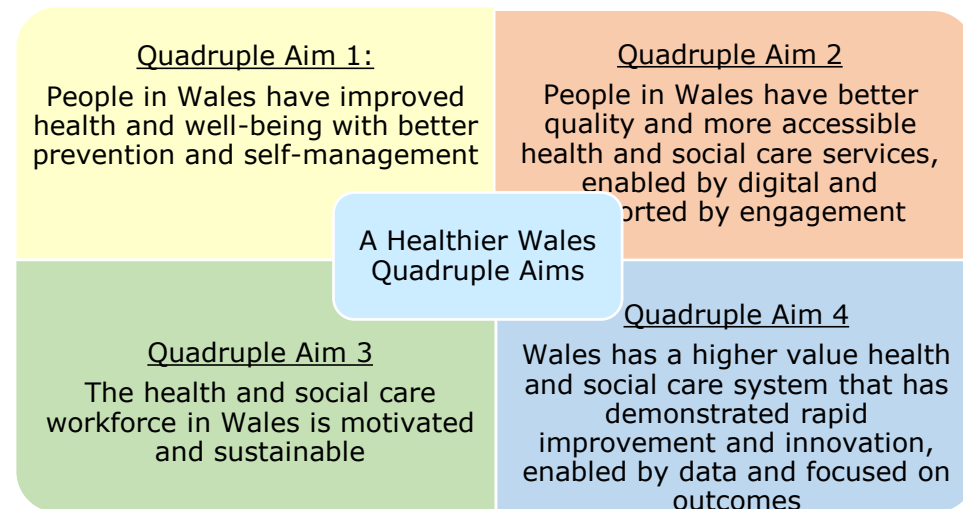




## What is the NHS Performance Framework?

The NHS Performance Framework is a key measurement tool for “A Healthier Wales” outcomes, the 2023/24 revision now consists of 53 quantitative measures of which 9 are Ministerial Priorities and require health board submitted improvement trajectories. A further 11 qualitative measures are also currently included of which assurance is sought bi-annually by Welsh Government

The NHS Wales Quadruple Aim Outcomes are a set of four interconnected goals or aims that aim to guide and improve healthcare services in Wales. These aims were developed to enhance the quality of care, patient experience, and staff well-being within the National Health Service (NHS) in Wales.

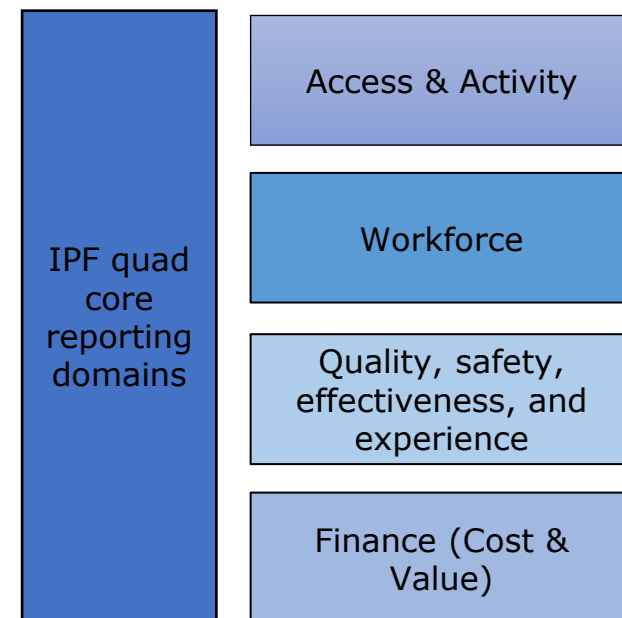


## What is the Integrated Performance Framework (IPF) in Powys?

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

The IPF is undergoing phased implementation across the health board with core integration by Q4 2023/24 to run as business as usual.

Key for the framework is they system review, reporting, escalation and assurance process that aligns especially to the NHS Performance measures and Ministerial priority trajectories. In the provider Performance and Engagement meetings will address key challenges and provide a robust forum for support and escalation to Executive leads and provide actions and recovery trajectories for escalated metrics.





# Narrative summary of performance at month 9 (December 2023)

This report provides the Executive Committee with the latest available performance update against the new 2023/24 NHS Wales Performance Framework. The IPR format for Month 9 highlights areas of escalation and exception as a priority. To note a full IPR including all measures will be available for the March Board using Month 10 data.

At the end of December 2023 (Month 9) the health board remains in a position of non-compliance against key and challenging PTHB set target trajectories for the Ministerial priority measures. The key challenge for the Powys planned care service is the highly fragile system capacity with significant pressures that are often outside of the health boards control e.g., industrial action. Looking at key areas such as diagnostics the performance is varied e.g., endoscopy has seen improvement with reduced breaches in December, whilst echocardiograms, and non-obstetric ultrasound have seen an increase in breaches against the 8-week target resulting from in-reach service challenge. The therapies service specialties remain under pressure, with key services such as musculoskeletal (MSK) physiotherapy, podiatry, and speech and language (SALT) facing severe and ongoing workforce challenges of sickness and vacancies. For referral to treatment (RTT) consultant led pathways improvements have been made but the provider still has breaches in 36+ and over 52-week pathways for patients who wait for a new outpatient appointment, and breaches over 52 weeks for treatment although no patients waits more than 104 weeks. Key challenges for RTT pathways include an especially fragile in-reach service provision (general surgery as an example) and ongoing very high demand across multiple specialties with an increase in referred urgency of patient. Other problems include in-reach commissioned fragility for outpatients and day case activity, and non-Powys (acute centre) complex diagnostic with additional reporting delays. Proactive steps are being taken operationally which include the use of private in-source capacity for planned care, extensive pathway validation and efficiencies work, and use of weekend clinics and theatre sessions. Other positive elements for the provider include key clinical leadership recruitment which strengthens the day case and endoscopy units in Brecon and Llandrindod. There is further risk going forward into Q4 which is outside health board control e.g., upcoming industrial action which effects local, in-reach commissioned, and all NHS commissioned services. This will result in the loss of capacity due to unavoidable hospital-initiated cancellations of day case, and outpatient sessions which will delay patient pathway length to treatment.

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For those patients waiting in Powys commissioned planned cares services long waits remain a challenge. There has been improvement from Welsh providers albeit slow against key Ministerial priorities, but the challenge of equity remains when on average waits for NHS England's pathways result in a quicker treatment than those within NHS Wales, industrial action will significantly impact wait times in Q4.

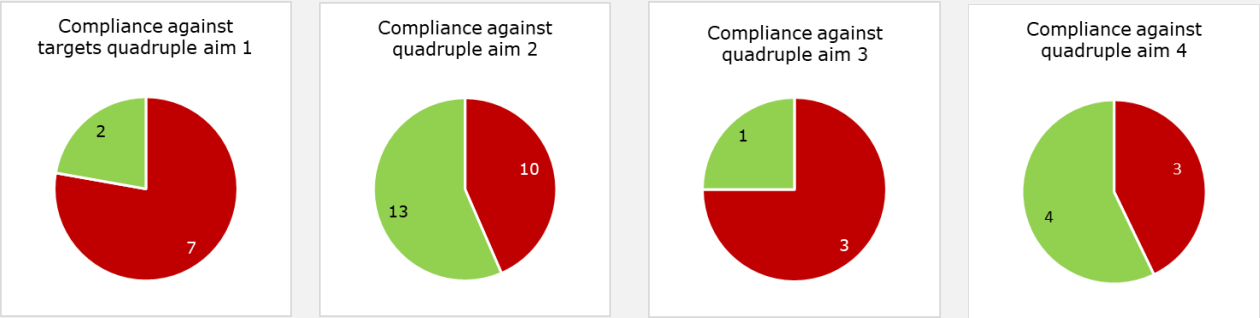
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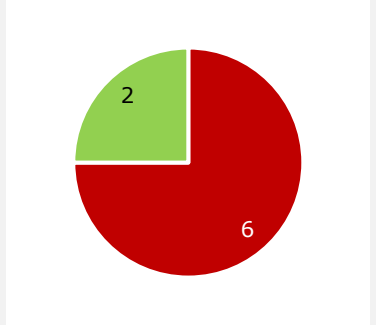
# Visual summary of performance at month 9 (December 2023)

Only measures with a compliance rating e.g., compliant (green), non-compliant (red) are included within the quadruple aims compliance pie charts.  
No commissioned metrics are included within graphs below.  
No non-RAG rated measures are included.

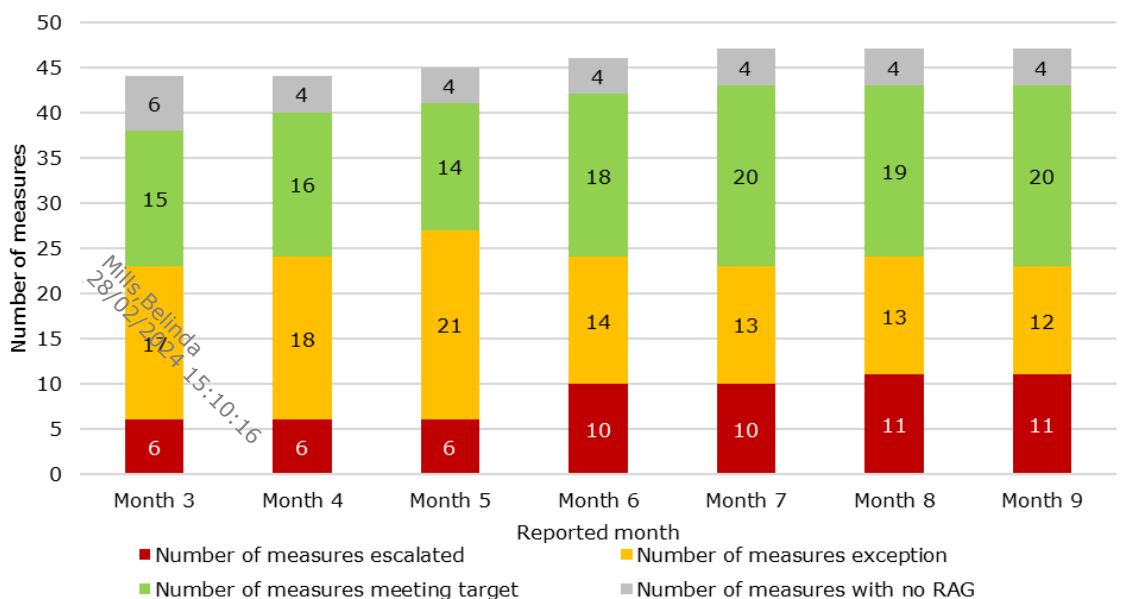
## Compliance against NHS Performance Framework measures at month 9 by quadruple aim area.



## Compliance against Ministerial priority trajectories.







## Exception and Escalation measure guide by month as a provider






- In Month 9 (December) 47 quantitative measures as a provider are reportable of the 53 total in the NHS Performance Framework.
- This graph provides the relative performance of the health board against the NHS Performance Framework that is applicable to the provider e.g., no commissioned or local measures are accounted for even if they are listed within the below exception/escalation reports or other areas of the IPR.
- It should also be noted however that any measure can be raised as an escalation, even if performance meets national target.
- Measures with no RAG rating are those with either insufficient data to determine compliance e.g. 12-month reduction trends (normally new metrics), and those where PTHB reports but has no national target as a non-acute provider.

# Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">2</a>	Percentage of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	Oct-23	90%	0.0%	Never		<b>Timescale requested BSW</b>
<b>Why is this an escalated metric?</b>		Escalated by Powys Performance team for historic and current poor target compliance.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Poor performance linked to the capacity for diagnostic endoscopy across Wales. Target is and has always been very challenging with low compliance across all providers.		Regular meetings between local operational leads and the Bowel Screening Wales team. Interim assistant medical director planned care working in partnership with Public Health Wales and clinical leads to review selection criteria and standard operating protocols for endoscopy including bowel screening. Escalated with requested remedial action plan via service and commissioning colleagues.					
<a href="#">17</a>	Percentage of interventions started within (up to and including) 28 days following an assessment by LPMHSS for people 18 years and over	Dec-23	80%	15.6%	Never		<b>By end 2024/25</b>
<b>Why is this an escalated metric?</b>		This measure remains challenged, without intervention it will not meet target and has been escalated					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
The drop in performance had been predicted following extensive and focused intervention, validation and caseload management. Reported performance is projected to significantly improve for Q4.		Ongoing implementation of recovery and development plan. Part 1b performance projected to improve following focused intervention and caseload management with improvement projected in Q4.					
<a href="#">25</a>	Number of patients waiting more than 8 weeks for a specified diagnostic	Dec-23	PTHB trajectory = <50	192	Jan-20		<b>NOUS – Q4 Echo Card – TBC Endoscopy – Q4</b>
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority. The service is reporting significant challenge of improvement and sustainability via the internal Performance and Engagement group.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Diagnostic waiting list position is challenged against health board submitted targets for the Ministerial priority. All specialties are reliant on fragile in-reach capacity. Demand remains high with increased acuity at referral stage. Industrial action in Q4 will affect the recovery of the waiting list against planned recovery.		Key actions include, escalation of in reach service capacity via commissioning contract meetings where required. Use of agency and insource private capacity to tackle urgent waits and bolster capacity for endoscopy and radiology. Action to implement North Powys GP with special interests (GPSI) cardiology transformation program to South Powys.					
<a href="#">26</a>	Percentage of children (under 18) waiting 14 weeks or less for a specified Allied Health Professional	Dec-23	12-month improvement trend	84.2%	New measure data not available		<b>Mar-24</b>
<b>Why is this an escalated metric?</b>		This measure has been escalated from month 6 as part of the larger therapies escalation as confirmed by service leads (key specialties like speech and language therapy (Paediatrics) is impacting on the overall therapies position of the health board.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Majority of breaches are within speech and language therapy linked to key challenges with staffing vacancies, unrecognised backlog of long waiting patients and a high caseload demand. General challenge of staffing and sickness across all therapy's specialties.		Remedial action plan undertaken by services for escalation as required. New standard operating procedure in place to improve service processes. Demand and capacity work has been undertaken to improve flow and recruitment plans underway.					

# Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">27</a>	Number of therapy breaches 14+ weeks	Dec-23	PTHB trajectory - 0	343	Dec-21		Mar-24
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Significant vacancies across key specialties including physiotherapy, dietetics, podiatry and audiology. For example, podiatry has 33% staffing vacancy pan Powys significantly challenging flow and patient wait times.		All challenged specialties have remedial action to measure and drive recovery by Mar-24 and supporting key weekly heads of service meetings. Additional locum to support MSK physiotherapy, and new graduate from August 2023. Caseload reviews across all therapies. Podiatry, Dietetics and Speech and language therapy (SALT) Heads of service (clinical) have increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced. All long waits booked in SALT.					
<a href="#">28</a>	Number of patients waiting over 52 weeks for a new outpatient appointment	Dec-23	PTHB trajectory of 0	19	Jan-23		Potential recovery by Mar-24
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Significant capacity challenge, especially in Rheumatology, General Surgery, Orthopaedics, ENT, and Ophthalmology. Ability to recovery for year end is linked to insource in the short term, limited NHS capacity.		Insource started from November to improve key capacity. In reach service fragility and capacity issues flagged via CQPRM progressing additional in reach support with Commissioning. Baseline assessment review of PTHB services against GIRFT Outpatients recommendations undertaking with implementation plan under development. OPD reviewing use of virtual Age-Related Macular Degeneration (AMD) group clinics					
<a href="#">29</a>	Number of patients waiting more than 36 weeks for a new outpatient appointment	Dec-23	PTHB trajectory of 0	213	N/A		Potential recovery by Mar-24
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target and is significantly off trajectory.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
As above (measure 28)		As above (measure 28)					
<a href="#">30</a>	Patient follow-up (FUP) pathways delayed 100% and over	Dec-23	PTHB Trajectory of 0	1568	Not available	N/A	Nov-23
<b>Why is this an escalated metric?</b>		FUP pathways recording and reporting was escalated in Q4 2021/22 following service identified significant accuracy challenge in the reporting of pathway time banding. Resulting reporting checks by the Powys Data Intelligence team highlighted a significant quantity of un-reported pathways and local reporting was aligned to the National WPAS team's process. The measure has also failed to meet the recovery by target date Nov-23					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
FUP pathways undergoing ongoing validation with the service and digital intelligence team reducing inaccurate pathways via data cleansing. Challenge to service capacity prioritising urgent suspected cancer/urgent whilst routine and FUP's in some specialties are required to wait longer.		Powys Digital Intelligence have continued validation although further data quality issues have been raised. From a service perspective further capacity scoping is being carried out including insource and service level agreement discussions with NHS in-source. Enhanced clinical support for consultants in outpatients to maximise SOS & PIFU opportunities.					

# Escalated Performance Challenges

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">32</a>	Number of patients waiting more than 52 weeks for treatment	Dec-23	PTHB Trajectory of 0	58	Sep-22		Potential recovery by Mar-24
<b>Why is this an escalated metric?</b>		This metric has been escalated as it is not currently achieving the submitted health board target as a ministerial priority.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
As per measure 28		As per measure 28					
<a href="#">34</a>	Children/Young People neurodevelopmental (ND) waits	Dec-23	80%	51.5%	Aug-22		Linked to business case approval
<b>Why is this an escalated metric?</b>		Poor compliance with service agreement.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Referral rates into this service have been increasing steadily over the last 3 years, 2022/23 and up to the end of Q2 2023/24 reported special cause concern for the number accepted into the service. Other key challenges include no recurrent funding and a deficiency in permanent workforce to meet increased demand.		The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service. However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts. The ND business case was considered by the Health Board Investment and Benefits Group (IBG) and will be further considered by the Executive Committee in due course. Temporary additional capacity continues to support the service.					
<a href="#">45</a>	Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan	Dec-23	90%	77.0%	Nov-21		By end 2024/25
<b>Why is this an escalated metric?</b>		Poor compliance with service agreement.					
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Vacancies and sickness absence impact on the ability to meet this target however there has been a data quality challenges including post submission revisions which means that in the next reporting period there will be an impact on performance with improvement anticipated.		A new standard operating procedure has been rolled across the 5 Community Mental Health Teams with review meetings in place to ensure compliance. To note there will be an impact on performance data in the next reporting period. There has been success in recruiting to key vacancies and reduction in reliance on locums. Recruitment efforts will continue with the aim to improve capacity.					

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# Exception Reporting - measures not meeting required performance


## Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<u>1</u>	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q2 23/24	5% Annual Target	2.55%	Never	N/A	April 2025
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Cumulative quarters 1 & 2 2023/24 have seen a step change in performance reporting 2.55% significantly higher than 1.52% treated smokers for the same period in 2022/23		Health board to develop promotional campaign for Pharmacy L2 & L3 services Inc. additional training for technicians. Roll out of GP text message project to offer patient support, and other ongoing promotions of pathways to support smoking cessation.					
<u>2</u>	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)	Q2 23/24	4 quarter improvement trend	56.3%	Q4 2022/23	N/A	Awaiting interpretation for PTHB
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Interpretation of the target across Wales varies by health board area, vacancies in staff.		Action plan underway encompassing recommendations and focus points from HIW review. PTHB have created a harm reduction coordinator role (2023). Dual diagnosis worker in Mid Powys appointed.					
<u>3</u>	Percentage of children up to date with scheduled vaccinations by age 5	Q2 23/24	95%	89.8%	Never	N/A	Q3 24/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Key performance challenges include data recording on uptake and linking of digital systems (data cleansing ongoing). Workforce capacity challenges in primary care, reduction in vaccination due to pandemic. North Powys report lowest uptake.		Standard operating procedures (SOPs) have been developed to support primary care clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations. Lessons learnt from Polio/MMR catchup are being implemented. Uptake by age 4 has improved to 94.7%.					
<u>4</u>	Percentage of girls receiving HPV vaccination by age 15	Q2 23/24	95%	84.7%	N/A new metric	N/A	Awaiting further data
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Change in the methodology of age group for reporting. Press reports around change of vaccination schedule, and negative press regarding HPV.		Vaccination promotion in schools appropriately via curriculum, and review implementation of NICE guidelines (NG218) particularly recommendations 1.3.24 to 1.3.39.					
<u>5</u>	Percentage uptake of the influenza vaccination amongst adults aged 65 years and over	Dec-23	75% (by end of season)	68.0%	N/A new metric	N/A	N/A
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Influenza period started September, initial data point, this is a cumulative performance measures until end of flu season.		Active engagement with primary care regarding delivery of vaccinations pan Powys. Public Health Wales led communication campaign, and vaccination offered via PTHB vaccination centres from January 1 <sup>st</sup> .					
<u>6</u>	Percentage uptake of COVID-19 vaccination for those eligible	Dec-23	75% (by end of campaign)	60.3%	Not applicable	N/A	N/A
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Data on COVID-19 vaccination uptake is sourced from PHW surveillance data which is based on total population, citizens only become eligible for a booster if they complete their primary course. National delay on data cleansing cohorts. BA.4.86 variant impact		Targeted interventions on immunosuppressed, ongoing work with care homes, and increasing local clinic offer to improve access. Supporting GP's to provide COVID vaccination clinics.					



# Exception Reporting - measures not meeting required performance

## Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">18</a>	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Dec-23	65%	42.4%	Feb-21		Unavailable for this measure
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Demand for 999 services remains high, handover delays in key A&E sites, Powys geography impacts arrival times due to rurality. The provider has limited actions available to resolve issues including industrial action.		Recent actions include work to improve 'return to footprint' by Powys crews to increase capacity for calls in county. New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.					
<a href="#">22</a>	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge – <b>Powys resident view</b>	Dec-23	Powys – 95% Wales – 95% England – 95%	100% 61.7% 47.9% (Nov-23)	Never met across all residents	TBC	<b>PTHB target met N/A</b>
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
There are no issues with provider MIU services reported, but for Powys residents waits in commissioned units remain poor. Key issues remain ongoing including flow through acute units slowing emergency admissions and resulting in backlog and A&E impact.		To note Powys as a provider will be unable to achieve compliance for residents but the health board fully engages with national daily calls for emergency department pressures, improved repatriation of patients in acute beds to support flow and aim to provide more local support for urgent care access.					
<a href="#">23</a>	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge – <b>Powys resident view</b>	Dec-23	Powys – 0 Wales – 0 England – 0	0 152 276 (Nov-23)	Never met across all residents	N/A	<b>PTHB target met N/A</b>
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Narrative as measure 22.		Narrative as measure 22.					

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# Exception Reporting - measures not meeting required performance

## Local Measures and Assurance

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">Commissioning measures</a>	Commissioned referral to treatment (RTT) – Powys resident (the data from English providers does not allow comparison of patients waiting by stage, these metrics are not included).	Combined Latest Performance – Nov 23	+104 weeks	293	Never	Please look to slide for detail	Commissioned service trajectories - unavailable
			52+ weeks	2274			
			+36 weeks	4624			
			< 26 weeks	62.7%			
<a href="#">Commissioned RTT performance does not meet any set targets, please look to the slides for further details.</a>							
<a href="#">Link</a>	Powys commissioned private dermatology service (RTT)	Dec-23	< 26 week	82.5%	Not available	N/A	Under discussion with provider
			+36 week	24			
<a href="#">Cancer Measures</a>	SCP - Commissioned Cancer Performance (Wales)	Dec-23	75% <62 days for treatment	43%	Never	Not available	No recovery estimated available
	Cancer pathway breaches in England	SATH – Dec	zero	6 Breaches	N/A		
		WVT - Jan		3 Breaches	N/A		
	Powys provider downgrade performance – 28 days best practice	Dec-23	TBC	17.2%	N/A		
<a href="#">Commissioned Cancer performance does not meet any set targets where the information is available, please look to slides for further details.</a>							

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## Exception Reporting - measures not meeting required performance


### Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">37</a>	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	Sep-23	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)	13%	N/A	N/A	Plan development 2024/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology. It should be noted that HEIW have noted that current data has anomalies and ongoing work is required to resolve		Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave. Roll out of Team Climate Surveys to support managers and improve retention. The health board have successfully appointed to the Workforce Retention lead role which will support the delivery of the nurse retention plan within Powys.					
<a href="#">38</a>	Agency spend as a percentage of the total pay bill	Dec-23	12-month reduction trend	11.4%	Apr-23		Plan development 2024/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Agency use accounts for the largest proportion of variable pay spend in both Registered Nursing and unregistered Nursing and remains an area of focus. Challenges include limited substantive professional workforce availability, rurality, sickness, and patient acuity & dependency.		Reviewing operational footprint to further reduce reliance on temporary staffing, negotiations with on-contract agencies for additional recruitment. Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023					
<a href="#">39</a>	PADR Compliance	Dec-23	85%	78.0%	Never		Plan development 2024/25
<b>Key performance drivers</b>		<b>Key actions to recover</b>					
Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit. As of December 2023, there were 10 out of 17 service areas/Directorates whose performance was above the national target of 85%.		Workforce & OD Business Partners team continue to discuss compliance at senior management meetings within services. Low compliance is addressed with individual managers and signposting to guidance also takes place. Areas of particular concern will be escalated to Executive Directors					

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# Exception Reporting - measures not meeting required performance

## Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">42</a>	Percentage of calls ended following WAST telephone assessment (Hear and Treat)	Nov-23	17% or more	8.7%	Never	N/A	Timescale requested WAST
Key performance drivers		Key actions to recover					
No issues currently reported		This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.					
No.	Abbreviated measure name	Latest available	Target	Current	Last achieved target	SPC variance	Estimated recovery time
<a href="#">51</a>	Percentage of Ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date	Dec-23	95%	65.6%	Never		Plan development 2024/25
Key performance drivers		Key actions to recover					
In-reach fragility impacts available capacity for specialty. Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing and backlog following industrial actions. Further challenge linked to delays in National Digital Eye Care Rollout awaiting outcome (anticipated November 2023).		Working with WVT & Rural health care academy to formalise training opportunities in DGH. League of Friends supporting purchase of equipment for North Powys biometry to support repatriation of cataract pathway. Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.					

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Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 1

Powys as a provider

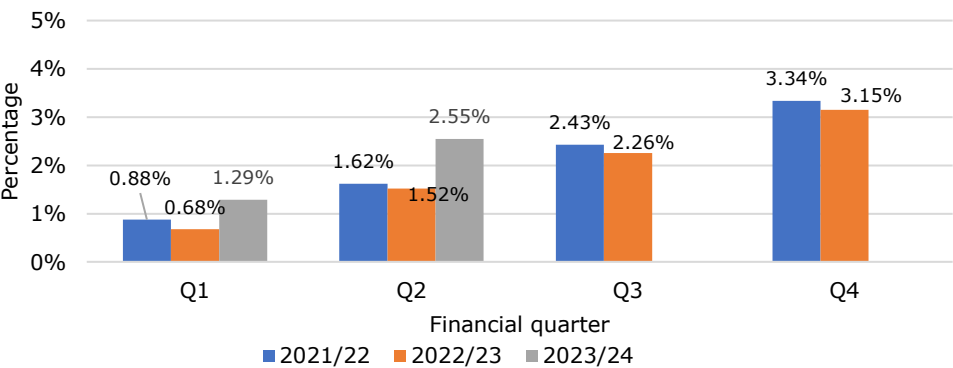


Smoking - Percentage of adult smokers who make a quit attempt via smoking cessation services

Executive lead	Executive Director of Public Health	Officer lead	Principal Public Health Practitioner	Strategic priority	2
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Latest available	Q2 2023/24			
Reported performance	2.55%	All Wales positional rank and performance.	4th (2.43%)	
Target	5% cumulative annual target			
Variance	N/A			Exception
Data quality & Source	Welsh Government Performance Scorecard			

Percentage of adult smokers who make a quit attempt



What the data tells us

Note:  
Performance has seen a step change in Quarters 1 & 2 2023/24; there were 54% more smokers supported by the service than in the same period 2022/23.

In 20/21, the National Survey was adapted due to COVID resulting in lower smoking estimates than previously reported. The lower estimates will result in an apparent higher proportion of smokers making a quit attempt during 2021/22 which may not reflect a real improvement in performance.

Issues
<ul style="list-style-type: none"><li>96% (22/23) of pharmacies continue to deliver a Level 2 service, and 70% (16/23) of pharmacies are delivering Level 3 services, which matches pre pandemic levels. To increase activity (quit attempts and successful quits) to pre-pandemic levels, it has been identified that the pharmacy service needs to be promoted and pharmacy staff trained.</li><li>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.</li></ul>

Actions	Recovery by	April 2025
<p>Improving access and client focus</p> <ul style="list-style-type: none"><li>Smoking Cessation Team are providing face-to-face clinics across Powys in community venues and some GP Practices. Telephone support continues to be available. Group support is available in Brecon and Welshpool.</li><li>Online training has been delivered in partnership with BCU to community pharmacy staff with aim of increasing their confidence in service delivery. There was over approximately 20 staff from pharmacies across Powys in attendance at training session and evaluation was positive. Resources for promotion as well as new Carbon monoxide (CO) monitors have been shared with all community pharmacies delivering the service and 9 community pharmacies in Powys have created promotional window displays for Help Me Quit (HMQ) pharmacy service in January.</li><li>HMQ Baby referral pathway has been adapted in joint working with midwifery colleagues to accommodate research project <a href="#">SNAP3</a> in Powys. SNAP 3 offers some pregnant women an additional option of preloading with Nicotine replacement therapy (NRT) to further support a quit attempt</li><li>Implementation of communication and engagement plan for public, professionals and partner agencies, including:</li><li>The GP Text message project in 5 GP Practices, targeting smokers with offer of support. This commenced with GP Practices in more deprived areas. Results show an overall increase in the number of clients being recorded on quit manager following the month when text messages were sent out. A step change has also been reported in the number of quits attempts April-September 2023/24 (n=283) 54% higher than the same period last year.</li><li>A patient story has been produced and shared on social media of a client who recently made a successful quit attempt with the service. National advertising stop smoking campaign currently being delivered by Public Health Wales (PHW), linked to local services.</li></ul>		

Mitigations
<ul style="list-style-type: none"><li>Work continues to re-orientate services to reach groups in deprived areas. Service delivery model continues to reoriented to provided blended model of delivery to include; Telephone support, one-to-one and Group support.</li></ul>

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 2

Powys as a provider

**Substance Misuse** – Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)

New measure for 2023/24

Executive lead

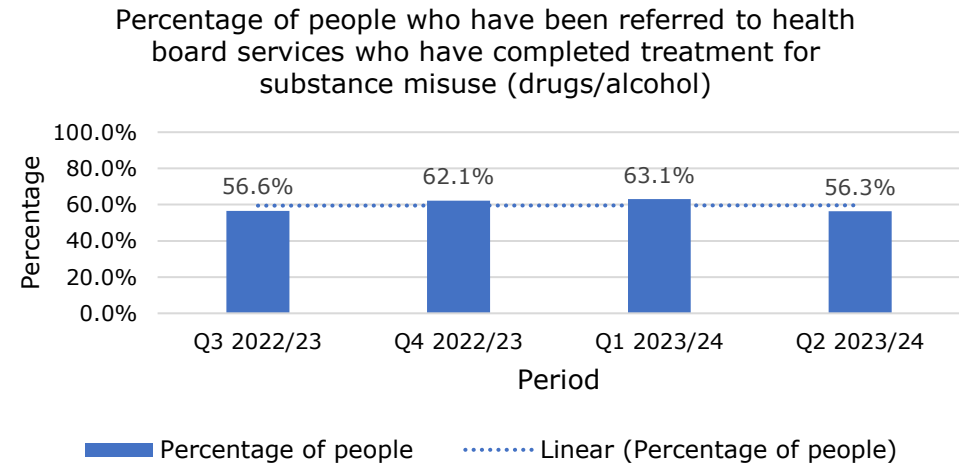
Executive Director of Operations/ Director of Community and Mental Health

Officer lead

Assistant Director of Mental Health

Strategic priority

Latest available Q2 2023/24			
Reported performance	56.3%	All Wales benchmark	5 <sup>th</sup> (60.5%)
Target	4 quarter improvement trend		
Variance	N/A	Exception	
Data quality & Source		Welsh Government Scorecard	



**What the data tells us**

This is a new measure for 2023/24 NHS Performance Framework. The measure aims to treatment services that are delivered by NHS teams and does not include voluntary or local authority services.

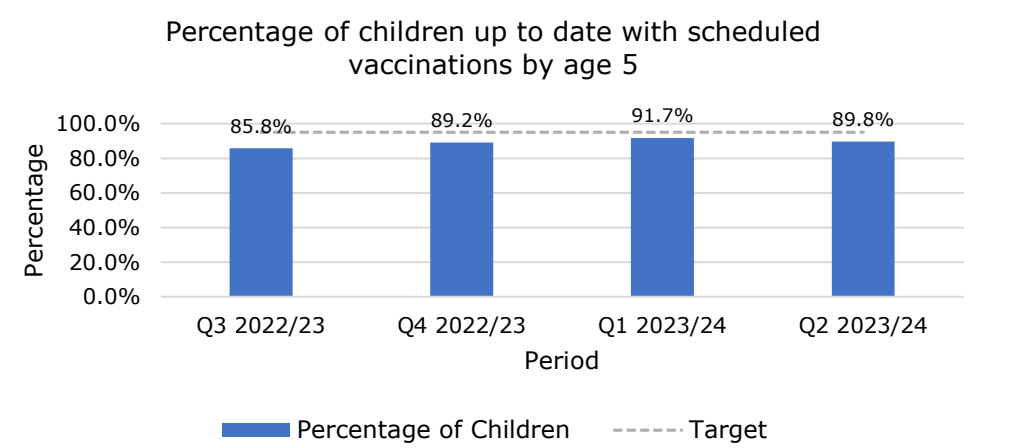
Reported performance in Q2 2023/24 has not met the required target of a 4-quarter improvement trend.

The health board benchmarks 5<sup>th</sup> in Wales with an All-Wales position of 60.5%

Issues		
<ul style="list-style-type: none"><li>Interpretation of the target varies across Wales. PTHB have focussed service to concentrate on harm reduction and enabling service users to take control on reducing the harm of substance misuse therefore, this does not always include complete abstinence and clients may access the service for a significant length of time.</li><li>South Powys Dual Diagnosis worker role remains vacant.</li></ul>		
Actions	Recovery by	Awaiting interpretation for PTHB
<ul style="list-style-type: none"><li>Area Planning Board (APB) Commissioning Manager currently drafting an APB Action Plan encompassing recommendations and focus points from HIW review.</li><li>PTHB have created a Harm Reduction Co-ordinator role which was appointed to in 2023.</li><li>Dual Diagnosis worker in Mid-Powys appointed, recently recruited to North Powys role. Service Provider part of interview process.</li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>The recently retendered contract for drugs and alcohol community treatment service has a new emphasis is on client outcomes and holistic support.</li><li>Regular commissioning monitoring meetings with provider in place to monitor community demand.</li><li>Complex Needs portfolio – agreed that Powys County Council (PCC) lead and will co-ordinate partnership meeting in the next quarter. Ongoing Live Well – Mental Health Partnership Priority.</li><li>Recruitment campaign for remaining vacant Dual Diagnosis post.</li></ul>		

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	89.8%	All Wales benchmark	2 <sup>nd</sup> 87.7%
Target	95%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



**What the data tells us**

Reported uptake performance 89.8% this remains below target (95%) but slightly above the same position for Q2 2022/23 (89.3%). This relates to 35 children requiring immunisation.

The health board has fallen to 2<sup>nd</sup> in Wales but remains higher than the All-Wales benchmark of 87.7%.

Issues

- Data on uptake is sourced nationally from the Child Health System whilst vaccination is undertaken by GP Practices and recorded on their information system. The Child Health System and GP database are not electronically linked, so information flow means that frequent data cleansing is required to ensure the Child Health System is up-to-date to reflect immunisation status for people who reside in Powys.
- Vaccination uptake in under 5-year-olds decreased during the pandemic
- Workforce challenges: Some practices have booking queues due to staffing and working pressures resulting in delays in timely vaccination. Small numbers will also have a greater impact on percentage uptake variation.
- Immunisation Coordinator post vacant from August 2023-Jan 2024
- Data is showing variation in uptake across Powys at cluster level, with the north cluster having the lowest uptake during the quarter.

Actions

Recovery by

Q3 24/25

- Enhanced COVER surveillance continues, focussing on pre-school age (up-to-date by age 4), which includes:
  - Data cleansing
  - Enhanced monitoring of practice queues lists
  - Rolling enhanced monitoring pre-school lists
  - Encouraging GPs to offer unscheduled vaccinations for other missed vaccinations
  - Supporting Health Visitors to follow up where children have missed their vaccinations – Standard Operating Procedures (SOP) now ratified and in use.
- SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations.
- An equity review is being undertaken to identify areas of low uptake and any barriers to vaccination to inform targeted actions.
- New Immunisation Coordinator in post from Jan 2024.

Mitigations

- Ongoing support for Primary Care with queues list monitoring and prompting to review lists. MMR Catch-up linked to school-aged uptake being planned.
- Rolling enhanced surveillance of pre-school vaccination
- Primary Care SOP developed to ensure timely return of Childhood Immunisation clinic lists from Primary Care to Child Health Department.
- Health Visitor SOP developed for Health Visitor Caseload: Follow up of Preschool Children Outstanding Routine Immunisations.
- New Immunisation Coordinator in post, this will ensure consistency with monitoring data.

Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 4

Powys as a provider



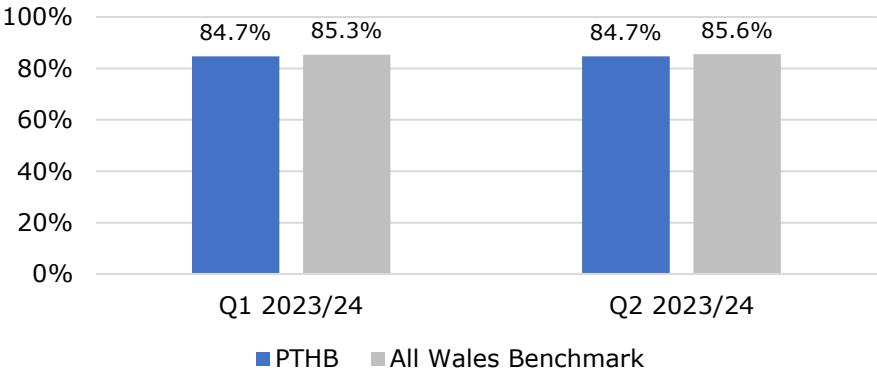
Vaccinations – Percentage of girls receiving Human Papillomavirus (HPV) vaccination by age 15

New measure for 2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Q2 2023/24		
Reported performance	84.7%	All Wales benchmark	5 <sup>th</sup> (85.6%)*
Target	90%		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	

Percentage of girls receiving the HPV vaccination by age 15



**What the data tells us**

The health board reports 84.7% against the new 90% target for HPV vaccinations by age 15, this performance is slightly below the All-Wales benchmark of 85.6% (ranked 5<sup>th</sup>).

Previous HPV reporting has been for all children ages and routinely Powys have been around the 75 to 80% uptake, usually achieving higher than the Welsh benchmark.

Issues
<ul style="list-style-type: none"><li>Recent press reports around the change of the vaccination schedule and some of the negative press relating to the HPV vaccine.</li></ul>

Actions	Recovery by	Awaiting further data
<ul style="list-style-type: none"><li>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.</li><li>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.</li></ul>		

Mitigations
<ul style="list-style-type: none"><li>New single dose vaccine is being implemented from academic year 2023/24 which should improve uptake further.</li></ul>

Healthier Wales Quadruple Aim 1

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

New measure for  
2023/24

Executive lead	Executive Director of Public Health	Officer lead	Consultant in Public Health	Strategic priority
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Latest available	Dec-23		
Reported performance	68.0%	All Wales benchmark	5 <sup>th</sup> (70.4%)
Target	75%		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		

Issues

- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.

Actions	Recovery by	Not applicable
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- GP led clinics organised across Powys for eligible residents by GP Practices.
- Pharmacy flu clinics also available in many communities across Powys.
- Public Health Wales led communication campaign, supported by local communications team through health board channels, amplified through local networks.
- Flu vaccine offered through Vaccination Centres from January 1<sup>st</sup> onwards.
- Additional targeted support provided to GP Practices including booking support to increase uptake further.

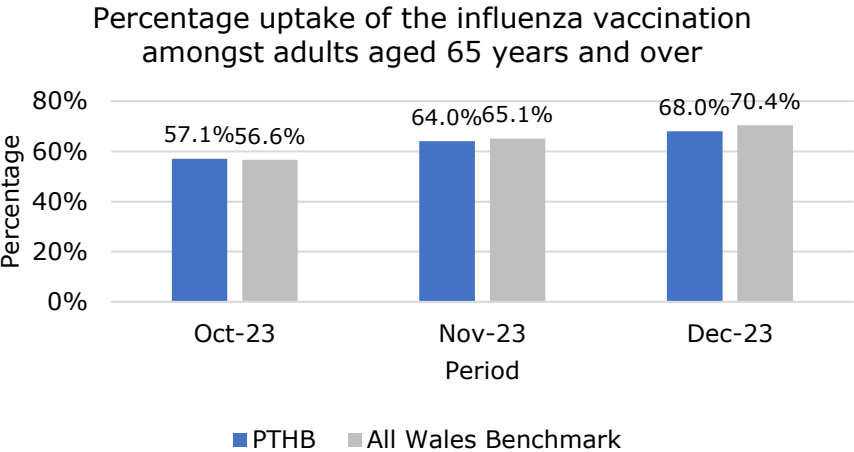
Mitigations

- Continued monitoring of uptake, and engaging with those GPs to encourage further sessions, drop-ins and mop up clinics.

What the data tells us

The reported position in December for the uptake of influenza vaccine has increased by 4% to 68.0% for PTHB. To note this is a cumulative measure and to match 2022/23 uptake a further 5.8% of eligible population require vaccination.

PTHB ranks 5<sup>th</sup> against the All-Wales benchmark of 70.4%

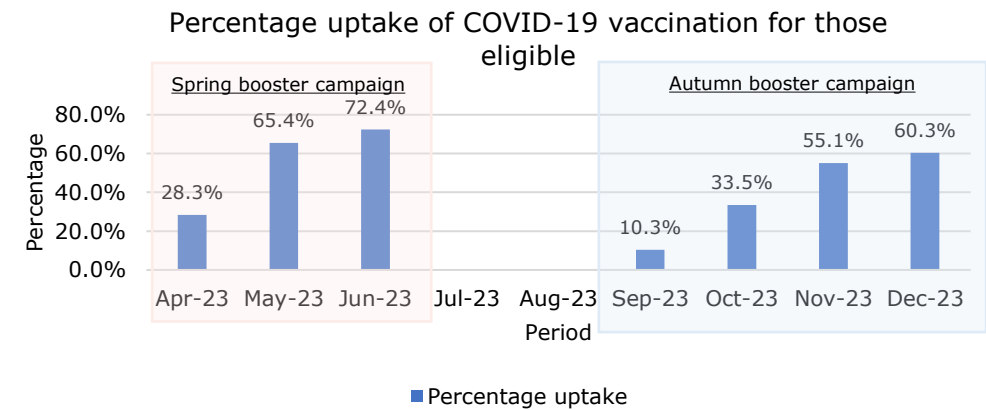




Vaccinations – Percentage uptake of COVID-19 vaccination for those eligible

Executive lead	Executive Director of Public Health	Officer lead	Programme Manager - Vaccination	Strategic priority
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Latest available	Dec-23		
Reported performance	60.3%	All Wales benchmark	1 <sup>st</sup> (51.4%)
Target	75% by end of autumn campaign		
Variance	N/A		Exception
Data quality & Source	Welsh Government Scorecard		



What the data tells us

Autumn booster campaign

Powys Teaching Health Board (PTHB) is again leading Wales in the vaccination of eligible citizens during the Autumn/Winter 2023/24 COVID-19 booster campaign. The campaign started on 11<sup>th</sup> September 2023 and runs until 31<sup>st</sup> March 2024. Health Board performance is reported at 60.3% (December) and should increase month on month until the end of the current campaign.

The All-Wales benchmark for the same period is 51.4% and PTHB ranks 1<sup>st</sup>.

Spring booster campaign

Powys Teaching Health Board lead Wales in the vaccination of eligible people for the Spring COVID-19 booster campaign. As of June 2023, 72.4% were reported to have been vaccinated close to the 75% cumulative target for this campaign.

Issues

- Data on COVID-19 Vaccination uptake is sourced from PHW surveillance data, which is based on total eligible population, this doesn't take into account those who have opted out of vaccination, and therefore are not included in invitations for a booster
- There was a National delay in carrying out data cleansing exercises for the Immunosuppressed cohorts (delayed from 8<sup>th</sup> May until 16<sup>th</sup> June 2023). This led to complexity around invitations for the immunosuppressed groups in the Spring Campaign.
- Vaccination Service underwent an organisational change process (OCP) process between February and May 2023, which directly impacted the workforce. Workforce on Fixed Term contracts until March 2024, impacting on recruitment challenges.
- Vaccination Service OCP and reduction in funding has led to a reduction from 3 vaccination centres to 2, meaning that there is a need for the population to travel further to receive their vaccination.
- Four nation concern over new BA.4.86 variant impacted on late change and logistical implications in Health Boards delivery plans for the Autumn/Winter 2023/24 Campaign.
- Vaccine fatigue anecdotally reported across Wales which is reflected in uptake rates.

Actions	Recovery by	Not applicable
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- Thorough cleansing of priority groups over the summer to ensure denominators are more accurate going into the Autumn Booster Campaign.
- Clinical team carrying out targeted interventions for the immunosuppressed group to counsel on the importance of taking up vaccinations.
- Ongoing work to support care homes with completing the correct paperwork for vaccination prior to vaccination teams visiting care homes in the Autumn Campaign.
- Increase local clinics to offer more access to vaccinations in targeted communities, utilising PTHBs community hospitals.
- Hybrid approach to GP clinics, with the vaccination team undertaking booking and call handling, with the GP practice delivering clinics.
- Active offers to eligible citizens who have not completed their primary course to increase the number of citizens in each cohort who will be eligible for a booster vaccination.
- Thorough screening of approximately 6,000 citizens who have previously "opted out" of vaccination but who are eligible for a vaccination during this campaign.

Mitigations

- Primary course is being reduced from 2 doses to a single dose (2 doses for immunosuppressed) which will allow us to invite a larger proportion of the population for a booster during the Autumn Campaign.




Healthier Wales Quadruple Aim 1

Access & Activity

NHS Performance Measure – 7

Powys as a provider

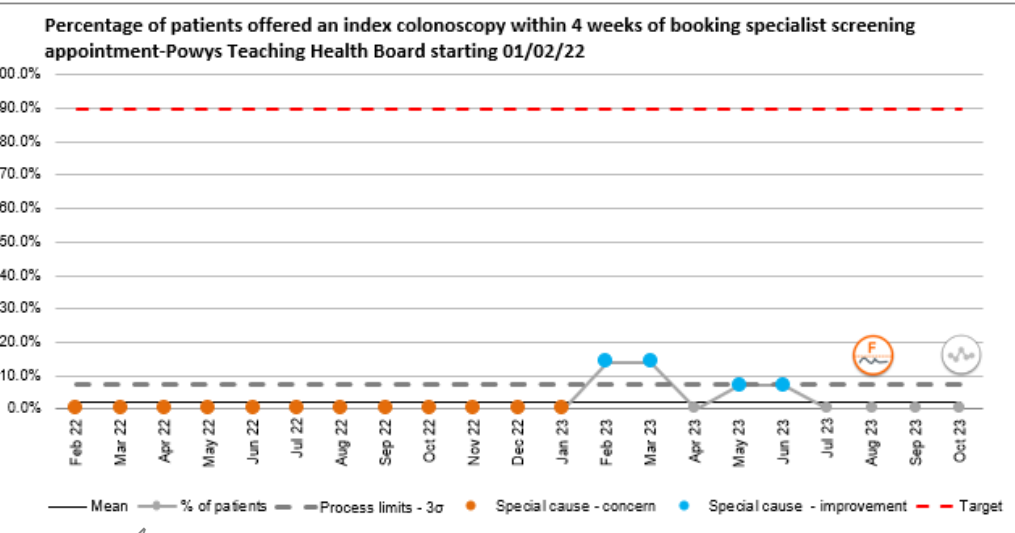


Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

New measure for  
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Officer lead	Senior Manager Planned Care	Strategic priority
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Latest available	Oct-23
Reported performance	0.0% All Wales benchmark 7 <sup>th</sup> (28.3%)
Target	90%
Variance	Common cause Escalated
Data quality & Source	Welsh Government Scorecard



**What the data tells us**

Powys performance against this measure is challenged reporting 0.0% in October 2023, All Wales performance is also significantly challenged against this measure.

Due to poor performance compliance this metric has been escalated by the Powys Performance team.

Issues

- Key issues across Wales are linked to the capacity of Endoscopy and the ability to offer diagnostics in a timely manner against target.
- As a large area Powys residents will attend diagnostics following positive screening results outside of PTHB including cross border in English facilities.
- Powys is contracted to carry out Bowel Screening Wales (BSW) activity within its diagnostic/day case units.
- No health board in Wales meets required targets.
- Team leader recruitment under re-assessment following several unsuccessful recruitment rounds.
- Reliance of central capacity via BSW due to recruitment challenges, this capacity is at risk retraction of staff.

Actions

Recovery by

Timescale requested - PHW

- Regular meetings between local operational leads and the Bowel Screening Wales (BSW) team.
- Interim assistant medical director planned care working in partnership with Public Health Wales and clinical leads to review selection criteria and standard operating protocols for endoscopy including bowel screening.
- Requested capacity for bowel screening from commissioned health providers via the CQPRM.
- The Powys Performance team have escalated this new measure, with a remedial action plan requested. This plan will engage with both the provider and commissioner aspects of bowel screening in Powys.

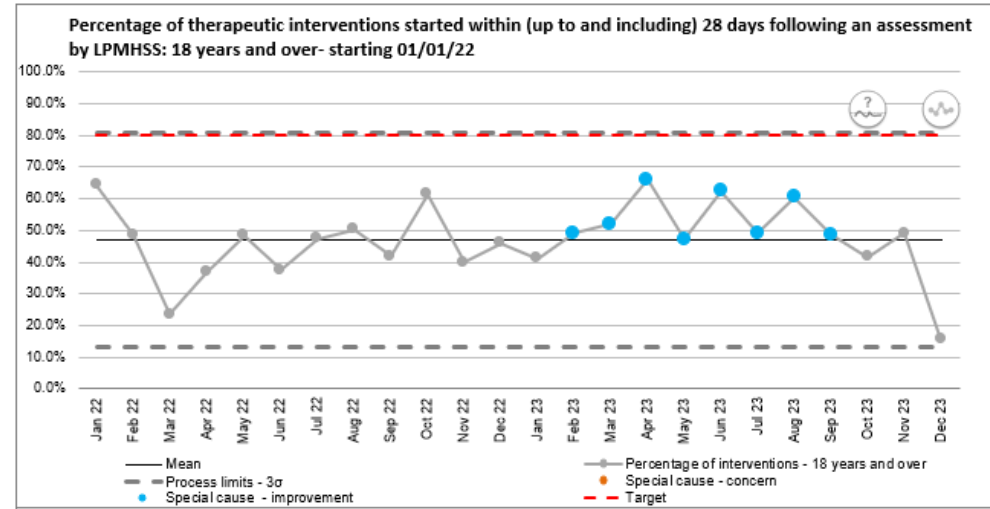
Mitigations

- 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.

**Mental Health Interventions** - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Dec-23		
Reported performance	15.6%	All Wales benchmark	6 <sup>th</sup> (76%)*
Target	80%		
Variance	Common cause		Escalation
Data quality & Source		PTHB Mental Health Service	



**What the data tells us**

- Health board performance for adult interventions has not met the required target of 80% reporting 15.6% in December.
- This measure remains challenging with reported common cause variation, it is unlikely that this measure will routinely meet the national target without intervention and has been **escalated**.
- PTHB ranks poorly, 6<sup>th</sup> against the All-Wales position of 76% for the November benchmark snapshot available.
- Data quality and timeliness continue to be a challenge for the Mental Health submissions with regular retrospective change/validation.

Issues		
<ul style="list-style-type: none"><li>• Inconsistent data capture across the teams has led to problems with accuracy but this has now been resolved.</li><li>• Data entry is duplicated on Welsh Community Care Integrated System (WCCIS) and Welsh Patient Administration System (WPAS) with some teams delaying entry on the one system, this backlog causes inaccurate data capture. Deficits in admin capacity in South Powys Local Primary Mental Health Service (LPMHSS) due to sickness has deteriorated again and created a greater backlog.</li><li>• Work to ensure practices are fully standardised across Powys are ongoing and alignment with <a href="#">Matrics Cymru</a> stepped care model is a longer-term action within the remedial plan.</li></ul>		
Actions	Recovery by	By end of 2024/25

- Recovery and Development Plan being implemented; Actions include;
  - A standard operating procedure (SOP) has been put in place to ensure consistent data capture and align capture of workflow across all areas with weekly touch points arranged to monitor consistency of reporting. This establishes clear Referral to Treatment (RTT) criteria - Tier 1 (part 1b; 28-day RTT) vs Tier 2 (part 2; 26-week RTT) criteria to ensure clients are placed on the appropriate RTT waiting list.
  - Implement clear cancellation and DNA Policy and CBP/DNA rates (north and south).
  - Introduction of centralised W/L and allocation process with treatment in turn in south Powys.
  - Build resilience and flexibility in existing model Improve case management processes including sessional limit and introduction of job plans.
- This measure has been escalated following the internal Integrated Performance Framework performance and engagement meeting with key service leads and clinical staff. A service recovery plan is in place and will be converted into a remedial action plan for Executive review and engagement.
- Temporary admin support to increase capacity and reduce backlog has been put in place.

Mitigations and further information continues [next page](#).

**Mental Health Interventions** - Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged 18 years and over

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Mitigations

- We reported last month that we expected our Part 1b performance to improve but this may be temporarily affected by the implementation of the Standard Operating Procedures (SOP) the decline to 15.6% is the effect. Please see below for more detail \*.
- As mentioned under issues section above, the remedial plan includes a review of current service model against Matrics Cymru stepped care approach, longer term plans to implement actions from review of use of 3rd sector, Silvercloud (Inc. blended), Psychology and alternative sources of mental health support / talking therapies and explore feasibility of pan-Powys online psychological groups.
- A Service Manager position has been put in place to cover LPMHSS and psychology service Pan Powys (Full Time Equivalent to end of March).

\*SOP details, revised data and effect on reported performance

The new reporting and recording protocol gives a more accurate understanding of performance against our part 1a (assessment) and part 1b (intervention) targets for the first time. This has identified a backlog of part 1a assessments and a recovery plan is now in place to address this, including:

- a new centralised allocation process for mental health assessments.
- job planned assessment clinics for mental health assessments.
- utilising 'capacity flex' to help address the backlog.

Reviewed data Part 1a (assessments)

We currently have **98 clients on our 1a waiting list** for a MH assessment in LPMHSS.

- 15 patients have already had an assessment and as such are over reporting the current wait position (will be removed from list).
- Projections indicate an improvement in our Part 1a position by end February followed by a recovery (80% seen within 4 weeks of referral) by end March and then sustained recovery thereafter (maintenance target of 90% seen within 4 weeks of referral).

Reviewed data Part 1b (interventions)

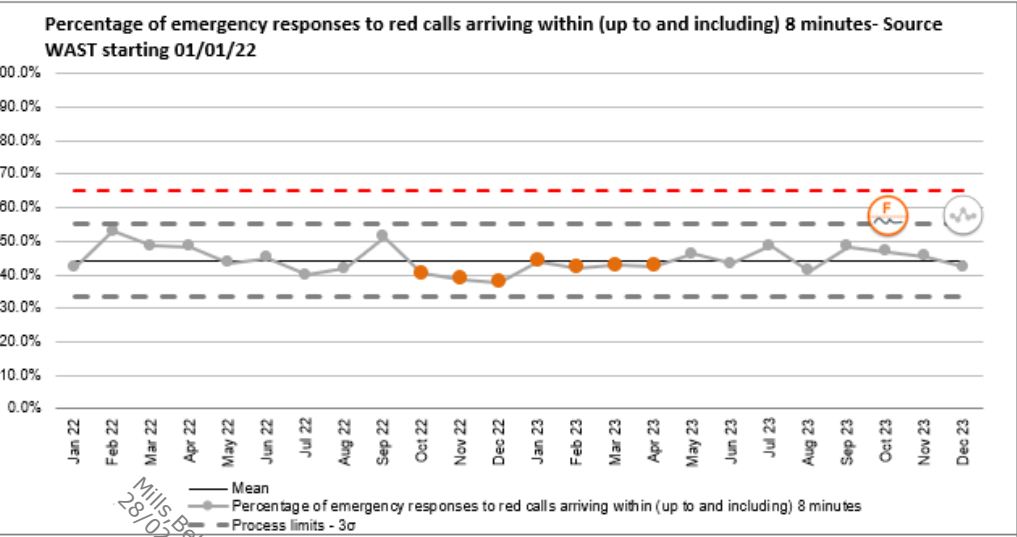
Following extensive and focused intervention, validation and caseload management, we currently have **32 clients on our 1b waiting list**.

- Half of these have already commenced an intervention and as such are over reporting the current wait position (will be removed from list)
- Of the remaining, 25% have a follow up appointment booked.
- And a further 25% are waiting to commence an intervention.
- We project a significant improvement in our Part 1b position by the end of January followed by continued improvement in February and recovery (80% seen within 4 weeks of assessment) by the end of March.

**Red Calls-** Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Dec-23		
Reported performance	42.4%	All Wales benchmark	6 <sup>th</sup> (48.9%)
Target	65%		
Variance	Common cause		Exception
Data quality & Source		WAST	



**What the data tells us**

- The reported performance in December has dropped to 42.4% compliance for the 8-minute emergency response target for red calls.
- Performance is common cause variation remaining below the 24-month average in December 2023.
- PTHB ranks 6<sup>th</sup> but the All-Wales position for the same period is also poor at 48.9%

**Issues**

- This is a commissioned service by the health board, as such Powys has limited actions available to resolve issues.
- Handover delays at Accident & Emergency (A&E) sites especially Wrexham Maelor, Morriston, Glangwili, Prince Charles Hospital, and the Grange are increasing the time ambulance crews are spent static as opposed to quick turnaround times.
- Impact of Covid 19 and industrial action during this period continues to cause significant impact on staff availability and rotas.
- Delayed discharges - for patients declared medically fit for discharge (MFFD) the number occupying hospital beds slowing system flow.

Actions	Recovery by	Unavailable for this measure
<ul style="list-style-type: none"><li>• All hospital providers running A&amp;E services have been asked to improve flow so that ambulance turnaround times can be improved.</li><li>• All Wales urgent care system escalation calls being held daily (often more than once per day).</li><li>• Health Boards asked to review Local Options Frameworks. Most Health Board who run acute services have now deployed elements of this service resilience option.</li><li>• Action has been taken to improve 'return to footprint' by Powys crews to increase capacity for calls in county.</li><li>• New national dashboard ongoing development to provide improved intelligence around challenge and hotspots.</li></ul>		

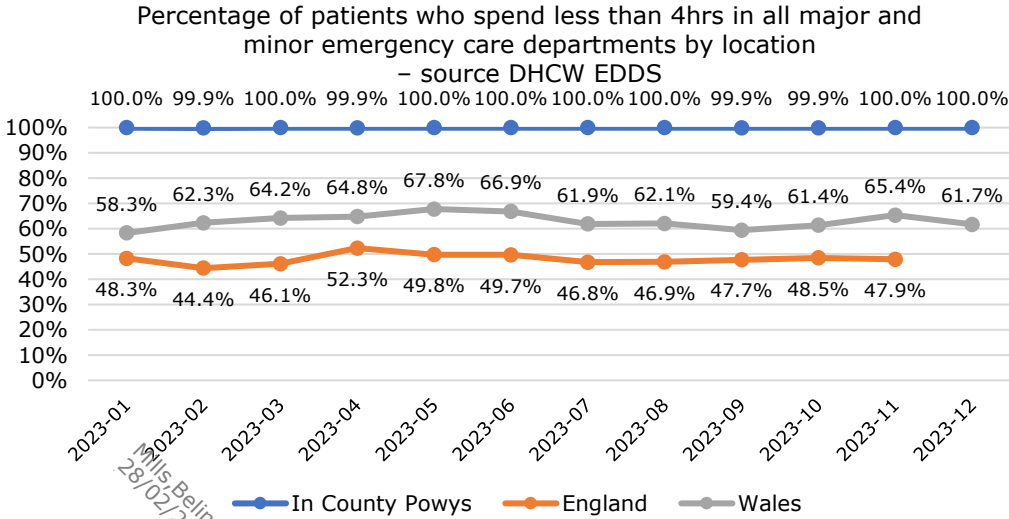
**Mitigations**

- Wider system calls being held daily with the aim to improve overall system flow.
- Engagement with the Ambulance Service to develop actions to reduce handover delays, including enhancement of current in-county pathways to reduce admission
- Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.

**Emergency Access** - Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Dec-23 (Nov-23 England)		
Reported performance	Pow – 100%	All Wales benchmark	1 <sup>st</sup> as provider (66.7%)
	Wal – 61.7%		
	Eng – 47.9%		
Target	Wales & England- 95%		
Variance	Powys – Common cause variation		Exception
Data quality & Source		DHCW EDDS	



What the data tells us

- Powys Teaching Health Board (PTHB) as a provider of care via MIU’s continues to provide excellent compliance in meeting the 4hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- PTHB residents in Welsh emergency units have had 61.7% compliance against the 4hr target in December.
- PTHB residents attending English emergency units see the longest wait with 47.9% (November 2023) meeting the 4hr target.
- PTHB ranks 1<sup>st</sup> in Wales against a 66.7% benchmark, however this is not comparable with no acute units within the provider.

Issues

- No issues with the Powys Minor Injury Units (MIU) currently reported.
- Powys residents attending English emergency departments generally wait longer to be seen.
- Key issues for acute care providers include high levels of demand with variance across sites.
- Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.

Actions

Recovery by

PTHB target met

- Reinstatement of Delivery Coordination Group from Q2 2023/24 to focus on key areas of challenge because of increasing pressure.

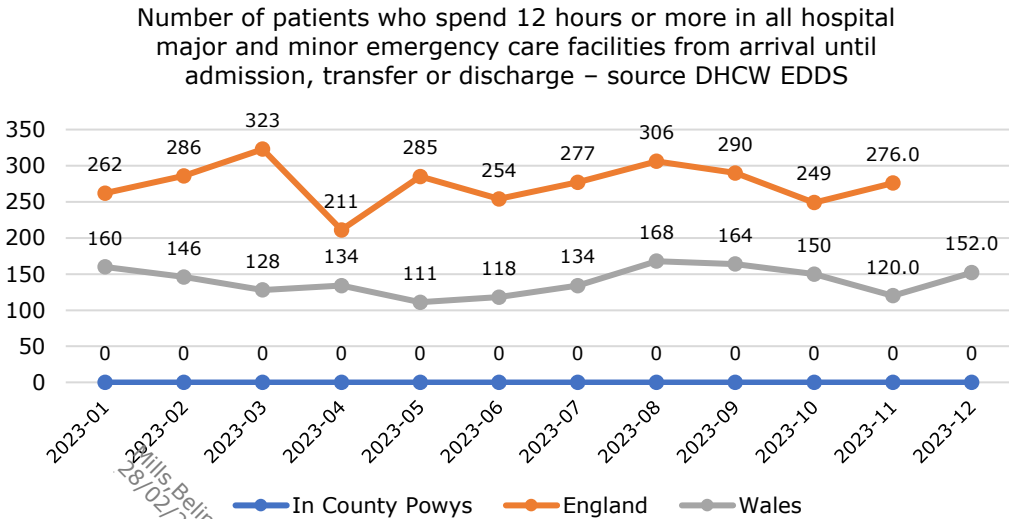
Mitigations

- Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.
- The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.

**Emergency Access** - Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Senior Manager Unscheduled Care	Strategic priority	11
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Latest available	Dec-23 (Nov-23 England)		
Reported performance	Pow – 0	All Wales benchmark	1 <sup>st</sup> as provider (9,635)
	Wal - 152		
	Eng - 276		
Target	Zero		
Variance	N/A		Exception
Data quality & Source			



What the data tells us

- Powys Teaching Health Board (PTHB) as a provider of care via MIU’s continues to provide excellent compliance in meeting the 12hr target. Performance is common cause variation, and the target has not been missed in at least 5 years of reporting.
- Welsh emergency departments are reporting an improvement when compared to 2022/23 and have also seen a slight improvement from November position.
- English emergency departments are reporting a slight increase in November in the number of 12hr breaches.
- PTHB ranks 1<sup>st</sup> in Wales against a 9,635 total breaches benchmark, however this is not comparable with no acute units within the provider.

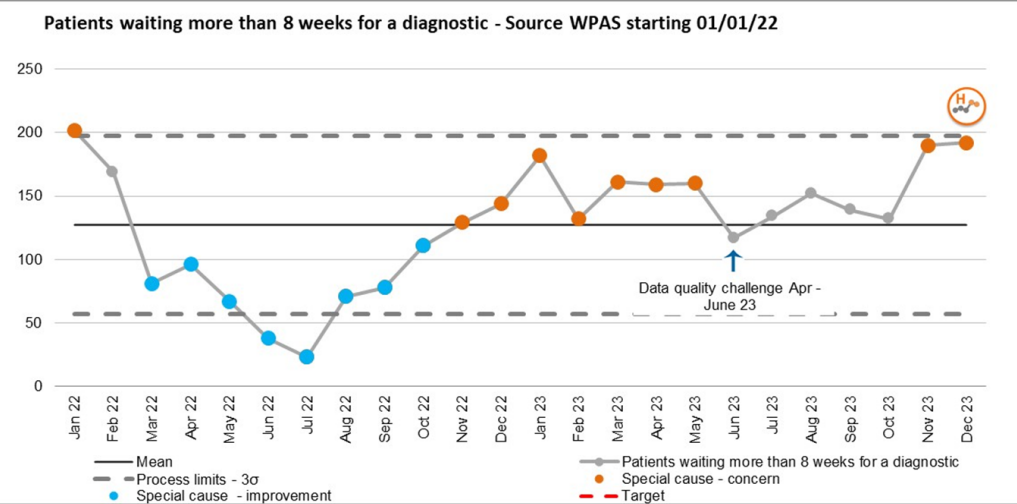
Issues		
<ul style="list-style-type: none"><li>No issues with the Powys MIU’s currently reported.</li><li>Significant performance variance by provider/unit attended.</li><li>Key issues for acute care providers include high levels of demand with pressure currently building into autumn.</li><li>Discharge speed for patients effecting the hospitals flow and resulting emergency department congestion.</li></ul>		
Actions	Recovery by	PTHB target met
<ul style="list-style-type: none"><li>Powys as a provider monitors acute providers with daily updates from England and national daily workstream within Wales.</li><li>The provider aim to repatriate patients as soon as possible where appropriate to reduce bed blocks in acute providers.</li></ul>		
Mitigations		



Diagnostics - Number of patients waiting more than 8 weeks for a specified diagnostic

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Dec-23		
Reported performance	192	All Wales benchmark	1 <sup>st</sup> (47,231)*
Target	PTHB trajectory target <50		
Variance	Special cause concern		Escalated
Data quality & Source		WPAS	



What the data tells us

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

- The health board has reported 192 breaches in December 2023, 92 breaches are for Echo Cardiograms, 49 within Endoscopy, and 81 reported for Non-Obstetric Ultrasound.
- This measure has not met the PTHB submitted trajectory and remains **escalated**.

Issues

- Non-Obstetric Ultrasound (NOUS)**
- North Powys continues to have an in-reach challenge from BCUHB, this is a result of an alternating radiologist specialist e.g., intermittent capacity as a result of only being able to provide alternate specialty for "lumps & bumps" vs Musculoskeletal (MSK).
  - South Powys have a similar challenge with SBUHB effecting capacity type and resulting breaches.
- Cardiology**
- Cardiology (Echo Cardiogram scans) remain under pressure in South Powys, due to in reach fragility (Aneurin Bevan University Health Board) and increasing demand

Actions	Recovery by	NOUS - Q4 (but at risk) Echo Cardiogram - Q4
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- Non-Obstetric Ultrasound (NOUS)**
- Remedial action plan undertaken 6/9/23, recovery on-track but still fragile for Q3/Q4.
  - Use of agency for breaching patients.
  - Urgent referrals are routed to acute providers.
  - Demand and Capacity workstream to assess system efficiency and implement improvements.
  - PTHB have appointed own Sonographers.
  - Training of sonographer underway for "lumps and bumps".
  - Radiology data quality reporting challenge resolved from 31/07/2023 waiting list snapshot.
- Cardiology – (Echo Cardiogram)**
- Working with in-reach to review capacity due to changes in clinical practice (escalated via CQPRM).
  - Development of clinical waiting list validation within reach clinical team – On-going
  - Roll –out of GPSI cardiology transformation programme into South Powys, implementation plan in place – start TBC.
  - Data quality challenge with echo-cardiogram reporting has been resolved since the 31/12/2023 waiting list snapshot.

Mitigations

- Non-Obstetric Ultrasound (NOUS)**
- Continuous monitoring of waiting list.
- Cardiology**
- Escalated via CQPRM, capacity shortfall escalated as part of in sourcing proposal.

**Diagnostics** – Number of patients waiting more than 8 weeks for a specified diagnostic (Endoscopy specific narrative)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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What the data tells us

When looking at Endoscopy specifically breaches have decreased from the previous month (42) with 19 patients now breaching target in December.

Issues		
<ul style="list-style-type: none"><li>In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.</li><li>General surgery capacity does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer is prioritised.</li><li>Colonoscopy capacity is insufficient without supplementary insourcing.</li><li>Bowel screening (BS) Faecal Immunochemical Test (FIT) test changes from Oct-22 have increased demand.</li><li>Reliance of central capacity via Bowel Screening Wales (BSW) due to recruitment challenges, this capacity is at risk retraction of staff.</li><li>Delays in District General Hospitals (DGH diagnostics, especially Histology/Pathology risk timeliness of pathways including USC.</li><li>The assurance inspection and accreditation of second site in Powys involves detailed service planning and process review and will require evidence of strengthened medical leadership and decontamination compliance to meet assurance requirements.</li><li>Upcoming Industrial action 21<sup>st</sup> February (72hrs), and 25 March (36 hrs).</li></ul>		
Actions	Recovery by	Backlog recovery potential by Mar-24 if insource capacity confirmed.
<ul style="list-style-type: none"><li>Additional capacity has recommenced via insource from November 2023 to support backlog clearance for both outpatients and diagnostic general surgery.</li><li>Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology &amp; pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).</li><li>Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits).</li><li>Mutual aid and offer of repatriation still open for gastro patients from Wye Valley NHS Trust to Llandrindod Wells Hospital (ongoing with ABUHB support).</li><li>Trans nasal endoscopy (TNE) standard operating procedure awaiting approval, specialist equipment acquisition underway, clinical specialist training underway with regional workstream. TNE in Llandrindod Wells has been delayed to the end of Q4 2023/24, awaiting ratification of clinical protocols.</li><li>Start of sponge capsule (cytosponge) from 2<sup>nd</sup> October in PTHB as enhanced diagnostic improving patient experience and reducing demand on staffing resource. Feedback so far has been excellent from both staff and patients.</li><li>Remedial action plan in place and under regular review to enhance scrutiny and support of challenge, this action plan however is for general surgery specialty which is key demand driver/in-reach specialty for endoscopy in south Powys.</li><li>Review of standard operating procedures (SOP's) and related documentation with an aim for service improvement &amp; efficiencies.</li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>Rolling programme of clinical and administrative waiting list validation.</li><li>Additional in-sourcing capacity requested but awaiting financial package confirmation to allow utilisation.</li><li>Working at Regional level to support service sustainability offering estate capacity endoscopy suite as part of regional solution mutual aid</li><li>Powys physical capacity (treatment rooms) offered as part of mutual aid for regional solutions.</li><li>PTHB has improved capacity for Gastroscopy following training of JAG accredited clinical endoscopists.</li><li>Recruitment complete for 8b Senior clinician theatre endoscopy.</li><li>Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP's with the aim of improving service methods and efficiencies.</li></ul>		

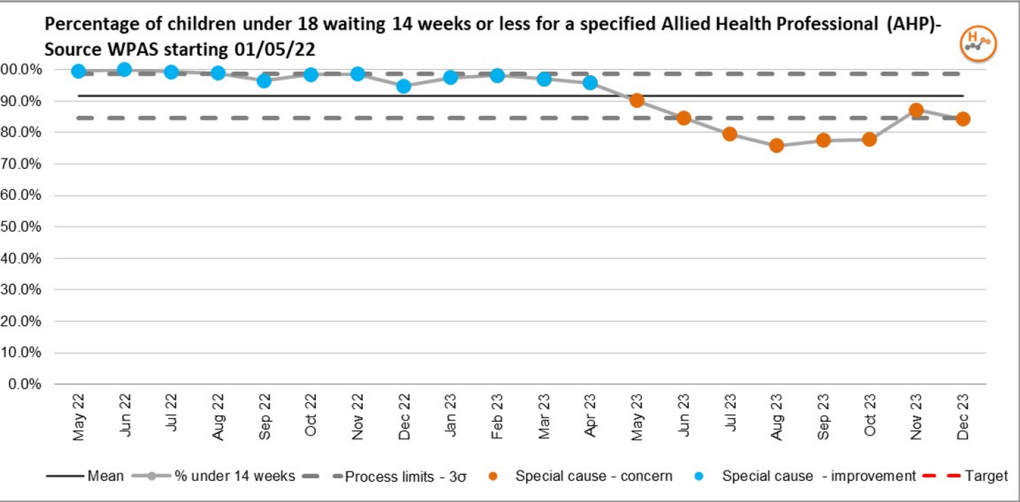


Percentage of children under 18 waiting 14 weeks or less for a specified Allied Health Professional (AHP)

New measure for  
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Nov-23		
Reported performance	84.2%	All Wales benchmark	*3rd (84.4%)
Target	12-month improvement trend		
Variance	Special cause - concern		Escalated
Data quality & Source		PTHB Information team (IFOR)	



What the data tells us

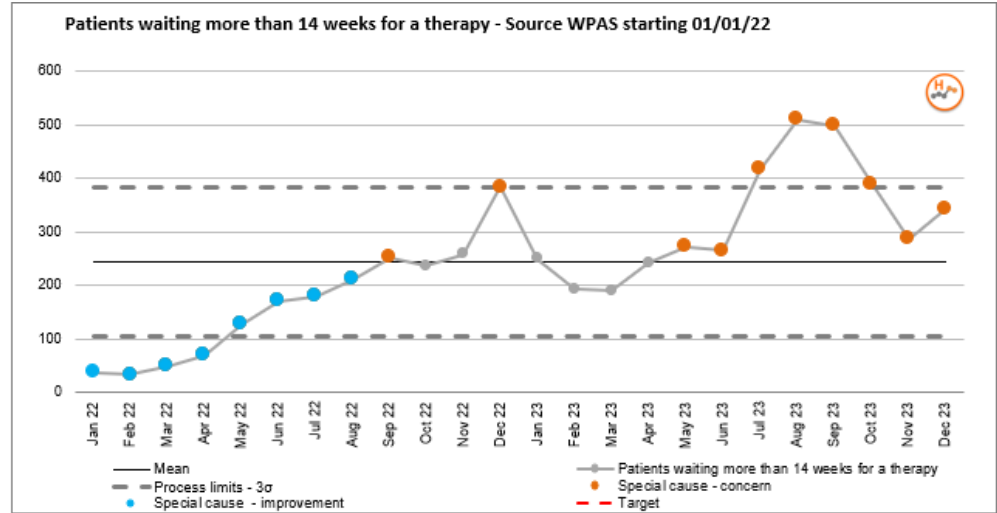
- The percentage of young people (<18s) who are waiting under 14 weeks for a specified allied health professional (AHP) has improved but does not meet the 12-month improvement trend reporting 84.2% in December.
- This measures has been **escalated** from Month 6 as part of the larger therapies escalation as confirmed with service leads.

Issues	
<ul style="list-style-type: none"><li>Majority of breaches are within speech and language therapy linked to the key challenges:<ol style="list-style-type: none"><li>Significant staffing vacancy.</li><li>Previously unrecognised backlog of long waiting patients.</li><li>High caseload demand.</li></ol></li><li>General challenge of staffing and sickness across all therapy's specialties.</li></ul>	
Actions	Recovery by <b>March-24</b>
<ul style="list-style-type: none"><li>Remedial action plan undertaken by services for escalation as required.</li><li>New standard operating procedure in place (SOP) to improve service processes.</li><li>Demand and capacity work is being undertaken to improve flow.</li><li>Recruitment plans underway:<ol style="list-style-type: none"><li>3x 1.0 Whole time equivalent (WTE) band 5 staff now commenced.</li><li>1.2 WTE band 3 staff has started and are supporting delivery of therapy.</li><li>Team working in more defined episodes of care to reduce cases open for extended periods of time.</li></ol></li></ul>	
Mitigations	
<ul style="list-style-type: none"><li>Parents/carers have been offered to attend training/education (which is part of the pathway) whilst on the waiting list (Waiting well) following triage so they can start to implement strategies.</li></ul>	

Number of patients waiting more than 14 weeks for a specified therapy (Inc. Audiology)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Dec-23		
Reported performance	343	All Wales benchmark	2 <sup>nd</sup> (11,467)*
Target	PTHB Trajectory – 0 (Dec-23)		
Variance	Special cause concern		Escalated
Data quality & Source		PTHB Information warehouse	



What the data tells us

- 343 patients breached the 14-week target in December.
- The SPC chart continues to flag special cause concern for the last 7 months.
- As the measure has not met the required target since December 2021 it remains **escalated** to Service & Executive lead.
- This measure does not meet the submitted trajectory of no breaches failing the ministerial priority target set by the health board.
- Key breaching specialties include adult audiology, adult physiotherapy, routine podiatry, and speech and language therapy.

Issues

- Musculoskeletal (MSK), Podiatry, and Speech and Language Therapy (SALT) all have severe challenges to workforce and resultant capacity. These workforce problems are caused by both vacancies and long-term sickness in key subspecialties.
- MSK pelvic health service provided by 2 clinicians (pan Powys) 1 clinician is currently unavailable due to long term sickness. Locum in place for virtual consultations
- Podiatry is challenged by 33% vacancy pan Powys impacting on capacity of service.
- Speech and Language unable to recruit or resource to support transgender/voice speech and language specialty.
- Follow-up (FUP) caseload backlog impacting on new booking capacity.
- Challenges with core reporting support escalated with Digital Transformation team.

Actions

Recovery by

Mar-24 (details in mitigations)

- Weekly management of waiting lists by Heads of Service.
- Remedial action plan templates completed for all challenge specs for escalated with significant improvement expected by March 2024.
- Additional locum to support MSK physiotherapy, and new graduate (now commenced September 2023)
- Caseload review across all therapies, each head of service to have plan in the Community Service Group (excluding Paediatrics OT/Physio) .
- Podiatry (clinical) has increased their clinical job plans from 1 sessions per week to 4 sessions a week which results in their operational management capacity being reduced – we are unable to recruit locum to vacancies at present in these areas
- SALT – Head of service reviewing on weekly basis. SALT –maternity leave in team, locum in place to cover; all long waits booked.
- Working with Robert Jones and Agnes Hunt NHS Trust to resolve Podiatric Surgery challenge.

Mitigations

Improvement planned for full recovery by \*Mar-24

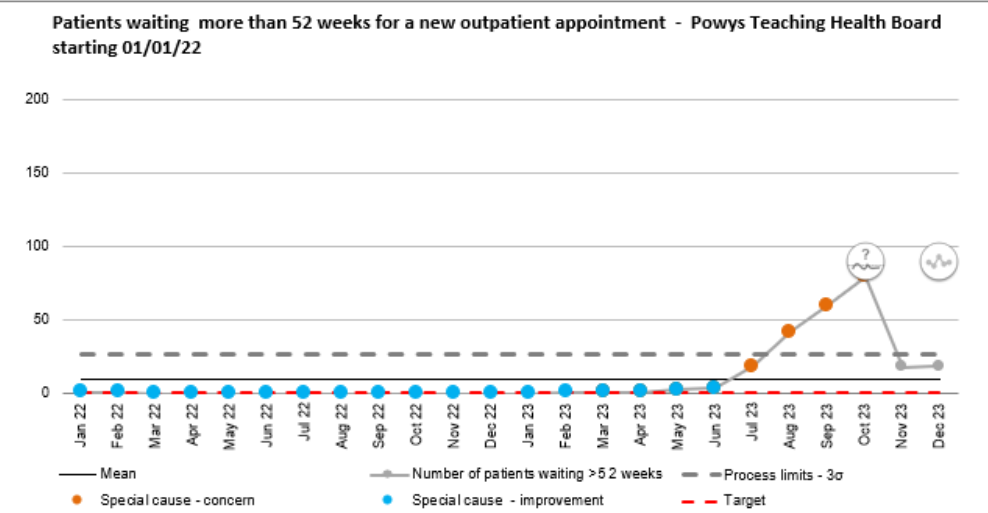
- MSK physiotherapy planned Q3 23/24
- Podiatry planned Q4 23/24
- Speech and language therapy Q4 23/24

\*Projections are based on recruitment plan/return to work, and that no other incidents of long-term sickness or maternity leave occur which results in capacity challenge/gaps in service.

New Outpatient – Number of patients waiting over 52 weeks for a new outpatient appointment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Dec-23		
Reported performance	19	All Wales benchmark	2 <sup>nd</sup> (53,918)*
Target	PTHB Trajectory – 0 (Dec-23)		
Variance	Common cause		Escalated
Data quality & Source		DHCW	



What the data tells us

- Powys as a provider remains of target for December reports 19 pathways waiting over 52 weeks for a new outpatient appointment.
- This measure reports common cause variation for December with breach numbers remaining within control limits
- This measure breaches the Powys set trajectory for 2023/24 of zero patients waiting for a new outpatient appointment over 52 weeks and remains **escalated**.

Issues

- Specific issues for the Rheumatology breaches include increased demand from long COVID-19, consultant availability as a result of short notice in-reach fragility (patient was not suitable for alternative e.g., specialist nurse attendance or virtual solution).
- Ongoing risk of fragile in-reach consultant led pathways within the provider, General Surgery is particularly fragile with significant capacity deficit.
- Increased demand of urgent and urgent suspected cancer referrals impacting on routine referrals especially in General Surgery, this short fall of capacity will cause significant challenge in meeting planned care measures.
- Upcoming Industrial action 21<sup>st</sup> February (72hrs), and 25 March (36 hrs).

Actions	Recovery by	Backlog recovery potential by Mar-24 if insource capacity confirmed.
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- Additional capacity has recommenced via insource from November 2023 to support backlog clearance for key challenge specialties.
- Review of inter provider pathways with CTMUHB around general surgery, endoscopy and USC pathways commenced Q1 2023/4.
- In reach service fragility and capacity issues flagged via CQPRM.
- Progressing additional in reach support with Commissioning.
- Baseline assessment review of PTHB services against GIRFT OP recommendations undertaking with implementation plan under development.
- OPD reviewing use of virtual Age-Related Macular Degeneration (AMD) group clinics
- Remedial action plan templates created for senior escalation on key challenged specialties.
- [Data quality challenge has been resolved from the 31/12/2023 waiting list snapshot and subsequent submission.](#)

Mitigations

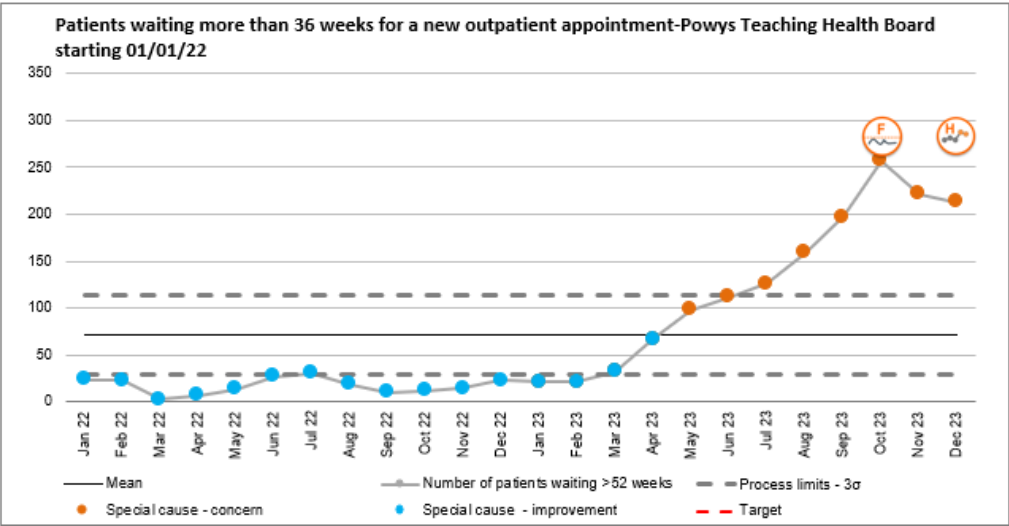
- Outpatient transformation focussing on MDT approach to ensure patient seen at right time by right PTHB clinician – to support improvements in access times, care closer to home, environmental impact less miles travelled.
- Utilising in reach to support capacity shortfalls in oral surgery & general surgery.
- Reviewing use of see on symptoms (SOS)/ patient-initiated follow-ups (PIFU) across specialties.
- Managing service level agreements for Planned Care via PTHB Commissioning assurance framework process within reach providers.
- Recruitment complete for 8b Senior clinician theatre endoscopy.
- Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP's with the aim of improving service methods and efficiencies.

New Outpatient – Number of patients waiting over 36 weeks for a new outpatient appointment

New measure for  
2023/24

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services	Strategic priority	5
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Latest available	Dec-23		
Reported performance	213	All Wales benchmark	1 <sup>st</sup> (109,598)*
Target	PTHB trajectory – 10 (Dec-23)		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- Reported performance in December has seen limited improvement with the number of patients waiting over 36 weeks for a new outpatient appointment reducing slightly to 213.
- This measures is flagging as **escalated** and is of special cause concern, it fails to meet the ministerial priority target of 15 or less breaches.

Issues

- In-reach clinician fragility resulting in service gaps and clinical handover challenges, this is caused by the retirement in Q2 2022/23 of Clinical Director, awaiting formal replacement proposal from Cwm Taf Morgannwg UHB (CTMUHB) as an outstanding risk to service.
- General surgery capacity even does not meet demand, routine and urgent pathways wait longer as Urgent Suspected Cancer (USC) prioritised to all available clinic/diagnostic appointment slots.
- Delays in DGH diagnostics (soft tissue & nerve conduction in particular). Histology/Pathology risk timeliness of pathways including USC.
- Other challenging specialties within the provider include ENT, Orthopaedics, Ophthalmology and Rheumatology due to increased demand/reduced capacity due to in-reach fragility or diagnostic requirements.
- In-reach Anaesthetics is a particular challenge with cover provided by in-source.
- Fragility of PTHB staffing and recruitment challenges nationally.

Actions	Recovery by	Backlog recovery potential by Mar-24 if insource capacity confirmed.
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- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTMUHB to address (awaited).
- Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
- Interim fixed term Assistant Medical Director Planned Care in post from 28th Sept 1 session per week now extended to the end of March whilst substantive position is re-advised subject to funding.
- Measure has been escalated and waiting list challenges raised via the revised Performance & Business group with remedial action plans in place.
- [Data quality challenge has been resolved from the 31/12/2023 waiting list snapshot and subsequent submission.](#)

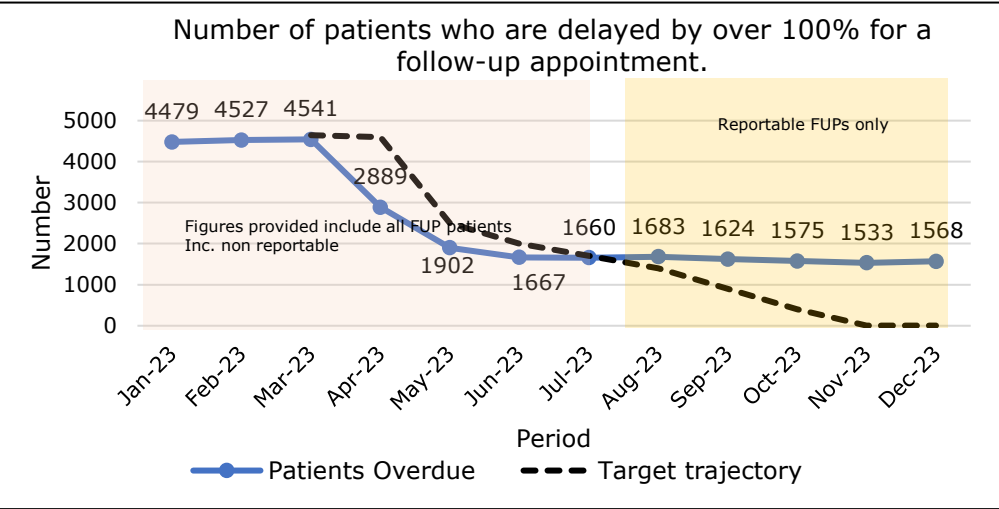
Mitigations

- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
- Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
- Senior Clinician Theatres/Endoscopy now in post from October 2023.

Follow Up Outpatient (FUP) – Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health*	Officer lead	Assistant Director of Community Services*	Strategic priority	5
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Latest available	Dec-23		
Reported performance	1568	All Wales benchmark	1 <sup>st</sup> (247,719)
Target	PTHB set trajectory target equal or less than 0 (Dec-23)		
Variance	N/A		Escalated
Data quality & Source		WPAS	



**What the data tells us**

- PTHB is reporting “reportable” only FUP’s to Welsh Government (WG) from April as required by the national measure. Prior to this figures reported to board included all FUP pathways overdue.
- It should be noted that the recovery trajectory was set for 2023/24 included all FUP’s within the calculation.
- This measure remains in an **escalated** state as not meeting the submitted trajectory of 0 for December and until the data quality issues are satisfactorily resolved.

\* This measure and they follow-up investigation, validation and recovery is currently led by the Interim Director of Performance & Commissioning and Director of Finance and ICT and Interim Deputy Chief Executive.

- Issues**
- Formal recovery trajectory set as part of the ministerial priorities to have no breaches reported by November 2023, this was an ambitious target and will not be achieved by March 2024, further escalation meetings planned Q4.
  - Capacity challenges Reporting was updated to use National teams digital reporting stored procedure which returned significantly more pathways 2021/22.
  - Digital & Transformation (D&T) team capacity limitations required Performance & Ops service lead Phase 1 validation to be undertaken without the closure/fixing of incorrect pathways (this left a significant number of pathways that could not be closed by the service due to system problems). Phase 2 validation supported by D&T was unable to start until circa 12 months later, ongoing phases of validation underway with services.
  - Ongoing incorrect reported volumes result in challenges for service demand planning.
  - Service capacity pressure prioritising urgent, and USC pathways, which in turn places pressure of compliance on routine and FUP pathways.
  - Clinical teams do not consistently use see on symptoms (SOS) and patient-initiated pathways (PIFU) which can result in overdue standard FUP pathways.
  - in planned care result in prioritisation of USC, urgent appointments with routine and FUP appointment timeliness impact.

- | Actions  | Recovery by | Nov-23 |
|--|-------------|--------|
| <ul style="list-style-type: none"><li>D&amp;T team completed Phase 4 validation with circa 200 further records cleansed. Phase 5 validation is currently underway with National digital team and PTHB Applications team.</li><li>Operational services continue to support the validation of records and provide challenge identification for the D&amp;T team to investigate.</li><li>Enhanced clinical support for consultants in outpatients to maximise SOS &amp; PIFU opportunities.</li></ul> |             |        |

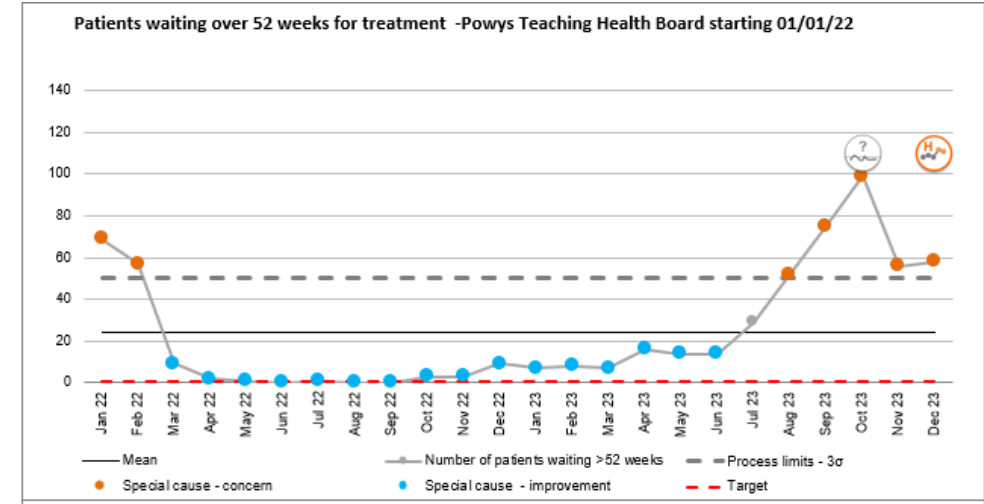
- Mitigations**
- Reportable waiting lists are clinically validated, and risk stratified in addition to administrative waiting list validation, this is carried out to reduce the risk to pathways.
  - Work with services during 2023/24 to implement the correct use of see on symptoms (SOS) and patient initiated FUP (PIFU) pathways to reduce the incorrect usage of a “standard” FUP pathway resulting in +100% waiters who are actually a PIFU.
  - Investigatory group for FUP validation meeting regularly with deep dive in quarter 4.



Referral to Treatment – Number of patients waiting more than 52 weeks for treatment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Dec-23		
Reported performance	58	All Wales benchmark	1 <sup>st</sup> (136,538)*
Target	PTHB Trajectory - 0		
Variance	Special cause - concern		Escalated
Data quality & Source		DHCW	



What the data tells us

- The health board has failed to meet the submitted trajectory of zero or less breaches in December with 58 patients waiting more than 52 weeks for treatment.
- The measure still reports special cause concern and performance remains above the upper control limit.
- As a ministerial priority that is not meeting the PTHB set trajectory it remains **escalated**.

- Issues
- In-reach clinician fragility and sustainability across Planned Care specialties managed via PTHB Commissioning Assurance Framework.
  - Delays in DGH diagnostics (soft tissue & nerve conduction in particular) Histology/Pathology risk timeliness of pathways including USC.
  - In-reach Anaesthetics is a particular challenge with cover provided by in-source
  - Fragility of PTHB staffing and recruitment challenges nationally
  - Industrial actions during 2023/4 planning for Feb/Mar 24 on-going.

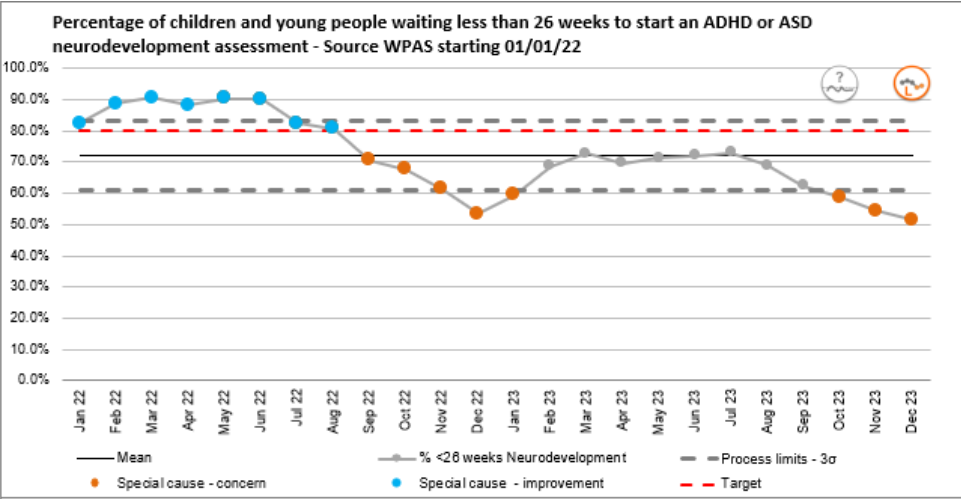
- Actions
- Recovery by
- Backlog recovery potential by Mar-24 if insource capacity confirmed.
- Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology & pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTM to address (awaited).
  - Any patients requiring urgent treatment are transferred to DGH urgent pathways if immediate lists are not available in PTHB.
  - Capacity requirements provided for insourcing consideration corporately Q1 2023/4
  - Recruitment to Clinical Director Planned Care new medical leadership post revised timeline now Q4 2023/24
  - Measure has been escalated and waiting list challenges raised via the revised Performance & Business group with remedial action plans created.
  - [Data quality challenge has been resolved from the 31/12/2023 waiting list snapshot and subsequent submission.](#)

- Mitigations
- Improvement work to manage waiting lists in line with the National Planned Care Programme Outpatient Transformation , Speciality Clinical Networks and Regional Programmes continues with activity levels closely monitored locally via the daily review of patient lists and weekly RTT meetings.
  - Standard Operating Procedures (SOPS) continually reviewed in line with updated Royal College, PHW and national guidance.
  - Recruitment complete for 8b Senior clinician theatre endoscopy.
  - Interim fixed term Assistant Medical Director Planned Care currently reviewing SOP's with the aim of improving service methods and efficiencies.
  - Enhanced PTHB Clinical Leadership supporting service reviews

**Neurodevelopment (ND) Assessment** – Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Women’s and Children’s	Strategic priority	10
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Latest available	Dec-23		
Reported performance	51.5%	All Wales benchmark	1 <sup>st</sup> (27%)*
Target	80%		
Variance	Special cause - concern		Escalation
Data quality & Source		WPAS	



What the data tells us

- Performance for neurodevelopmental assessment has fallen to below the lower control limit in December (51.5%), as noted per month 7 snapshot without recovery the service performance has been escalated in line with the Integrated Performance Framework process following discussion with service lead.
- Performance is flagged as special cause concern
- PTHB continues to benchmark positively against the All-Wales position.

Issues

- Referral demand on service has changed significantly post COVID. Analysing referral data shows a significant increase of **83.3%** between 2021/22 and 2022/23 financial year, and when comparing like for like referral demand for Q1 – Q3 2022/23 and 2023/24 shows a further **23.2%** increase in total referrals placing the service resource under extreme capacity pressure.
- From April 2022 the ND service has been in receipt of non-recurrent funding via the Regional Partnership Board's (RPB) Revenue Integration Fund (RIF) (2022-26) plus Welsh Government Neurodivergence monies (2022-25), all of which is supporting temporary staff to address the RTT and waiting list backlog.
- The Referral To Treatment (RTT) time position, and the 'Assessments in progress' backlog has not reduced as anticipated due to the overwhelming referral demand and deficient workforce.
- Given the consistent increase in referral demand since June 2021, ND waiting lists have not been addressed to a satisfactory position as of 31<sup>st</sup> December 2023.

Actions

Recovery by

Linked to business case approval

- As a result of continued demand pressure, the Neurodevelopment service is prioritising patients waiting for first appointment, and those patients whose assessment is in progress.
- As part of the Powys Integrated Performance Framework approach the Womens & Childrens services will be engaged via Performance and Business meetings to support service recovery from Q4 2023/24.

Mitigations

- The RTT waiting list and assessments in progress backlog continue to be a focus for the ND service.
- However, capacity remains insufficient to meet the referral demand even with additional Revenue Integration Funding (RIF) posts.
- The ND business case was considered by the Health Board Investment and Benefits Group (IBG) and will be further considered by the Executive Committee in due course. Temporary additional capacity continues to support the service.

Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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	Dec-23	No. long waits by cohort, with latest SPC variance						Total Waiting	Welsh key waiting time measures	
Welsh Providers	% of Powys residents < 26 weeks for treatment	Over 36 wks (inc 52 and over 104)		over 52 wks (inc over 104)		Over 104 weeks			Stage 1 pathways over 36 weeks	Stage 1 pathways over 52 weeks
Aneurin Bevan Local Health Board	65.5%	616		376		75		2568	266	129
Betsi Cadwaladr University Local Health Board	44.9%	293		188		50		715	162	86
Cardiff & Vale University Local Health Board	54.0%	143		88		10		411	58	31
Cwm Taf Morgannwg University Local Health Board	63.8%	160		94		12		624	76	40
Hywel Dda Local Health Board	54.5%	509		271		42		1475	109	39
Swansea Bay University Local Health Board	57.4%	579		326		71		1935	110	0
Total	58.4%	2300		1343		260		7728	781	325

What the data tells us

Key waiting list information shows that NHS Wales continues to improve slowly on waiting times for Powys residents towards national targets. Key achievements for month 9 include Swansea Bay University health board reducing Powys residents waiting over 52 weeks for a new outpatient appointment (stage 1) to zero, this is the first commissioner in Wales to achieve this (England do not provide or stage waits that meet Welsh methodology). Aneurin Bevan (ABUHB) & Betsi Cadwaladr (BCUHB) University Health Boards show special cause concern for over 52 and over 36 week waits, respectively. Long wait pressure by treatment speciality remains within General Surgery, Trauma & Orthopaedics, ENT, and Ophthalmology.

Wales Measures	Dec - 22	Dec - 23
Total pathways over 36 weeks	2521	2300
Pathways waiting +52 new outpatient	603	325
Pathways waiting +104 weeks	542	260

English providers still report an improved position when compared to waiting pathways in Wales. Very long waits 104+ weeks are limited to RJAH consisting of complex spinal cases. It should be noted that Wye Valley Trust pathway size are flagged as special cause concern because of growth in the 36+ and over 52 week wait bands totals.

English Measures	Nov - 22	Nov - 23
Total pathways over 36 weeks	2456	2331
Pathways waiting over 52 weeks	1076	894
Pathways waiting +104 weeks	14	12

Further notes  
Geographical equity of access continues to be a challenge for the PTHB responsible population, especially those who have waited and remain waiting over 2 years for treatment. English acute health trusts continue to providing a quicker service for access to treatment in the North & East of the county. Those residents who live within the southwest health economy e.g., Ystradgynlais etc have the poorest access times for treatment linked to Welsh providers under significant pressure and this results in longer waits.



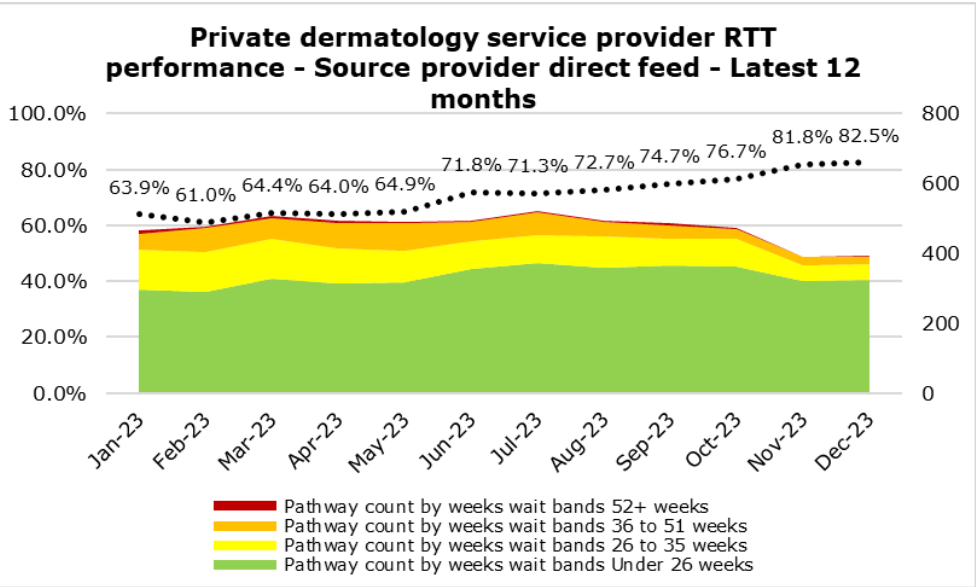
Powys resident – Commissioned referral to treatment waits (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Issues		
<ul style="list-style-type: none"><li>• PTHB continues to work with commissioned service providers to obtain an understanding of referrals, demand and capacity, waiting list profiles at specialty level and convert outpatients into Indicative Activity Plans including detail on anticipated performance trajectories to deliver against NHS Wales and NHS England targets 2023/24. Recovery forecasts for waiting lists across all providers have been particularly challenging with increased demand, and staffing fragility impacting throughput.</li><li>• English and Welsh providers reporting workforce challenges including clinical staff retirements, recruitment, industrial action.</li><li>• Powys residents are being impacted by significant geographical equity for care, especially those who have waited and remain waiting over 2 years for treatment. Patients who can have their pathways within the Powys as a provider have the quickest reported care, and with English acute health trusts providing more timely access for residents in the North &amp; East of the county. Those residents who live within the southwest health economy have the poorest access times for treatment and wait the longest.</li><li>• Data access and quality provide ongoing challenges for waiting list review and engagement in a timely manner.</li></ul>		
Actions	Recovery by	Commissioned service trajectories – awaited from providers
<ul style="list-style-type: none"><li>• Welsh &amp; English providers, including Powys provider services have mobilised additional capacity be that insourcing, outsourcing or the increase usage of additional payments for clinical activity.</li><li>• Ongoing work with NHS Wales Delivery Unit around weekly Welsh waiting list provision including information on pathways such as staging, actual wait time, and identifiers to help with commissioned service engagement.</li><li>• Ongoing repatriation scoping workstream for Powys residents who may be able to have treatment/care within PTHB or alternative provider.</li><li>• The health board continues to engage on a regular basis with all commissioned providers via contracting, quality and performance meetings. These meetings are used to discuss challenges and highlight key concerns but primarily to support the best possible care for Powys responsible patients within current health contracts. Also note progress against GIRFT pathway and case mix recommendations are discussed and noted.</li><li>• Opportunities being explored with RJAH for increased insourcing capacity for high volume, low complexity long waiting orthopaedic patients to be repatriated to PTHB.</li><li>• Long waiting patients: Through contracting, quality and performance meetings commissioned service providers requests to provide assurance that all long waiting patients are contacted to ensure that they have access to support and information whilst waiting for their appointment, actions that they can take to keep themselves well and to confirm the prehab support offered to patients to ensure that they are fit for their proposed treatment. PTHB developing proposal to secure additional insourced capacity.</li><li>• Health Boards have received additional funding to ensure patients waiting over 104 weeks are treated during 2023/24, the majority of PTHB patients in this cohort are sitting with commissioned providers.</li><li>• PTHB to use 'Your NHS Experience' survey to obtain feedback from patients accessing commissioned services.</li></ul>		
Mitigations		
<ul style="list-style-type: none"><li>• All patients waiting are being managed in accordance with clinical need, clinical surgical prioritisation and duration of wait.</li></ul>		

In sourcing/Out sourcing - Private dermatology service provider – Referral to Treatment (RTT)

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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What the data tells us

In December 2023, the provider RTT performance has shown further improvement to 82.5% of the waiting list being under 26 weeks. Pathways that wait over 36 weeks have reduced to 24 but a slight increase to 6 pathways over 1 year is reported in December.

Issues

- Patients waiting > 52 weeks.
- Reduced NHS contract capacity for routine (Wye Valley NHS Trust). Currently exploring alternative providers including capacity commissioned from private provider.

Actions	Recovery by	Under discussion with provider
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- Private provider requested to confirm mitigating actions for patients waiting 52 weeks and over.
- Scoping exercise being undertaken to identify additional capacity requirements (routine).

Mitigations

- None reported

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	
Jan-23	63.9%	297	113	47	8	465
Feb-23	61.0%	291	113	68	5	477
Mar-23	64.4%	326	116	57	7	506
Apr-23	64.0%	315	98	75	4	492
May-23	64.9%	318	88	80	4	490
Jun-23	71.8%	354	79	58	2	493
Jul-23	71.3%	371	81	64	4	520
Aug-23	72.7%	359	89	41	5	494
Sep-23	74.7%	364	79	36	8	487
Oct-23	76.7%	362	78	28	4	472
Nov-23	81.8%	320	47	21	3	391
Dec-23	82.5%	325	45	18	6	394

Powys resident – Commissioned Cancer Waits

Executive lead	Interim Executive Director of Planning, Performance and Commissioning	Officer lead	Assistant Director of Performance & Commissioning	Strategic priority	5
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Welsh Single Cancer Pathway Performance Powys Residents "Percentage of patients who started treatment within target (62 days from point of suspicion)" target 75% – Source DHCW												
Provider	2023-01	2023-02	2023-03	2023-04	2023-05	2023-06	2023-07	2023-08	2023-09	2023-10	2023-11	2023-12
Aneurin Bevan Local Health Board	56%	87%	87%	55%	60%	56%	71%	67%	55%	65%	33%	63%
Betsi Cadwaladr University Local Health Board	29%	20%	29%	100%	63%	57%	25%	100%	0%	100%	50%	0%
Cardiff & Vale University Local Health Board	0%											
Cwm Taf Morgannwg University Local Health Board	20%	25%	33%	38%	50%	0%	50%	29%	67%	43%	50%	75%
Hywel Dda Local Health Board	20%	57%	56%	56%	17%	13%	67%	100%	50%	43%	46%	40%
Swansea Bay University Local Health Board	38%	67%	50%	50%	67%	50%	100%	44%	80%	17%	33%	20%
Total number treated within target (numerator)	19	24	36	19	19	17	21	18	16	19	12	12
Total pathways that started treatment (denominator)	51	41	53	35	36	41	34	32	27	38	29	28
Total monthly percentage compliance	37%	59%	68%	54%	53%	41%	62%	56%	59%	50%	41%	43%

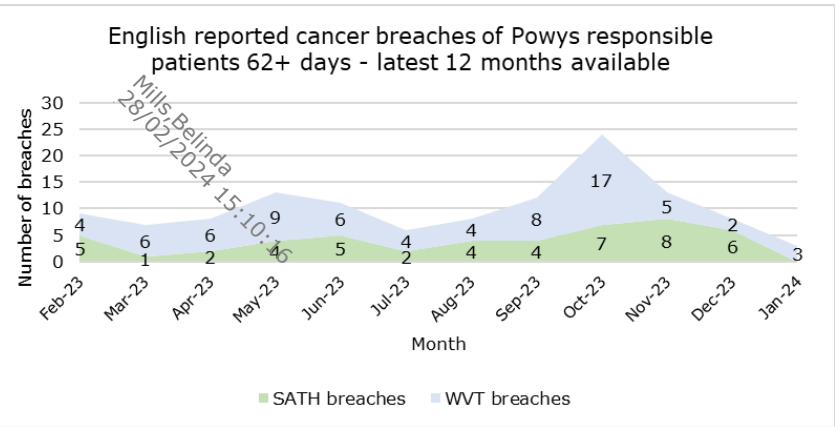
Data Quality & Source

DHCW -  
Please note SCP data is not finalised until quarterly refresh is carried out by submitting health boards

What the data tells us

Wales

- Please note that quarterly refresh has been completed up until the end of Q2 2022/23.
- Performance in Wales remains challenging for cancer pathways, provisional data for December 2023 shows 62-day cancer compliance at 44% with 12 of 28 pathways treated within target.
- The key challenges for Powys residents in cancer pathways for Welsh commissioned services remain predominately capacity, including but not limited to outpatient capacity (e.g., timely first outpatient), diagnostic test and reporting capacity especially within imaging, endoscopy and pathology, and surgical capacity meeting the <62 day target. There is also a limited number of breaches resulting from patient-initiated delay e.g., holidays etc.
- The current latest All Wales position is the October snapshot, this reports 56% compliance (further detail on slide 42).



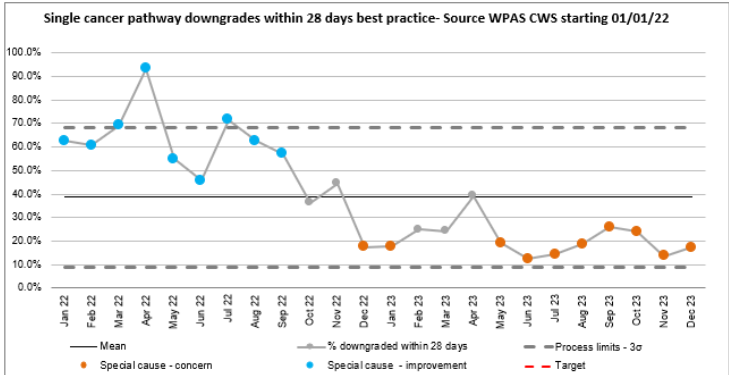
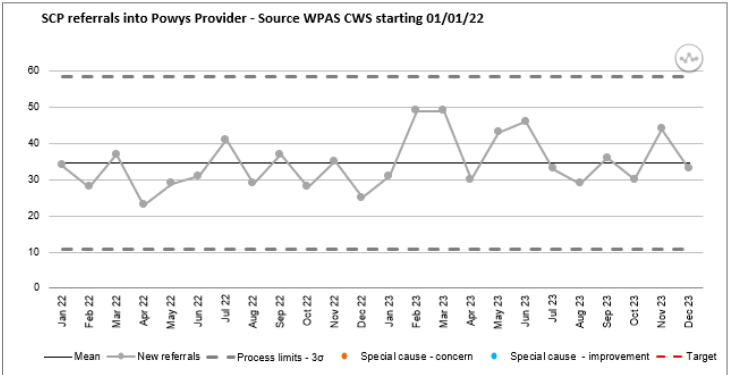
What the data tells us

England

- Shrewsbury and Telford Hospital (SATH) NHS Trust reported 6 breaches for Powys residents of their cancer pathways that breached in December. All breaches were patients waiting over 104 days, and all breaches were because of inadequate capacity in outpatient, diagnostic including reporting and tertiary complex diagnostic delays or surgical capacity. Three breaches were for urological pathways, a further two in breast, and the final breach in colorectal.
- Wye Valley NHS Trust (WVT) reports 3 breaches of their cancer pathway for Powys residents in January 2024. Reasons for cancer breaches and further details including pathway reviews are undertaken in the Commissioning, Quality and Performance meetings. It should be noted that breach information because of a data flow challenge has only been available since 29/01/2024 and will be investigated during Q4.

**SCP** - Powys provided cancer pathways (Powys does not provide treatment, but the health board is required to submit and validate downgrades)

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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**What the data tells us**

- There is significant challenge with Powys cancer pathways where key outpatient and diagnostic endoscopy are undertaken. December reported 35 referrals into PTHB pathways. Downgrade performance against the 28-day best practice (not an NHS Performance Framework metric) has reported very poor performance of 17.2% in December.
- It should be noted that complex diagnostics are carried out within acute care providers although the patient remains tracked by PTHB.

- Issues**
- In-reach clinician fragility resulting in service/capacity gaps and clinical continuity challenges, due to retirement in Q2 2022/23 of Cwm Taf Morgannwg UHB CTMUHB Clinical Director, awaiting replacement planning proposal (CTMUHB) as an outstanding risk. Further capacity gaps anticipated from March 24 due to in reach staffing shortfall.
  - Underlying deficit in General surgery capacity due to increase in USC/Urgent referrals, routine pathways wait longer as urgent/USC prioritise available clinic/diagnostic slots.
  - Colonoscopy capacity is not sufficient without supplementary insource, NHS wide speciality skills shortages in endoscopy and bowel screening.
  - Bowel screening (BS) FIT test changes from Oct-22 have increased demand.
  - Delays in DGH diagnostics, Histology/Pathology risk timeliness of pathways including USC.
  - Complex pathways across providers with referral triage and access criteria challenges.

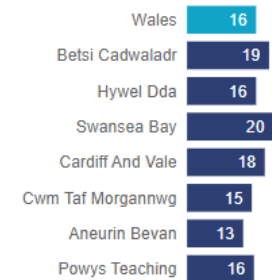
- | Actions   | Recovery by | No recovery estimate available |
|---|-------------|--------------------------------|
| <ul style="list-style-type: none"><li>Service have escalated the CTMUHB in-reach fragility, and diagnostic challenges for histology &amp; pathology (this is currently reported as a high risk for the health board). Proposal being developed by CTMUHB to address (awaited).</li><li>Continue to transform gastroscopy service with implementation sponge capsule service (Oct 23) and transnasal endoscopy (Mar 24) improving patient experience, increasing capacity.</li><li>Cancer pathways and patient tracking review in the provider underway (currently in-reach capacity impacts on recorded patient waits) to complete Dec 23.</li><li>Work with Welsh Government and DHCW reporting team ongoing to assess validation of records submitted, the methodology and its appropriateness for PTHB pathways as reported nationally.</li><li>Quality and Safety undertaking an audit on provider cancer pathways to support on-going service development and patient experience improvement.</li><li>Successful recruitment to PTHB developmental specialist nurse roles for bowel screening service, training to be completed in Mar 24.</li></ul> |             |                                |

- Mitigations**
- Rolling programme of clinical and administrative waiting list validation.
  - Additional in-sourcing capacity provided from Nov 23.
  - Powys has a limited proportion of the resident cancer referrals and for predominately general surgery, and incidental findings in ENT or Dental. Most USC referrals go directly to acute care or rapid diagnostic centres.
  - Regional working on-going as part of National Diagnostic workstream.
  - Cancer tracking post appointed to in operations from August 2023 – improving local tracking significantly.
  - Recruitment complete for 8b Senior clinician theatre endoscopy to enhance clinical leadership not service.
  - Interim fixed term Assistant Medical Director Planned Care currently reviewing endoscopy operating protocols to complete Jan 24.

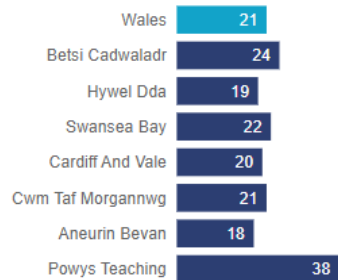
Single cancer pathway All Wales summary - dashboard exerts November 2023 – [source DHCW SCP dashboard](#) (Welsh providers only)

Median pathway waits for first appointment and to diagnostic test from point of suspicion in days October 2023

Number of days from point of suspicion to first appointment (Median)



Number of days from point of suspicion to first diagnostic test (Median)

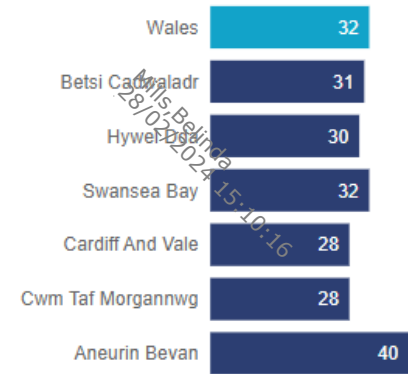


Comments

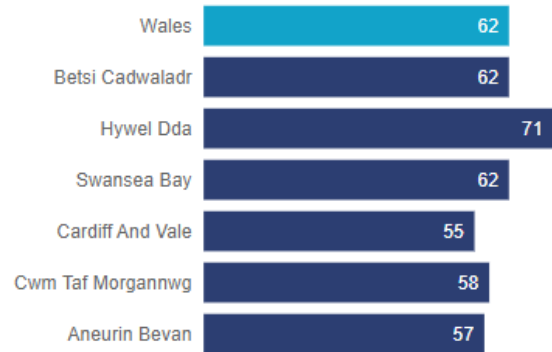
- Powys provider during Nov-23 reported median waits for first appointments in line with the All-Wales average of 16 days, this measure not directly comparable to the acute providers who treat via multiple specialties whereas PTHB predominantly report lower gastrointestinal investigations which are among some of the most complex and capacity pressured pathways in the UK. It should be noted that suspicion to diagnostics performance also includes tests carried out and reported in acute providers (CT/MRI etc) which increases the median wait over such limited numbers.
- Powys is not included in the treatment performance (below right) as a non-acute provider. It should be noted that Powys responsible patients have treatment pathways in all Welsh health boards reported. Of those patients whose pathway closed in November 43% were treated within 62 days below the All-Wales average (please note this is preliminary data until the Q3 refresh and validation is complete).

Median pathway waits from diagnosis to treatment (all patients in Wales), suspicion to treatment, and percentage compliance against 62-day target for treatment providers November 2023

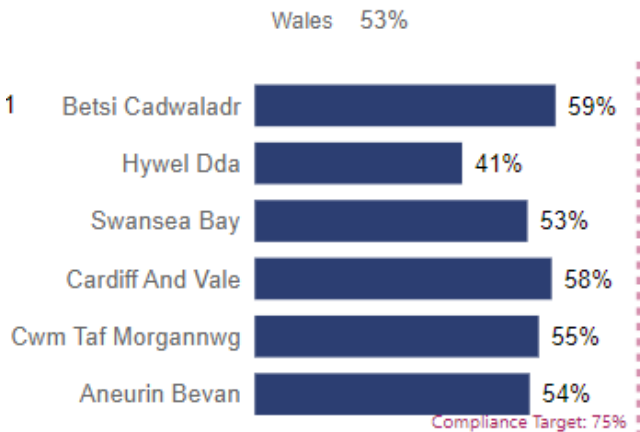
Number of days from diagnosis to treatment (Median)



Number of days from point of suspicion to starting first definitive treatment (Median)



Percentage of patients who started treatment within the target (62 days from point of suspicion)

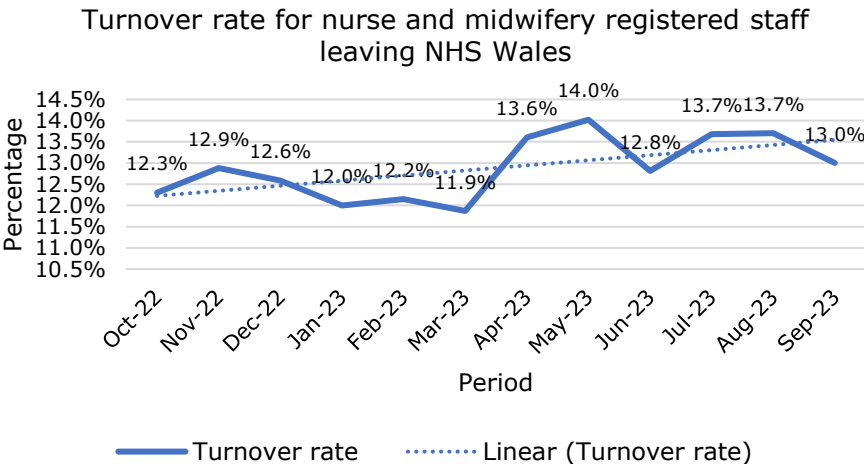


Workforce – Turnover rate for nurse and midwifery registered staff leaving NHS Wales

New measure for  
2023/24

Executive lead	Executive Director of Workforce and OD	Officer lead	Deputy Director of Workforce and OD	Strategic priority
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Latest available	Sep-23		
Reported performance	13.0%	All Wales benchmark	9th (7.3%)
Target	Rolling 12-month reduction against a baseline of 2019-20 (9.5%)		
Variance	N/A		Exception
Data quality & Source		Welsh Government Scorecard	



What the data tells us

- This is a new measure for the 2023/24 NHS Performance Framework. This metric focuses on the measurement of staff leaving employment, and the identification of key causes and how best to tackle them. High staff turnover results in both high costs and a negative effect on services. It should be noted that this performance data is sourced from Welsh Government performance, and the data is classed as “experimental”.

Issues

- Health Education and Improvement Wales (HEIW) have produced the analysis and data for this measure along with the methodology, as such the health board cannot replicate this information locally.
- HEIW have noted that " *current data has some anomalies and we will be going to organisations to discuss the raw data to iron these out*".

Actions

Recovery by

Plan  
development  
2024/25

- Managers continue to be encouraged to undertake exit interviews with staff where appropriate to try and gather clear intelligence for the reasons staff leave.
- The Workforce and Organisational Development (WOD) Directorate are working to develop good practice guides to support managers in working to improve retention.
- The WOD Directorate will continue to roll out Team Climate surveys which will support managers and teams to identify actions which they can take to support retention.
- The health board have successful appointed to the Workforce Retention lead role which will support the delivery of the nurse retention plan within Powys.

Mitigations

- The Workforce and OD Directorate together with the Trade Unions and colleagues from services continue to roll out a series of Staff Roadshows across all Hospital sites. The aim of these events is to support staff wellbeing and promote the support that is available within the Health Board.

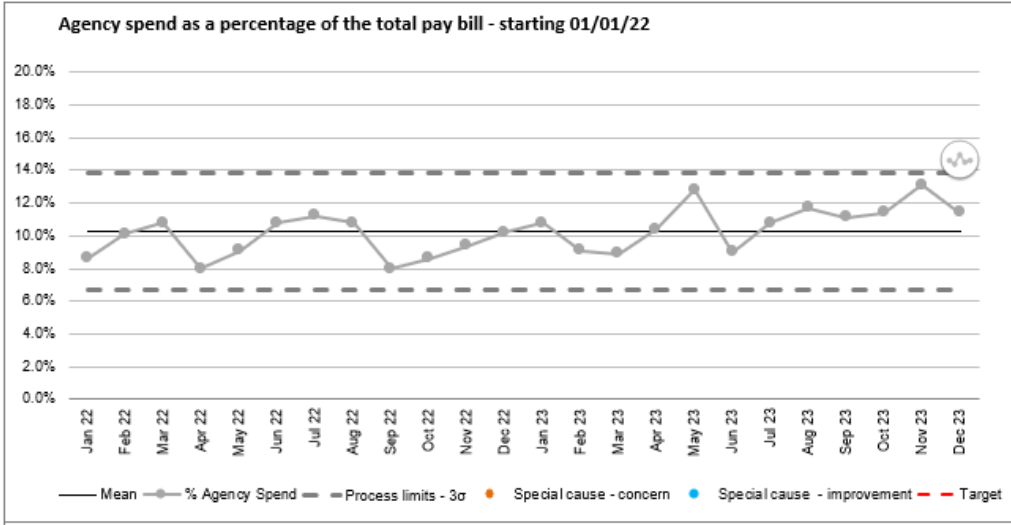
There has been a change in the method of headcount calculations resulting in some slight changes to turnover figures since the August 2023 report was produced. This new methodology will be used going forward.



Agency Spend – Agency spend as a percentage of the total pay bill

Executive lead	Interim Executive Director of Operations / Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	13
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Latest available	Dec-23		
Reported performance	11.4%	All Wales benchmark	12 <sup>th</sup> (4.8%) (Oct-23)
Target	12-month reduction trend		
Variance	Common cause		Exception
Data quality & Source		PTHB Finance	



**What the data tells us**

- The provider agency spend as a percentage of total pay bill varies as a response to demand.
- This reduction is not achieved and reported spend increased to 11.1% (December), this is above average for the 24 months.
- Variation remains common cause.
- At the latest All Wales benchmark snapshot (October) Powys is the only health board or trust in Wales not meeting the reduction target.

Issues
<ul style="list-style-type: none"><li>• Limited substantive Professional workforce availability.</li><li>• Rurality.</li><li>• COVID &amp; impacts of short-term Sickness absence.</li><li>• Patient acuity &amp; dependency.</li><li>• Short term AHP locum use using WG AHP Funding to meet delivery plan targets.</li></ul>

Actions	Recovery by	Plan development 2024/25
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- Reviewing operational footprint to further reduce reliance on temporary staffing.
- Negotiating with on-contract agencies for additional recruitment and long-lining of staff.
- refresh of actions from establishment review.
- Additional recruitment of overseas nurses (OSN) who undertake Objective Standard Clinical Examination (OSCE) that the nurses must pass in order to re-register from April 2023.
- Substantial recruitment to AHP posts utilising WG AHP funding.

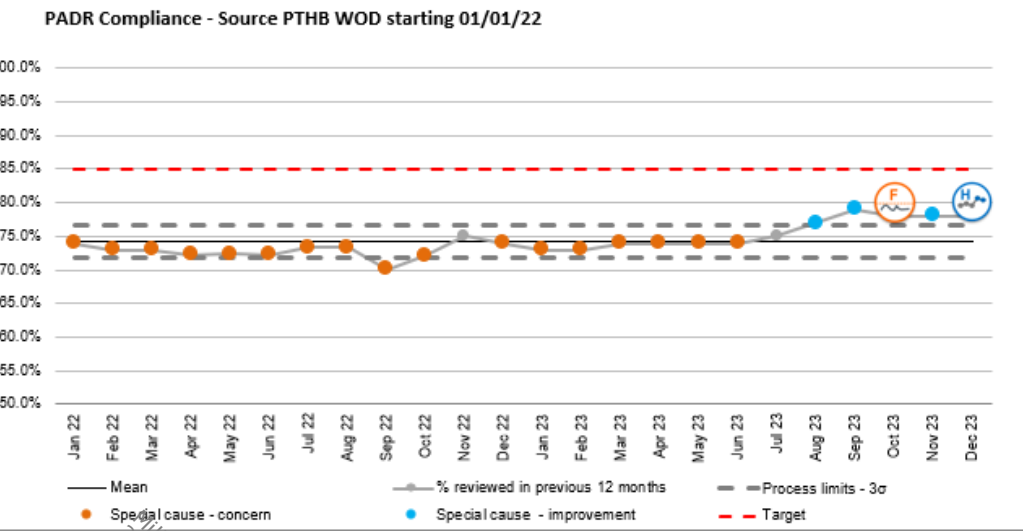
Mitigations

- Further tightening of operational processes including:
- Earlier roster planning.
  - Improved roster compliance and sign off.
  - Targeting of bank staff over agency.
  - Targeted recruitment campaigns.
  - Long lining of on contract agency.
- Establishment review
- On streaming of further overseas Nurses.
  - Roster scrutiny and accountability.
  - Targeted analysis of enhanced levels of care to support pre planning of staffing requirements.
  - Restrictions on sign off for on-contract agency use.
  - Conversion of agency to substantive in one setting.
  - Conversion of Thornbury nurses to on framework agency in high-cost area.
  - Bi-weekly cross organisation group for scrutiny and challenge.
  - Deep dive focus on Mental Health agency utilisation – improved position for December.
  - Substantial recruitment to WG funded AHP posts to be complete Q4 2023/24.

**PADR Compliance** - Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (incl. Doctors and Dentists in training)

Executive lead	Executive Director of Workforce and Organisational Development	Officer lead	Deputy Director of Workforce and OD	Strategic priority	14
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Latest available	Dec-23		
Reported performance	78.0%	All Wales benchmark	3rd (71.5%) (Oct-23)
Target	85%		
Variance	Special cause- improvement		Exception
Data quality & Source		PTHB WOD	



What the data tells us

- THB PADR compliance is reported at 78.0% for December 2023, 7% below the national target of 85%.
- Statistically the SPC chart reports special cause improvement with consistent performance above average over the last 6 months.
- The health board benchmarks positively when compared the All-Wales position of 71.5% (October 2023).

- Issues
- Staff absence and vacancies has caused challenges in delivery of PADRs. This continues to be a challenge post pandemic with increase service demand and inability to recruit.
  - As of December 2023, there were 10 out of 17 service areas/Directorates whose performance was above the national target of 85%.

- Actions
- Recovery by
- Plan development 2024/25
- 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 will be escalated to Executive Directors

- Mitigations
- WOD Business Partners discuss alternative methods of PADR delivery with Service Managers e.g., Group PADRs and delegated responsibility.
  - Managers toolkit on Pay progression has been developed and implemented.
  - Frequently asked questions and guidance has been developed and shared.



Healthier Wales Quadruple Aim 4

Quality, Safety, Effectiveness and Experience

NHS Performance Measure - 42

Powys as a provider



New measure for 2023/24

Percentage of calls ended following WAST telephone assessment (Hear and Treat)

Executive lead	Executive Director of Operations/ Director of Community and Mental Health			Officer lead	Assistant Director of Community Services Group		Strategic priority																										
Latest available		Nov-23		Issues																													
Reported performance		8.7%	All Wales benchmark	7 <sup>th</sup> (13.9%)																													
Target		17% or more																															
Variance		N/A				Exception																											
Data quality & Source		Welsh Government Scorecard																															
<div>Percentage of calls ended following WAST telephone assessment (Hear and Treat)</div> <div><table><caption>Percentage of calls ended following WAST telephone assessment (Hear and Treat)</caption><thead><tr><th>Period</th><th>Percentage of calls ended</th></tr></thead><tbody><tr><td>Dec-22</td><td>11.5%</td></tr><tr><td>Jan-23</td><td>10.5%</td></tr><tr><td>Feb-23</td><td>12.5%</td></tr><tr><td>Mar-23</td><td>9.5%</td></tr><tr><td>Apr-23</td><td>10.0%</td></tr><tr><td>May-23</td><td>10.5%</td></tr><tr><td>Jun-23</td><td>9.5%</td></tr><tr><td>Jul-23</td><td>11.0%</td></tr><tr><td>Aug-23</td><td>10.0%</td></tr><tr><td>Sep-23</td><td>9.0%</td></tr><tr><td>Oct-23</td><td>11.5%</td></tr><tr><td>Nov-23</td><td>9.0%</td></tr></tbody></table></div> <div>Percentage of calls ended    Linear (Percentage of calls ended)</div>								Period	Percentage of calls ended	Dec-22	11.5%	Jan-23	10.5%	Feb-23	12.5%	Mar-23	9.5%	Apr-23	10.0%	May-23	10.5%	Jun-23	9.5%	Jul-23	11.0%	Aug-23	10.0%	Sep-23	9.0%	Oct-23	11.5%	Nov-23	9.0%
Period	Percentage of calls ended																																
Dec-22	11.5%																																
Jan-23	10.5%																																
Feb-23	12.5%																																
Mar-23	9.5%																																
Apr-23	10.0%																																
May-23	10.5%																																
Jun-23	9.5%																																
Jul-23	11.0%																																
Aug-23	10.0%																																
Sep-23	9.0%																																
Oct-23	11.5%																																
Nov-23	9.0%																																
Actions				Recovery by		Timescale requested WAST																											
-																																	
Mitigations																																	
<ul style="list-style-type: none"><li>Regular meetings are carried out between the health board and WAST, these meeting cover performance, patient experience, incidents and resultant investigations, clinical indicators and staff safety.</li></ul>																																	

What the data tells us

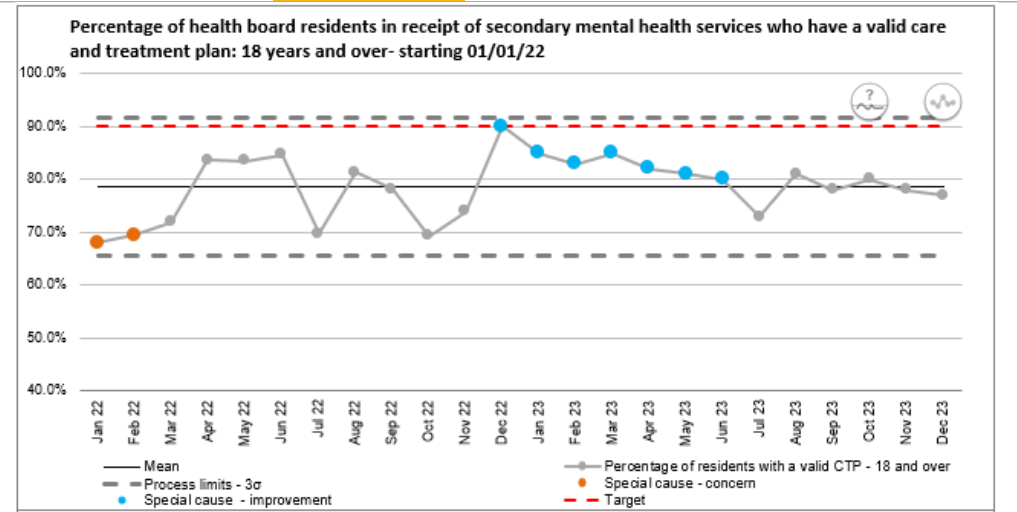
This is a new measure for the 2023/24 NHS Performance Framework. Hear and Treat enables 999 callers who are deemed to have a non-life-threatening condition to receive advice over the phone or to be triaged to a non-emergency service. This helps ambulance vehicles to be despatched quickly to patients who need to be admitted to an emergency department. Hear and Treat helps to reduce ambulance transportation, hospital admission and patient flow. It also makes it easier and quicker for patients to the right advice or treatment closer to home.

Powys has not met the national target in November with 8.7% reported against the 17% target. It should be noted that the health board area ranks 7<sup>th</sup> against the All-Wales position of 13.9%.

**Mental Health CTP, 18 years+** Percentage of health board residents 18 years and over in receipt of secondary mental health services who have a valid care and treatment plan

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Mental Health	Strategic priority	10
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Latest available	Dec-23		
Reported performance	77.0%	All Wales benchmark	5 <sup>th</sup> (76.4%)*
Target	90%		
Variance	Common cause		Escalated
Data quality & Source		PTHB Mental Health Service	



### What the data tells us

- Adult and older CTP compliance has measured at 77.0% and reports common cause variation, falling slightly from November.
- In November PTHB benchmarked 5<sup>th</sup> against an All-Wales position of 76.4%.
- This measure has been **escalated** because of poor compliance with service agreement.

### Issues

- North Powys vacancies and sickness absence continue to impact.
- The service is significantly affected by Social Services inability to undertake their share of Office Duty, which places additional demand on NHS staff. There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Data quality challenge including post submission revisions.

### Actions

- Series of meetings undertaken with Director of Social Services and Head of Adults over Powys County Council’s responsibilities in Community Mental Health Teams. Workshop held 10/1/24 for PTHB/PCC Mental Health Senior Leadership Team to define future operating model including a change to the duty and assessment model to be scoped with investment from 6 goals to mitigate for the impact this has placed on capacity for urgent care.
- Continue to advertise recruitment positions.
- A standard operating procedure (SOP) has been put in place to standardise data collection pan Powys with review meetings underway to check consistency.
- Remedial action plan in place.

### Recovery by

By end of 2024/25

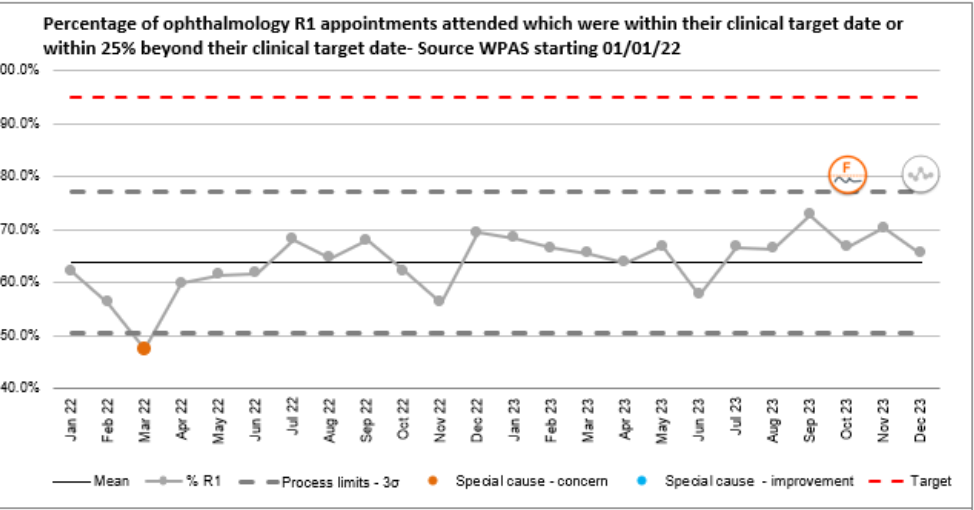
### Mitigations

- Clinical assessment and prioritisation of caseloads.
- Prioritising data cleansing and data accuracy.
- There has recently been some success in recruitment which will remove agency locums from community provision ensuring longevity and consistency in caseload with direct impact on CTP measure.
- Currently investigating a ‘MH Measure’ data recording area of WCCIS to replace and centralise current means of data collection.
- Recruitment to vacant posts within the service.
- Change to Service Manager model to create portfolios that will focus on specific services i.e. one service manager for all Adult CMHTs.

**Ophthalmology** - Percentage of ophthalmology R1 appointments attended which were within their clinical target date or within 25% beyond their clinical target date

Executive lead	Interim Executive Director of Operations/ Director of Community and Mental Health	Officer lead	Assistant Director of Community Services Group	Strategic priority	5
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Latest available	Dec- 23		
Reported performance	65.6%	All Wales benchmark	4 <sup>th</sup> (64.9%)
Target	95%		
Variance	Common cause		Exception
Data quality & Source		WPAS	



What the data tells us

- Performance for R1 appointments attended does not meet the 95% target with performance declining to 65.6% in December, performance remains common cause variation. The health board ranking has fallen as well to 4<sup>th</sup> in Wales.
- All Wales performance is 64.9% for December.

Issues

- In-reach fragility impacts available capacity for specialty.
- Local staffing challenges reducing capacity include sickness absence, vacancies in theatre staffing, and industrial actions during Q4 (NHS England Industrial Action is having a particular impact on eyecare as majority of provision is from WVT).
- Regional recruitment challenges include Mid Wales Joint Committee recruitment for PTHB/HDUHB ophthalmology consultant lead post.
- Ongoing demand and capacity challenge resulting from inaccuracies with follow-up (FUP) reporting impacting service planning assumptions.
- National Digital Eye Care pilot delayed since May-22, this impacts outpatient nursing team support and roll out with in-reach ophthalmology clinical lead for Ystradgynlais & phase 2 in North Powys.
- Awaiting outcome of DHCW Review of National Digital Eye Care Programme anticipated November 2023.

Actions

Recovery by

Plan development 2024/25

- Working with WVT & Rural Health Care Academy to formalise training opportunities in DGH, extending OP role to include eye care scrub for potential future clean room developments in PTHB.
- League of Friends supporting purchase of equipment for North biometry to support repatriation of cataract pathway.
- Commencing use of PIFU pathways in WET AMD from November 2023 to improve care pathways for frail patients.

Mitigations

- Enhancing staffing – including first non-registrant Ophthalmic health care scientist in the UK (supporting MDT development), and work with Rural Health Care Academy on career pathways for eye care in PTHB has resulted in trainee Eye care developmental post recruitment.
- One stop shop cataracts biometrics pre assessment, consultant appointment pan Powys – from Q3 2022/23.
- Wet Age-related macular degeneration (AMD) service has been extended into mid Powys, embedded as service model for Llandrindod/Brecon Hospitals. PTHB 1st nurse eye care injector trained, plans in place for 2<sup>nd</sup> PTHB injector training (complete 2023/24).
- Service SOPs in place utilising best practice from Birmingham and Midland Eye Centre.
- Local Safety Standard for Invasive Procedures (LOCSIPs) in place for Eye Care & other outpatient department specialities first HB in Wales.
- Failsafe officer in place for WET AMD aligning fail safe duties within general ophthalmology.



# Appendix 1

## Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self management

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 1: People in Wales have improved health and wellbeing with better prevention and self-management	Executive Director of Public Health	Consultant in Public Health	1	% Attempted to quit smoking		5% annual target	Q2 2023/24	1.52%		2.55%	4th	2.43%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	2	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs/alcohol)		4 quarter improvement trend	Q2 2023/24	59.0%	63.1%	56.3%	5th	60.5%
	Executive Director of Public Health	Consultant in Public Health	3	% of children up to date with scheduled vaccinations by age 5		95%	Q2 2023/24	89.3%	91.7%	89.8%	2nd	87.7%
	Executive Director of Public Health	Consultant in Public Health	4	% of girls receiving HPV vaccination by age 15		90%	Q2 2023/24		84.7%	84.7%	5th	85.6%
			5	Flu Vaccines - 65+		75%	Dec- 23		64.0%	68.0%	5th	70.4%
			6	% uptake of COVID- 19 vaccination for those eligible		75%	Dec- 23		55.1%	60.3%	1st	51.4%
	Interim Executive Director of Operations / Director of Community and Mental Health - TBC	Senior Manager - Planned Care	7	% of patients offered an index colonoscopy within 4 weeks of booking specialist screening appointment	✓	90%	Oct- 23	0.0%	0.0%	0.0%	7th	28.3%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Women's and Childrens Services	8	% of well babies completing the hearing screening programe within 4 weeks		90%	Oct- 23	91.0%	92.3%	91.9%	7th	97.3%
			9	% of eligible newborn babies who have a conclusive bloodspot screening result by day 17		95%	Nov- 23	97.5%	91.9%	97.6%	1st	95.3%

Mills, Belinda  
28/02/2024 15:10:16



# Appendix 1

Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 2: People in Wales have better quality and more accessible health and social care services, enabled by digital and supported by engagement	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Assistant Director of Primary Care	10	% of GP practices that have achieved all standards set out in the National Access Standards for In-hours GMS	✓	100%	2022/23	100.0%		100.0%	1st	95.5%
			11	% of primary care dental services (GDS) contract value delivered (new,new urgent and historic patients)	✓	Month on Month increase towards a minimum of 30% contract value delivered by Sep-23/100% by 31/03/24	Dec-23		53.5%	50.1%	6th	57.5%
			12	No of patients referred from primary care (optometry, general medical practitioners) into secondary care ophthalmology services	✓	PTHB Trajectory - <= 113	Dec-23	96	83	58	1st*	6,043
	Medical Director	Chief Pharmacist	13	No of consultations delivered through the Pharmacist Independent Prescribing Service (PIPS)	✓	Increase on the number in the equivalent month in the previous year	Dec-23	478	409	548	7th*	7,331
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Mental Health	14	Assessments <28 days <18	✓	80%	Dec-23	100.0%	100.0%	94.9%	1st*	88.3%
			15	Interventions <28 days <18	✓	80%	Dec-23	85.2%	88.1%	88.2%	2nd*	43.3%
			16	Assessments <28 days 18+	✓	80%	Dec-23	81.0%	89.1%	86.7%	4th*	69.8%
			17	Interventions <28 days 18+	✓	80%	Dec-23	46.0%	49.2%	15.6%	6th*	76.0%
	Interim Executive Director of Operations / Director of Community and Mental Health	Senior Manager Unscheduled Care	18	Percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	✓	65%	Dec-23	37.8%	45.4%	42.4%	6th	48.9%
			19	Median emergency response time to amber calls	✓	12 month improvement trend	Nov-23	00:57:34	00:50:58	00:37:36	1st	01:13:26
			22	% of patients who spend less than 4 hours in all major & minor emergency care facilities from arrival until admission, transfer or discharge	✓	improvement compared to the same month in 2022-23, towards the national target of 95%	Dec-22	99.9%	100.0%	100.0%	1st	66.7%
			23	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	✓	PTHB Trajectory - 0	Dec-23	0	0	0	1st	9,635
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	25	Number of diagnostic breaches 8+ weeks	✓	PTHB trajectory of <= 50	Dec-23	144	190	192	1st*	47,231
			26	% of children <18 waiting 14 weeks or less for a specified AHP	✓	12 month improvement trend	Dec-23	94.8%	87.2%	84.2%	3rd*	84.4%
			27	Number of therapy breaches 14+ weeks (all ages) inc. audiology	✓	PTHB Trajectory - 0	Dec-23	38	288	343	2nd*	11,467
			28	Number of patients waiting >52 weeks for a new outpatient appointment	✓	PTHB Trajectory - 0	Dec-23	0	18	19	2nd*	53,918
			29	Number of patients waiting >36 weeks for a new outpatient appointment	✓	PTHB Trajectory - 10	Dec-23	23	222	213	1st*	109,598
			30	Number of patient follow-up outpatient appointment delayed by over 100%	✓	PTHB Trajectory - 0	Dec-23	4578	1533	1568	1st	247,719
			31	RTT patients waiting more than 104 weeks	✓	PTHB Trajectory - 0	Dec-23	0	0	0	1st*	24,785
			32	RTT patients waiting more than 52 weeks	✓	PTHB Trajectory - 0	Dec-23	9	56	58	1st*	136,538
		Assistant Director of Mental Health	33	CAMHS % waiting <28 days for first appointment	✓	80%	Dec-23	85.7%	100.0%	100.0%	1st	80.4%
		Assistant Director of Women's and Children's	34	Children/Young People neurodevelopmental waits	✓	80%	Dec-23	53.4%	54.3%	51.5%	1st*	27.0%
		Assistant Director of Mental Health	35	Adult psychological therapy waiting < 26 weeks	✓	80%	Dec-23	85.2%	91.9%	86.6%	1st*	66.4%

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28/02/2024  
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# Appendix 1

Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 3: The health and social care workforce in Wales is motivated and sustainable	Executive Director of Workforce and Organisational Development	Head of Workforce	36	(R12) Sickness Absence	✓	12 month reduction trend	Nov-23	6.0%	5.5%	5.5%	4th (Oct-23)	6.2%
			37	Turnover rate for nurse and midwifery registered staff leaving NHS Wales	✓	Rolling 12 month reduction against a baseline of 2019/20	Sep-23	12.8%	13.7%	13.0%	9th	7.3%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services Group	38	Agency spend as a percentage of the total pay bill	✓	12 month reduction trend	Dec-23	11.6%	13.1%	11.4%	12th (Oct-23)	4.8%
	Executive Director of Workforce and Organisational Development	Head of Workforce	39	Performance Appraisals (PADR)	✓	85%	Nov-23	75.0%	78.0%	78.0%	3rd (Oct-23)	71.5%

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# Appendix 1

Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes

2022/23 Performance Framework Measures							Performance				Welsh Government Benchmarking (*in arrears)	
Area	Executive Lead	Officer Lead	No.	Abbreviated Measure Name	Ministerial Priority	Target	Latest Available	12month Previous	Previous Period	Current	Ranking	All Wales
Quadruple Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and focused on outcomes	Interim Deputy Chief Executive and Director of Finance, IT and Information Services	Head of Information-Digital Transformation and Informatics	40	% of episodes clinically coded within one month post discharge end date	✓	Maintain 95% target or demonstrate an improvement trend over 12 months	Oct-23	100.0%	100.0%	100%	1st	72.6%
			41	% of all classifications' coding errors corrected by the next monthly reporting submission	✓	90%	Nov-23		100.0%	100.0%	1st	66.6%
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	42	% of calls ended following WAST telephone assessment (Hear and Treat)	✓	17% or more	Nov-23	11.4%	11.4%	8.7%	7th	13.9%
			43	No of Pathways of Care delayed discharges	✓	12 month reduction trend	Dec-23		52	56	2nd	1,361
		Assistant Director of Mental Health	44	% residents with CTP <18	✓	90%	Dec-23	95.5%	90.0%	94.0%	4th*	90.7%
			45	% residents with CTP 18+	✓	90%	Dec-23	90.0%	78.0%	77.0%	5th*	76.4%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	46	No of patient experience surveys completed and recorded on CIVICA		Month on Month Improvement	Data currently not available					
	Executive Director of Nursing and Midwifery	Deputy Director of Nursing	47	HCAI - Klebsiella sp and Aeruginosa cumulative number		Health Board Specific Target	Dec-23		0	0	PTHB is not nationally benchmarked for infection rates	
			48	HCAI - E.coli, S.aureus bacteraemia's (MRSA and MSSA) - Cumulative rate of confirmed cases per 100,000		Health Board Specific Target	Dec-23		3.39	3.00		
			49	HCAI - cumulative rate of C.Difficile cases per 100,000 population		Health Board Specific Target	Dec-23	11.97	15.79	18.01		
	Interim Executive Director of Operations / Director of Community and Mental Health	Assistant Director of Community Services	51	Percentage of ophthalmology R1 patients who attended within their clinical target date (+25%)	✓	95%	Dec-23	56.2%	70.3%	65.6%	4th	64.9%
	Executive Director of Nursing and Midwifery	Assistant Director of Quality & Safety	53	No of patient safety incidents that remain open 90 days or more		12 month reduction trend	Dec-23	7	5	4	3rd	295

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# Appendix 2

## Progress against Ministerial Priorities 2023/24 – (trajectories submitted to Welsh Government performance in Mar-23)

### Submitted trajectories vs Actuals

Ministerial Priority Measures			Month												Risk of delivery R.A.G
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
Number of patients referred from primary care (optometry and General Medical Practitioners) into secondary care Ophthalmology services	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	135	135	135	135	135	135	128	120	113	105	98	90	
		Actual	98	97	100	74	53	85	82	83	58				
Number of patients waiting more than 52 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	1	3	4	19	42	60	80	18	19				
Number of patients waiting more than 36 weeks for a new outpatient appointment	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	35	35	35	30	30	25	20	15	10	5	5	0	
		Actual	67	98	112	126	159	197	257	222	213				
Number of patients waiting more than 104 weeks for referral to treatment	Improvement trajectory towards a national target of zero by June 2023	Performance Trajectory	0	0	0	0	0	0	0	0	0	0	0	0	
		Actual	0	0	0	0	0	0	0	0	0				
Number of patients waiting more than 52 weeks for referral to treatment	Improvement trajectory towards a national target of zero by March 2025	Performance Trajectory	20	15	10	5	5	0	0	0	0	0	0	0	
		Actual	16	14	14	29	52	75	99	56	58				
Number of patients waiting over 8 weeks for a specified diagnostic	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	160	160	150	130	120	110	100	80	50	30	15	0	
		Actual	159	160	117	134	152	139	132	190	192				
Number of patients waiting over 14 weeks for a specified therapy	Improvement trajectory towards a national target of zero by March 2024	Performance Trajectory	190	190	180	170	120	70	20	0	0	0	0	0	
		Actual	243	273	265	418	511	499	390	288	343				
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Improvement trajectory towards a national target of reduction by March 2024	Performance Trajectory	4,600	2,500	2,000	1,700	1,400	900	400	0	0	0	0	0	
		Actual	4,763	1902	1667	1660	1683	1624	1575	1533	1568				

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# Appendix 2

## Progress against Ministerial Priorities 2023/24 – (trajectories submitted to the Delivery Unit)

### Submitted trajectories vs Actuals

Ministerial Priority Measures			Month											
Measure	Target		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
% LPMHSS assessments undertaken within 28 days from the date of receipt of referral - Under 18	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%	90.0%	90.0%	95.0%	95.0%
		Actual	98.0%	100.0%	100.0%	95.6%	100.0%	97.1%	100.0%	100%	94.9%			
		Performance Trajectory	80.0%	82.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%	80.0%	80.0%	82.0%	82.0%
		Actual	80.4%	91.6%	92.9%	91.9%	97.9%	89.7%	87.5%	89.1%	86.7%			
% therapeutic interventions started within 28 days following an LPMHSS assessment - Under 18	80%	Performance Trajectory	77.5%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	78%	83%	88%	90%	79%	80.8%	89.2%	88.1%	88.2%			
		Performance Trajectory	66.0%	68.0%	70.0%	72.0%	70.0%	75.0%	78.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	65.8%	47.2%	62.3%	49.0%	60.5%	48.5%	41.7%	49.2%	15.6%			
% therapeutic interventions started within 28 days following an LPMHSS assessment - 18 & Over	80%	Performance Trajectory	98.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
		Actual	97.2%	100.0%	100.0%	100.0%	95.8%	100.0%	100%	100%	100%			
		Performance Trajectory	70.0%	71.0%	74.0%	75.0%	77.0%	78.0%	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%
		Actual	69.7%	71.3%	72.2%	72.9%	68.9%	62.3%	58.8%	54.3%	51.5%			
% patients waiting less than 28 days for first appointment for sCAMHS	80%	Performance Trajectory	86.0%	93.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%	86.6%			
% children & young people waiting less than 26 weeks to start ADHD or ASD ND assessment	80%	Performance Trajectory	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%	86.6%			
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%	86.6%			
% patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult MH	80%	Performance Trajectory	86.0%	93.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%	85.0%
		Actual	87.6%	93.0%	95.7%	96.6%	90.5%	90.0%	89.0%	91.8%	86.6%			
% HB residents in receipt of secondary MH services who have a valid CTP - Under 18	90%	Performance Trajectory	97.8%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%	93.0%
		Actual	97.8%	98.0%	89.3%	94.5%	94.3%	96.2%	93.0%	90%	94%			
		Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%
		Actual	87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78.0%	77.0%			
% HB residents in receipt of secondary MH services who have a valid CTP - 18 & over	90%	Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%
		Actual	87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78.0%	77.0%			
		Performance Trajectory	82.0%	83.0%	85.0%	86.0%	87.0%	88.0%	89.0%	90.0%	90.0%	90.0%	90.0%	90.0%
		Actual	87.4%	89.6%	87.6%	80.6%	81.0%	77.6%	80.1%	78.0%	77.0%			

# Document Notes

## Data quality challenge for planned care waiting time submissions

Challenge reference	Description	Measures impacted
1	<p><b><u>Referral to treatment national reporting quality risk</u></b></p> <p>A data quality issue for waiting list performance as reported in the combined RTT was flagged. Diagnostic cardiology waits were included in both the combined RTT and the separate Diagnostic and Therapy Waits submissions, resulting in an overall double counting for diagnostic cardiology waits. This issue had been flagged to Welsh Government and has now been resolved by the Powys Data Intelligence Team. Only the consultant-led main cardiology pathway waits are included in the re-submissions. This challenge did and does not impact patient care but did impact the reporting accuracy of the health board. The below table denotes the count/% changes pre and post re-submission of the combined RTT for the provider period April 2023 to November 2023.</p>	25, 28, 29, 30,31,32

### Calculated difference from original monthly submissions to re-submission by snapshot date, waiting time band, and key waiting time metrics as part of the ministerial priorities.

Snapshot Date	Waiting list by wait bands					
	<26 weeks	26 - 35 weeks	36 - 52 weeks	53 - 76 weeks	77 - 104 weeks	Grand Total
20230430	-279	0	0	0	0	-279
20230531	-234	-1	0	0	0	-235
20230630	-234	0	0	0	0	-234
20230731	-220	0	0	0	0	-220
20230831	-250	-8	0	0	0	-258
20230930	-249	-9	0	0	0	-258
20231031	-251	-15	-1	0	0	-267
20231130	-283	-17	-5	0	0	-305
<b>Grand Total</b>	<b>-2000</b>	<b>-50</b>	<b>-6</b>	<b>0</b>	<b>0</b>	<b>-2056</b>

Key waiting time metrics					
	% 26 weeks	36+ weeks	Over 52 weeks	Number stage 1 +36	Number stage 1 over 52 weeks
Apr-23	-0.24%	0	0	0	0
May-23	-0.22%	0	0	0	0
Jun-23	-0.21%	0	0	0	0
Jul-23	-0.21%	0	0	0	0
Aug-23	-0.21%	0	0	0	0
Sep-23	-0.25%	0	0	0	0
Oct-23	-0.22%	-1	0	0	0
Nov-23	-0.18%	-5	0	0	0
<b>YTD</b>	<b>-0.21%</b>	<b>-6</b>	<b>0</b>	<b>0</b>	<b>0</b>

### Performance by report month snapshot following re-submission including target compliance RAG

Key waiting time metrics					
Report month	% 26 weeks	36+ weeks	Over 52 weeks	Number stage 1 +36	Number stage 1 over 52 weeks
Apr-23	93.2%	164	16	67	1
May-23	92.0%	211	14	98	3
Jun-23	92.5%	203	14	112	4
Jul-23	91.9%	232	29	126	19
Aug-23	90.0%	272	52	159	42
Sep-23	88.5%	331	75	197	60
Oct-23	87.5%	414	99	257	80
Nov-23	88.2%	400	56	222	18
<b>YTD</b>	<b>90.5%</b>	<b>2227</b>	<b>355</b>	<b>1238</b>	<b>227</b>

Difference highlighted by colour gradiance, the value is either the number of pathways change or % reduction

Data source - Powys Information monthly submission files

Data resubmission did not effect reported compliance with the ministerial measures, compliance in table RAG rated

**Delivery and Performance  
Committee**

**Date of Meeting: 29 February 2024**

**Subject :**

**Progress Against the Integrated  
Plan 2023-2026, for the Quarter 3  
Period, October to December 2023**

**Approved and Presented by:**

Director of Performance and  
Commissioning

**Prepared by:**

Assistant Director of Planning/ Planning  
Managers

**Other Committees and  
meetings considered at:**

Executive Committee – 14 February  
2024 who:

- **Moderated** the report
- **Agreed** the change request  
included in the report
- Took **assurance** as an Executive  
Committee that it is executing its  
collective role in the monitoring of  
progress against the Annual  
Delivery Plan.

**PURPOSE:**

This report provides the Delivery and Performance Committee with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2023). Following consideration at the Committee, it will be submitted to Board on 20 March 2024 and then Welsh Government, as a formal report of Progress against Plan for Quarter 3.

**RECOMMENDATION(S):**

The Committee is asked to:

- Receive **ASSURANCE** that the organisation has appropriate mechanisms in place to monitor delivery against the Annual Plan;
- Receive **ASSURANCE** against delivery of the plan at the end of quarter 3.

## EXECUTIVE SUMMARY:

This report provides the Committee with an update of the progress made against the Integrated Plan for the Quarter 3 period (October to December 2023).

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

This report will subsequently be provided to both PTHB Board and Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period.

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

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

## DETAILED BACKGROUND AND ASSESSMENT:

### Completion of the report

Each of the 32 Strategic Priorities set out in the Integrated Plan has been reviewed and a commentary provided on key achievements and challenges, where required for Quarter 3. An additional explanation including mitigating action is also included where any items are rag rated as red.

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

It was agreed at Executive Committee during the moderation for the Q1 cycle that change requests will only be used for changes to Strategic Priorities (i.e. removal or addition of these). It will not apply to individual milestones or actions – any variance in these is expected to be explained in the overarching commentary.

These improvements are intended to produce a more consistent and meaningful overview across a complex and multi-dimensional plan.

An alternative approach was trialled to collate the information for this report where Planning Managers hosted pop up sessions with the Executive Directors and their nominated leads in order to collect the information required. This was received favourably as an alternative where the request for information was made via email and chased until complete.

### Alignment with the Plan Review and Reset exercise

A exercise was undertaken commencing in September and concluding in November 2023, to identify areas of the current year's plan where changes in prioritisation, scope or timescale were required, following on from the Executive Opportunities work carried out in the organisation (and reported separately to Committees and Board).

Following on from this, entries highlighted in pink are reflecting those areas which have been deprioritised, rescoped or rescheduled as part of the reset work in November 2023. A description has been included on each of the entries in pink noting the new status of each item and the relevant commentary provided in November 2023 has been retained for this quarter to provide context in each case.

## NEXT STEPS:

Following consideration at this Committee, this report will be provided to the PTHB Board and then onto Welsh Government as a formal report of Progress against Plan for the Quarter 3 Period.

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

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

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

IMPACT ASSESSMENT				
Equality Act 2010, Protected Characteristics:				
	No impact	Adverse	Differential	Positive
<b>Age</b>				
<b>Disability</b>				
<b>Gender reassignment</b>				
<b>Pregnancy and maternity</b>				
<b>Race</b>				
<b>Religion/ Belief</b>				
<b>Sex</b>				
<b>Sexual Orientation</b>				

**Statement**

*Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken*

Marriage and civil partnership					
Welsh Language					
<b>Risk Assessment:</b>					
	Level of risk identified				<p><b>Statement</b></p> <p><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p> <p>Refer to the Corporate Risk Register for a fuller description of key strategic risks and mitigations in place</p>
	None	Low	Moderate	High	
Clinical			X		
Financial			X		
Corporate		X			
Operational			X		
Reputational		X			

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GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

# Integrated Plan Progress Report

## Quarter 3 2023/ 2024

### October to December 2023

#### BRAGG Key

Blue - Complete

Red - Behind schedule

Amber - At risk/issues present

Green - On track

Grey - Not due yet

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- *Entries in pink are reflecting those areas which have been deprioritised, rescope or rescheduled as part of the reset work in November 2023.*
- *A description has been included on each of the entries in pink noting the new status of each item and the relevant commentary provided in November 2023 has been retained for this quarter to provide context in each case.*





Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board

## Plan on a page 2023 > 24



1. Population health improvement including health inequalities
2. Health Protection including vaccination
3. Health protection – Infection Prevention and Control



4. Primary Care  
*\*Ministerial Priority*
5. Diagnostics  
*\*Ministerial Priority*
6. Admission Avoidance
7. Planned Care  
*\*Ministerial Priority*



8. Cancer  
*\*Ministerial Priority*
9. Circulatory
10. Respiratory
11. Mental Health  
*\*Ministerial Priority*



12. Frailty and Community Model  
*\*Ministerial Priority in relation to DTOC*
13. Urgent and Emergency Care  
*\*Ministerial Priority*
14. Specialised Care

**Wellbeing Objectives:**  
providing the bridge to the medium term and longer term ambition

**In Year Strategic Priorities:**  
(incorporating Ministerial Priorities)

### Enabling Objectives supporting delivery of Strategic Priorities



WORKFORCE FUTURES



DIGITAL FIRST



INNOVATIVE ENVIRONMENTS



TRANSFORMING IN PARTNERSHIP

- Transformation & sustainability of our workforce
  - A great place to work
  - Employee health and wellbeing
- Joint workforce futures programme

- Digital strategic framework
- Implement clinical digital systems
- Resilient, cyber secure infrastructure
- Electronic document management and digitalisation
- Modernise data architecture and business intelligence

- Capital and estates programme
- Environmental management and decarbonisation

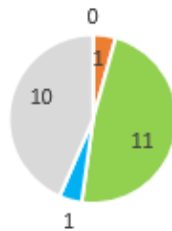
- Governance
- Quality Governance
- Engagement and Communication
- Strategic Commissioning and Performance
  - Strategic Planning
  - Innovation and Improvement
- Strategic Equalities and Welsh Language

**Enabling Priorities 2023-2026**

Quality and Value (Patient Safety, Outcomes and Experience) are fundamental across the whole plan

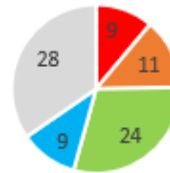
# SUMMARY OVERVIEW

## Focus on Wellbeing



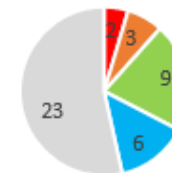
■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

## Early Help and Support



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

## Tackling The Big Four



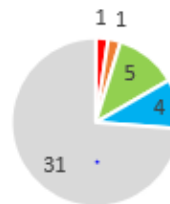
■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

## Joined Up Care



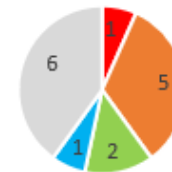
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## Workforce Futures



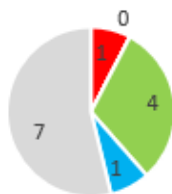
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## Digital First



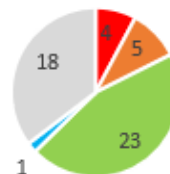
■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

## Innovative Environments



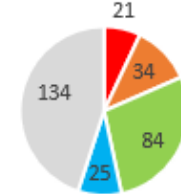
■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

## Transforming in Partnership



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

## Overall



■ Behind Schedule ■ At risk ■ On track ■ Complete ■ Not due yet

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## Focus on Wellbeing

### Strategic Priority 1 – Population Health improvement including Health Inequalities

Executive Leads – Director of Public Health / Director of Nursing and Midwifery/Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Healthy Child Wales Programme (HCWP) – HCWP and HCWP Flying Start being delivered and subject to regular review and performance management via the Womens & Childrens Senior Management Team (SMT) and any actions required implemented.
- Delivery of Pathfinder Early Years Integration Programme – Pilot commenced April 2023 reporting to Start Well 'Early Help and Play' workstream board. Programme implementation on track. Exit strategy to commence in Quarter 4.
- Delivery of the NYTH/NEST Programme – partnership engagement under Start Well workstreams, all underpinned by the NYTH/NEST principles. Programme implementation on track.
- There has been a step change in number of smokers accessing support with the number of quits attempts April-September 2023/24, 54% higher than the same period last year. A text messaging project for identified smokers continues to be rolled-out through GP practices; a training and communication plan has been developed for quarter 4 for Community Pharmacies to enhance delivery and improve awareness of smoking cessation services in pharmacy settings.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	Status BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Mills Belinda 28/02/2024 15:10:16	• Healthy Child Wales Programme Q1 – Q4	DoNM	Green	Green	Green		H	H	H	H
	• Designed to Smile Q1 – Q4	D Ops	Green	Green	Green		H	H	H	H

Delivery of health-board-led population level health improvement programmes (including recovery of delivery following pandemic)	<ul style="list-style-type: none"> <li>Expand the offer of Just B smoking prevention programme to targeted secondary schools in conjunction with Public Health Wales Q3 – Q4</li> </ul>	DPH			Green		M	H	H	H
	<ul style="list-style-type: none"> <li>Work in partnership to improve awareness of and access to NHS Stop Smoking Service Q1–Q4</li> </ul>	DPH	Green	Green	Green		M	M	H	H
	<ul style="list-style-type: none"> <li>Delivery of Pathfinder Early Years Integration programme (Regional Partnership Board Start Well Programme) Q1 – Q4</li> </ul>	DoNM/ D Ops	Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Delivery of NYTH/NEST programme (Regional Partnership Board Start Well Programme) Q1 – Q4</li> </ul>	DoNM/ D Ops	Green	Green	Green		H	H	H	H
	Work in partnership to develop a Whole System Approach to Healthy Weights programme by: <ul style="list-style-type: none"> <li>Planning and delivering stakeholder engagement workshops Q1</li> </ul>	DPH	Blue				H	H	H	H
	<ul style="list-style-type: none"> <li>Undertaking mapping and analysis at sub-system level to identify specific system areas for action Q3</li> </ul>				Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Developing an action plan Q4</li> </ul>						H	H	H	H

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

**Change in Scope**

☐

**Change in Timescale**

☐


N/A

**Executive Director Sign Off**

Mererid Bowley (Director of Public Health)  
Claire Roche (Director of Nursing and Midwifery)

## Strategic Priority 2 – Health Protection including vaccination

Executive Lead – Director of Public Health

Commentary on Progress in this Quarter:

- COVID-19 Autumn Booster Campaign delivered in line with Welsh Government directives. Achieved Welsh Government target of all appointment invitations sent out by 30<sup>th</sup> November 2023 and all first appointments offered before 17<sup>th</sup> December. To date, Autumn boosters have been administered to 61.7% of the eligible population in Powys. This is the highest uptake of all Health Boards in Wales, with the Welsh average at 53%.
- Improvements have been seen in pre-school childhood immunisations uptake (now at 94.7%). An enhanced surveillance project, in partnership with Primary Care, included reviewing and updating records, and proactively offering vaccinations to children overdue. In addition, weekly monitoring of children on lists for immunisation is being undertaken, and in liaison with Primary Care to identify reasons for waits, sustainable solutions and support for barriers to uptake have been offered.
- A range of options are offered to Health Board staff to get flu and Covid-19 vaccinations, including daily walk-ins to vaccination centres, weekly outreach and drop-ins with a focus on lower uptake areas and offering vaccination at clinical education sessions. For flu only (due to movement restrictions with Covid-19 vaccines) there are weekly walkabouts offering staff vaccination. Data is being cleansed and analysed to identify areas/staff requiring further focus.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of revised model of Mass Vaccination including local implementation of National Immunisation Framework	• Implement revised mass vaccination model in line with agreed OCP Implementation Plan Q1	DPH	Blue				H	H	H	H
	• Deliver covid-19 booster campaigns in line with Welsh Government directives Q1, Q2, Q4		Green	Green			H	H	H	H
	• Develop a vaccine equity plan to reduce variation in uptake Q3				Green		H	H	H	H
	• Promote uptake of immunisation for all ages Q1 - 4		Green	Green	Green		H	H	H	H
	• Implementation of immunisation schedule in line with National Immunisation Framework and Welsh Health Circulars Q3 - Q4				Green		M	H	H	H

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		<ul style="list-style-type: none"><li>Promote uptake of national cancer screening in partnership with Public Health Wales Q1 – Q4</li></ul>		Green	Green	Green		H	H	H	H
Delivery of local component of Health Protection response aligned with National Health Protection Review including communicable disease, community outbreaks of infectious diseases, public health emergencies, testing, tracing, Monkeypox, refugees		<ul style="list-style-type: none"><li>Support Public Health Wales to refresh the Communicable Disease Outbreak Plan for Wales Q4</li></ul>	DPH					H	H	H	H
		<ul style="list-style-type: none"><li>Annual review of civil contingency response plans, participation in training and exercises Q4</li></ul>						H	H	H	H
		<ul style="list-style-type: none"><li>Work with partners to develop a joint recovery plan for Hepatitis B and C – delivery Q2</li></ul>			Green			H	H	H	H
		<ul style="list-style-type: none"><li>Work with Public Health Wales and Local Authority to evolve a transitional health protection service to respond to public health threats within allocated funding Q1 - 4</li></ul>		Amber	Amber	Amber		M	M	H	H
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
N/A											
Executive Director Sign Off		Mererid Bowley (Director of Public Health)									

<b>Strategic Priority 3 – Health Protection – Infection Prevention and Control</b> <b>Executive Lead – Director of Nursing and Midwifery</b>
Commentary on Progress in this Quarter: <ul style="list-style-type: none"> <li>Infection Prevention Control (IPC) Improvement Plan progress as below. This is reported to the Executive Committee and Patient Experience Quality and Safety Committee (PEQs).</li> </ul>

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Summary Delivery vs Plan		
Delivery against Plan	RAG Status Definition	%
% of activities which are complete	The action has been completed and there is a record of evidence to support it's completion.	60%
% of progress being made	Progress is good and the action is likely to be achieved within timescale.	19%
% of activities which are late or confirmed as being late	Work is significantly behind schedule and no progress has been made/or progress has been made but the timescale has not been achieved.	2%
% of activities on track	Progress being made and is on track and will be completed on timescale.	19%

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver improvements in Infection Prevention and Control, building on and strengthening learning from the Covid-19 pandemic and beyond	• Diagnostic phase: Gap analysis of Infection Prevention and Control Q1	DoNM	Blue				H	H	H	H
	• Implementation of Improvement Programme, "Journey to Excellence" informed by diagnostic assessment above, to include objective setting for year 1 – Q3				Blue		H	H	H	H
	• Completion and embedding of immediate "make safe" actions, as identified in "Infection Prevention and Control: Journey to Excellence" Q4						H	H	H	H
	• Completion of Year 1 objectives Q4						H	H	H	H

<b>Formal change request (Please tick as applicable and provide explanation below)</b>			
<b>Change in Scope</b>		<b>Change in Timescale</b>	
N/A			
<b>Executive Director Sign Off</b>	Claire Roche (Director of Nursing and Midwifery)		

## Early Help and Support

### Strategic Priority 4 – Primary Care \*Ministerial priority

Executive Lead – Director of Finance and IT

Commentary on Progress in this Quarter:

- General Medical Services (GMS) – New GMS Regulations in place, with supporting national Contract Assurance Framework agreed. All practices have declared participation in the QI projects to complete end Q4. Gilwern branch surgery closure 30<sup>th</sup> November 2023, supporting future sustainability of Crickhowell Medical Practice – cross-border task-and-finish group in place along with a robust mitigation plan in place supporting continued access to patient services in Gilwern.
- Community Pharmacy - The health board's medicines management team has continued to work with GP practices to move to 56 day prescribing, although this has only been possible for our non-dispensing practices. Dispensing practices are reluctant to move due to the impact that it will have on their income. As a consequence, pharmacist time is not being released to allow them to focus on more clinical duties.
- The health board's medicines management team continues to monitor uptake of clinical community pharmacy services and provides contractors with monthly updates. Where a commitment has been given to provide these services, but there is no evidence of provision, discussions are taking place with contractors to understand barriers.
- The health board is promoting Pharmacist Independent Prescribers and providing support as appropriate to those considering training.
- Clusters – Accelerated Cluster Development foundation year in progression, collaboratives in place in line with milestones.
- General Optometry Services (GOS) – New GOS Regulations in place. Independent Prescriber Optometry Service (IPOS) service now complete. National delay with finalisation of Welsh Government OS4 clinical services manual creating risk to the implementation of service by end March 2024 (medical retina/glaucoma services).
- General Dental Services – New Newtown contract fully embedded and contract is increasing each quarter towards achieving full capacity. Llandrindod contract in place, but unlikely to be at full capacity by year end. Brecon provider fully operational. Hay on Wye contract terminated on 30<sup>th</sup> November 2023, PTHB salaried service in place, currently being managed at Brecon Community Dental Service. Currently scoping out using the mobile dental unit to run out of the Hay area. Urgent access being managed, and transfer of patients from waiting list continues.



Commentary on red rated actions:

- General Optometry Services – School service vision delayed as part of reset work.
- Work to improve use of community pharmacy continues although it hasn't been possible to progress some areas due to the workforce challenges faced by community pharmacy e.g. Development of a workforce model including out of hours
- An evaluation of rota services has not yet taken place, although this is something that the health board needs to do to ensure that citizens are gaining a benefit from the investment. This is something that we hope to do during 2024/25. One multiple has provided assurance that they would like to work closely with the health board to review rota service provision.

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Increased access to GP and Community Services	• GP Practice Sustainability and contract reform Q1 - 4	DFIT	Green	Green	Green		H	H	H	H
	• Data analysis and review, including review of additional investment Q1 - 4 - REDUCTION		Green	Green	Green		H	H	H	H
	• Analysis of feedback and lessons learnt Q1 - 4 - REDUCTION		Green	Green	Green		H	H	H	H
	• Quality Improvement Data Activity Project will conclude Q1 - 4		Green	Green	Green		H	H	H	H
	• Engagement with patients and stakeholders on the perception and experience of access Q1 - 4 - REDUCTION		Green	Green	Green		H	H	H	H
	• Maturing Clusters and GP Collaboratives in line with Cluster plans Q1 - 4		Green	Green	Green		H	H	H	H
Improved use of Community Pharmacy	• Development of a workforce model including out of hours model Q1 - 4 - POSTPONE	DFIT	Red	Red	Red		M	L	L	L
	• Community Pharmacy Service contract implementation to be monitored Q1 - 4		Green	Green	Green		H	H	H	H

	<ul style="list-style-type: none"> <li>Systematic tracking of access and compliance with contractors (including emergency medicine service and prescribing) Q1 - 4</li> </ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 - 4 - POSTPONE</li> </ul>		Green	Green	Green		M	H	H	H
	<ul style="list-style-type: none"> <li>Scoping, viability assessment, business case and skill development for identified opportunities Q2 - 4 - POSTPONE</li> </ul>			Red	Red		H	L	L	M
	<ul style="list-style-type: none"> <li>Rollout Community Pharmacy Collaborative Leads in Mid and South Powys Clusters Q1</li> </ul>		Amber				M	M	M	L
	<ul style="list-style-type: none"> <li>Evaluate patient use of rota services and consider improvements Q1</li> </ul>		Red				H	M	H	L
	<ul style="list-style-type: none"> <li>Refine and develop promotional opportunities Q1 - 4</li> </ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Ambition to implement, promote and monitor 56 day prescribing subject to resolution of operational challenges Q1 - 4</li> </ul>		Green	Green	Green		M	H	H	H
	<ul style="list-style-type: none"> <li>Support increased take up of non-medical prescribers Q2</li> </ul>			Green			M	H	H	H
Improved use of Optometry	<ul style="list-style-type: none"> <li>Contract reform including the Independent Prescribing Optometric Services (IPOS) Pathway launched Q1</li> </ul>	DFIT	Red	Red	Blue		H	H	H	H
	<ul style="list-style-type: none"> <li>Medical retina referral refinement and data capture Q2</li> </ul>			Red	Amber		M	M	M	M
	<ul style="list-style-type: none"> <li>Legislative change implementation Q3</li> </ul>				Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Glaucoma referral refinement and data capture with virtual review Q3</li> </ul>				Amber		H	M	M	M
	<ul style="list-style-type: none"> <li>Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster ; implementation Q1 - 2 - DEFFERED</li> </ul>		Green	Red			M	H	L	L
	<ul style="list-style-type: none"> <li>Establish systematic tracking of access in relation to Independent Prescribing Optometric Services hours of operation Q1</li> </ul>		Green				M	H	H	H

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	<ul style="list-style-type: none"> <li>Establish inter-practice referral for urgent cases Q1</li> </ul>		Amber	Green	Blue		M	H	H	H
	<ul style="list-style-type: none"> <li>1 optometrist qualified as prescriber in North Powys; inter-practice referral in this area; second role with inter practice referral Q2 - 4</li> </ul>			Green	Blue		M	M	H	H
	<ul style="list-style-type: none"> <li>School vision and eyecare access improvements Q1 - 4 - DEFERRED</li> </ul>		Amber	Amber	Red		M	M	M	L
	<ul style="list-style-type: none"> <li>Scope and develop health board led domiciliary service Q4</li> </ul>						L	L	L	L
	<ul style="list-style-type: none"> <li>Agree and implement 'The Eyes Open' communication campaign Q2</li> </ul>			Green			M	M	H	H
Increased use of Dental	<ul style="list-style-type: none"> <li>Implementation of new Llandrindod Wells contract with full operational capacity up to contract value Q1 - 4</li> </ul>	DFIT	Green	Green	Green		H	M	M	L
	<ul style="list-style-type: none"> <li>Rural enhancement offer for Foundation Dentists - two posts in place Q3 - 4</li> </ul>				Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Transfer 200 waiting list patients per quarter to salaried General Dental Practitioner Q1 - 4</li> </ul>		Green	Green	Green		M	M	H	H
	<ul style="list-style-type: none"> <li>Procure dental service in Newtown (North Powys Cluster) Q1 - 4</li> </ul>		Amber	Green	Green		M	H	H	H
	<ul style="list-style-type: none"> <li>Recruit additional dental officer for sedation Q4 - DELAYED</li> </ul>						M	H	H	Select
	<ul style="list-style-type: none"> <li>Recruit dental therapist in Mid Powys Cluster Q4 - DELAYED</li> </ul>						M	M	M	Select
	<ul style="list-style-type: none"> <li>Rescoped mobile dental services operational in areas with limited or no access Q4</li> </ul>						H	H	H	H
	<ul style="list-style-type: none"> <li>South Powys Cluster dental provider fully operational Q3</li> </ul>				Green		M	M	M	H
	<ul style="list-style-type: none"> <li>Maintain urgent access in General and Community Dental Service to achieve balance of capacity with slots meeting need by year end Q1 - 4</li> </ul>		Green	Green	Green		M	H	H	H

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	<ul style="list-style-type: none"> <li>Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 - DELAYED</li> </ul>							L	M	M	L
<b>Formal change request (Please tick as applicable and provide explanation below)</b>											
<b>Change in Scope</b>		<b>Change in Timescale</b>									
<b>Commentary provided for Plan Reset exercise November 2023:</b>											
<p>Increased access to GP and Community Services:</p> <ul style="list-style-type: none"> <li>Data analysis and review, including review of additional investment Q1 – 4 - Reduction focussing on mandatory and contractual obligations</li> <li>Analysis of feedback and lessons learnt Q1 – 4 - Reduction focussing on mandatory and contractual obligations</li> <li>Engagement with patients and stakeholders on the perception and experience of access Q1 – 4 - Reduction focussing on mandatory and contractual obligations</li> </ul> <p>Improved use of Community Pharmacy:</p> <ul style="list-style-type: none"> <li>Development of a workforce model including out of hours model Q1 – 4 - Request to postpone until next 24/25 due to conflicting pressures</li> <li>Work with contractors to identify barriers, service gaps and opportunities including Out of Hours Q1 – 4 - Request to postpone until next 24/25 due to conflicting pressures</li> <li>Scoping, viability assessment, business case and skill development for identified opportunities Q2 – 4 - Request to postpone until next 24/25 due to conflicting pressures</li> </ul> <p>Improved use of Optometry</p> <ul style="list-style-type: none"> <li>Pre-registration optometrist working between primary and secondary care in Mid Powys Cluster; implementation Q1 – 2 - Deferred to next financial year</li> <li>School vision and eyecare access improvements Q1 – 4 - Deferred to next financial year due to recruitment not being successful in year</li> </ul> <p>Increased use of Dental:</p> <ul style="list-style-type: none"> <li>Recruit additional dental officer for sedation Q4 - Delayed – won't be in post until new financial year</li> <li>Recruit dental therapist in Mid Powys Cluster Q4 - Delayed to next financial year – will not start until April 2024</li> <li>Develop undergraduate dental therapy placement programme with Cardiff Dental School Q4 - Delayed until next financial year – estimated start September 2024</li> </ul>											
<b>Executive Director Sign Off</b>		Pete Hopgood (Director of Finance, Information and IT)									

**Strategic Priority 5 – Diagnostics \*Ministerial priority**

## Executive Lead – Director of Community and Mental Health

### Commentary on Progress in this Quarter:

- Transnasal Endoscopy (TNE): Full charitable funding was secured to purchase the equipment and maintenance which has now been through procurement and received on site. Patient information leaflets and Standard Operating Procedures have been drafted, approved and signed off by the Medical Director. For the nasal spray a second Pharmacist is now reviewing and approving so the protocol can be signed off. Cwm Taf Morgannwg University Health Board (CTMUHB) is still unable to provide the training as planned due to capacity issues and this is now being explored with Wye Valley Trust (WVT) which has confirmed it has the capacity to support, and this is being taken forward as a matter of urgency. This is now critical to ensure delivery in Q4.
- Dermatology: General Practitioner with Extended Role (GPwER) in Dermatology appointed and in post. This had been based on appropriate Clinical Governance arrangements being in place, but unfortunately SBUHB was unable to fulfil the support promised in principle. A readiness assessment was undertaken and approval for go live given subject to alternative Clinical Supervision arrangement being secured. This has been proving challenging. The GPwER in the interim has been undertaking work on Interventions Not Normally Undertaken (INNU) as part of the Value Based Healthcare programme. In addition, funding has been secured through the Welsh Cancer Network to provide each GP Practice (engaged with the Dermatology Education Training Programme) with a Dermatology Dermoscopy camera. The camera will be provided to each GP Practice to help with dermatological referral management and to provide better quality dermatology referrals into secondary care. 14 out of 16 Practices have signed up and will receive the equipment and training which will be led by the GPwER in Dermatology.
- Community Cardiology: North Powys: Implementation of the Community Cardiology Service in North Powys is in place. A GP with a Special Interest has been secured on a permanent basis working with a team including Advanced Cardiac Physiologist, Cardiac Rehabilitation Specialist, Cardiac Specialist Nurses and Assistant Practitioners. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to 2 outpatient clinics are held in Newtown per week. The service is now receiving 50-60 referrals per month. Of the 410 patients seen to date only 17 have required onwards referral to a DGH Consultant. 333 patients have received an echocardiogram in Powys and 23 an ECG. Treatment plans have been put in place for 230 patients locally.
- Community Cardiology – Rehabilitation: The part time Cardiology Rehabilitation Specialist for North Powys has been in post since October 2023 and the mid/south commenced in post on 8<sup>th</sup> January 2024. The rehabilitation programme is being delivered in Newtown with 12 patients currently on the programme, and 38 patients having completed it. Rehabilitation programmes in Welshpool and across the mid and South will commence in quarter 4. Engagement with general practices has taken place, a performance dashboard and electronic referral process are being developed.

### Commentary on red rated actions:

- Community Dermatology: The progress which has been made is described in the narrative above. However, it has not yet been possible to secure an alternative provider for ongoing clinical supervision after the original health board had to withdraw. Thus, at present progress is being made in relation to the implementation of the Dermatoscopes, referral improvement and in relation to INNU but the other aspects of the implementation are paused due to this issue.

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment <i>0 = Original</i>			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Access to additional regional diagnostics capacity	<ul style="list-style-type: none"><li>Identify potential to repatriate low complexity activity and clarify basis of access Q2 – 4 – PARTIALLY DEFERRED</li></ul>	D Ops		Green	Select		M	M	M	Select
	<ul style="list-style-type: none"><li>Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2</li></ul>			Amber			H	M	M	M
	<ul style="list-style-type: none"><li>Issue commissioning intentions, Agree Long Term Agreements Q3 - 4</li></ul>				Blue		H	H	H	H
	<ul style="list-style-type: none"><li>Adjust in year Long Term Agreements where solutions can be expedited Q3</li></ul>				Red		M	L	L	L
Implementation of Transnasal Endoscopy	<ul style="list-style-type: none"><li>Readiness assessment, capital installed, pilot initiated in Mid and South Powys, review, Plan for North Powys developed Q1 - 4</li></ul>		Green	Green	Green		H	H	M	M
Implementation of Community Cardiology	<ul style="list-style-type: none"><li>Implementation of plan for first phase of Community Cardiology and transition to business as usual in North Powys; tracking activity, patient outcomes and experience Q3</li></ul>				Blue		M	M	M	H
	<ul style="list-style-type: none"><li>Commence roll out the next phase of the Community Cardiology service to Mid and South Powys (subject to resource and funding) Q4</li></ul>						M	M	M	H
	<ul style="list-style-type: none"><li>Work to improve equity of access to cardiac rehabilitation Q3</li></ul>				Blue		M	M	M	H

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Implementation of Dermatology	<ul style="list-style-type: none"> <li>Phase 2 (South Powys) recruitment, implementation, Phase 3 (North Powys), Phase 4 (Mid Powys) Q1 - 4</li> </ul>		Green	Green	Red		M	M	H	L
Complete access to Rapid Diagnostic Clinics	<ul style="list-style-type: none"> <li>Interim access for Mid Powys Q1</li> </ul>		Amber				H	H	L	H
	<ul style="list-style-type: none"> <li>Research potentiality of rural model Q1 - 2</li> </ul>		Green	Blue			H	H	H	H
	<ul style="list-style-type: none"> <li>Agree longer term model Q2</li> </ul>			Blue			H	M	H	H
Straight to Test Model	<ul style="list-style-type: none"> <li>Work with commissioned services on straight to test models Q1 - 2</li> </ul>		Amber	Amber			M	M	M	M
	<ul style="list-style-type: none"> <li>Review impact on outpatient delivery, business case development, implementation Q3 - 4</li> </ul>				Red		M	M	M	L
Implement Regional Image Sharing Platform & capital review of diagnostic equipment	<ul style="list-style-type: none"> <li>Regional Image Sharing Platform implementation plan Q4</li> </ul>						M	L	L	H
	<ul style="list-style-type: none"> <li>Capital bid complete Q3</li> </ul>				Blue		H	L	L	H
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
Change in Scope		Change in Timescale								
<b>Commentary provided for Plan Reset exercise November 2023</b> <u>Access to additional regional diagnostics capacity</u> <ul style="list-style-type: none"> <li>Identify potential to repatriate low complexity activity and clarify basis of access Q2 - 4 - Partially deferred to next financial year due to challenges and capacity across NHS providers. Significant delays are currently experienced by DGH partners in interpreting and reading scans. Plans to work up insourced provision e.g. Medinet is being worked up for Q4 to achieve the 36 week and 14 week targets.</li> </ul>										
<b>Executive Director Sign Off</b>		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)								

## Strategic Priority 6 – Admission Avoidance

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- Secure approval for business case and implement phase 1: Work has been undertaken on admission avoidance focusing on the Cellulitis and Urinary Tract Infection Pathways. A presentation including data analysis related to IV Therapy was shared with the Accelerated Sustainable Model (ASM) Diagnostic, Ambulatory and Planned Care Programme Board on 27<sup>th</sup> October 2023. A meeting has taken place with the national lead for Cellulitis on the 12<sup>th</sup> December 2023 and a Value-Based business case is being developed for Investment Benefit Group to align to the national recommendation for Cellulitis pathway. The business case will be considered by the Value Based Healthcare Programme Board on the 25<sup>th</sup> January 2024 and will be submitted to IGB shortly thereafter. A Task and Finish group is being established to take forward the development UTI Pathway work, including the development of the business case for Investment Benefits Group (IBG).

Commentary on red rated actions:

- As reported in Q2, during August and the beginning of September the Accelerated Sustainable Model Programme Boards were stood down at the request of the Executive Committee whilst urgent work was undertaken in relation to savings requirements. As previously reported, this has had a knock-on effect on the timelines for this programme, and a request was made for these to be reset. However, as the only reset options in the reset was to retain or cease the work, the work has continued but the timescales are no longer possible.

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Develop and implement a phased plan for admission avoidance in Powys (Detail to be determined as part of the Design phase of the ASM)	<ul style="list-style-type: none"> <li>Contribute to the Design Phase of the Accelerated Sustainable Model by exploring the potential for admission avoidance in Powys Q1 - 2</li> </ul>	D Ops	Blue	Blue			H	H	H	H
	<ul style="list-style-type: none"> <li>Develop a business case, with phased and costed implementation plan, including capital, Digital, workforce, demand and capacity modelling, engagement and consultation implications and impact assessment Q2</li> </ul>			Red			H	M	L	L
	<ul style="list-style-type: none"> <li>Secure approval for business case and implement Phase 1 – Q3</li> </ul>				Red		Blank	M	M	L

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	<ul style="list-style-type: none"> <li>Implement Phase 2 – Q4</li> </ul>							Blank	M	M	L
<b>Formal change request (Please tick as applicable and provide explanation below)</b>											
<b>Change in Scope</b>		<b>Change in Timescale</b>									
N/A											
<b>Executive Director Sign Off</b>	Joy Garfitt (Director of Operations/ Director of Community and Mental Health)										

<b>Strategic Priority 7a) – Planned care (Transformation / Accelerated Sustainable Model)</b> <b>Executive Lead – Director of Community and Mental Health</b>
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> <li>Gap assessment of Planned Care infrastructure: Whilst progress has been made in terms of recruitment of a Theatre Manager and interim Clinical Director for planned care, increased clinical capacity is required to fully complete this task. Plans are being developed to increase the clinical time of the clinical director for planned care role and this role will be advertised within the next quarter – see point below</li> <li>Delivery of Theatre Efficiency Plan: The health board is now part of the Getting It Right First Time (GIRFT) Theatre Efficiency all Wales workstream. Current sessions delivered benchmark well when compared with peers but fall below recommended GIRFT levels of efficiency. The GIRFT improvement plan details action all HBs need to undertake to improve efficiency. It is expected that during 24/25, theatres run in Powys will operate at GIRFT standards for the majority of sessions run.</li> <li>Appointment of Planned Care Director: An interim arrangement is in place for one day per week. Directors are considering the need for this to be extended to include additional sessions.</li> <li>Commissioning Intentions/Service Level Agreement (SLA): As part of the 23/24 mid-year plan reset, the HB decided not to expand the repatriation of cases back to Powys given the fragility of some of the In-reach support required from neighbouring NHS bodies to assist (across England and Wales). This will be pursued in 24/25 including the use of outpatient treatment rooms for some procedures to be undertaken (where clinically appropriate to do so)</li> <li>Wet AMD and Cataracts: Wet AMD clinics have now returned to full capacity –6 full days per month. PTHB has trained and employed its first Eye Care Nurse who qualified as a nurse injector. Further development of Eye Care in North Powys includes environmental, and equipment upgrades and appointment of Senior Nurse Manager for Outpatients Development Plan. Introduction of scanners in Welshpool, Llanidloes and Machynlleth has allowed repatriation of North Powys patients back into Powys. Patients on South waiting lists if required are offered appointments in the Mid to support backlog. A review of all surgical cataract patients treatment pathway and outcomes that attended between March 2023-May 2023 that attended both Llandrindod Wells and Brecon Hospital has been carried out. One hundred and fifty medical notes were audited using the</li> </ul>

audit tool developed. As of November 2023, there are no patients waiting 52 weeks plus for cataract outpatient appointment or cataract procedure in PTHB. The in-reach consultant service remains fragile with consultant absence due to annual leave, sickness absence and vacancies. Backfill of missed sessions does not always happen and this is raised at the SLA meetings with providers.

- GIRFT: Substantial work has been undertaken through this programme in relation to the GIRFT reviews of Ophthalmology, Orthopaedics, General Surgery, Gynaecology and Urology which will be reported in Q4.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strengthen existing infrastructure and governance	<ul style="list-style-type: none"> <li>Gap assessment of Planned Care infrastructure inc. Operational Management; Clinical Leadership and supervision; quality and safety governance Q2 - 4</li> </ul>	D Ops		Green	Amber		H	M	M	M
Deliver improvements in line with Getting It Right First Time reviews	<ul style="list-style-type: none"> <li>Delivery of Theatre Efficiencies Plan Q2 - 4</li> </ul>			Green	Amber		H	H	H	M
	<ul style="list-style-type: none"> <li>Implement Getting It Right First Time recommendations for orthopaedics, general surgery and gynaecology including repatriation of L complexity day cases Q4</li> </ul>						H	H	H	L
	<ul style="list-style-type: none"> <li>Detailed exploration of Insourcing to provide additional capacity extended Q4</li> </ul>						M	H	H	H
Deliver benefits of Outpatient Transformation	<ul style="list-style-type: none"> <li>Appoint Planned Care Clinical Director Q3</li> </ul>				Amber		H	M	H	M
	<ul style="list-style-type: none"> <li>Implement agreed plan (virtual appointments, access to advice and guidance, modernisation of follow ups including see on symptoms) Q1 - 4</li> </ul>		Green	Amber	Amber		M	M	M	M

Access to additional regional planned care capacity	<ul style="list-style-type: none"> <li>Identify potential locations across five regions for PTHB flow; equality impact assessment and identify related engagement and consultation requirements Q2</li> </ul>			Amber			M	L	L	L
	<ul style="list-style-type: none"> <li>Identify potential to repatriate low complexity activity and clarify basis of access e.g., second offer Q2 – PARTIALLY DEFERRED</li> </ul>			Red			M	H	L	Select
	<ul style="list-style-type: none"> <li>Undertake demand and capacity analysis including Non-Emergency Patient Transport (NEPTs) Q2</li> </ul>			Amber			H	M	M	L
	<ul style="list-style-type: none"> <li>Issue commissioning intentions, Agree Long Term Agreements, Adjust in year Long Term Agreements where solutions can be expedited Q3</li> </ul>				Blue		M	H	H	H
Improve Value in key specialties	<ul style="list-style-type: none"> <li>Wet Age-Related Macular Degeneration (AMD) and Cataracts – action plan and improvement, commissioning intentions, Long Term Agreements / Service Level Agreements Q1 - 4</li> </ul>		Green	Green	Green		H	H	M	M
	<ul style="list-style-type: none"> <li>Musculoskeletal - Develop Action Plan Q1 - 2</li> </ul>		Green	Blue			H	H	H	H

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

**Change in Scope**

**Change in Timescale**

**Commentary provided for Plan Reset exercise November 2023**

Access to additional regional planned care capacity

- Identify potential to repatriate low complexity activity and clarify basis of access e.g. second offer Q2 - Partially deferred to next financial year in terms of access to NHS Unit additional capacity due to commissioned capacity challenges. Actively exploring Medinet to provide managed service to clear waiting lists prior to year end.

**Executive Director Sign Off**

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

**Strategic Priority 7b) – Planned Care (Women and Children)**

**Executive Lead – Director of Community and Mental Health**

#### Commentary on Progress in this Quarter:

- Digital Maternity Cymru (DMC) – Project board including DHCW national DMC team representation, continues to steer Powys delivery. Recruitment of a nationally funded local health board (HB) Project Manager has been agreed for 2024/25 to support implementation of DMC in Powys with a defined high level work plan. Assurance also received confirming of funding re the Senior Lead Maternity Clinical Informaticist role in 2024/25. However, future funding for this post will become the responsibility of local HBs thereafter and a business case anticipated.
- National system procurement delayed to March 2024 whilst an Outline Business Case (OBC) is developed, and it is anticipated that the DMC solution will be fully implemented across Wales by March 2027. Therefore, the 2023/24 project plan progressed in line with national approach.
- Maternity Continuous Improvement Plan – continues to progress. Reviewed monthly and reports to Maternity Matters.
- Implement recommendations of All Wales Maternity Neonatal Report – incorporated into maternity continuous improvement plan. National focus on Modified Early Warning Score (MEWS) and Avoiding Term Admissions Into Neonatal Units (ATAIN) and implementation in Powys due to commence in Qtr4. Work will continue into 2024/2025.
- Birth Rate Plus Recommendations – SBAR developed in Quarter 3 for consideration in Quarter 4, hence Amber status.
- Health Inspectorate Wales (HIW) Recommendations for birth centre environments – Llanidloes birth centre works complete. No progress re Knighton, hence Amber status.  
All Wales HIV Plan – PTHB sexual health attend national meetings, however, local progress is led by the Public Health service to support implementation this work has been expanded to include the reduction in blood born viruses.
- Women's Health Implementation Group (WHIG) – WHIG have developed a national plan to be implemented under local health boards based on the Quality Statement. The W&C progress has included development of a robust data capturing system to identify patients referred to the service and to map data regarding patient referred other service. Coding commenced in 2023 to inform the demand and capacity exercise.
- Scale up Endometriosis & Menopause pilots, based on evaluation outcomes – Endometriosis service fully operational at Quarter 2 but the service excludes menopause. Menopause review to commence in 2024/25.
- Community Paediatric Remodel (including alignment to the Neurodevelopment (ND) service redesign) – Workstreams SBARs in progress to inform an overarching a Community Paediatric Remodel SBAR. The Recommendations report to be considered in Quarter 4.

#### Commentary on red rated actions:

- Gender Identity – Service Level Agreement (SLA) needs further revision and work currently underway to agree a sustainable and financially affordable future model.
- Delivery of Getting it Right First Time (GIRFT) Gynaecology Recommendations – There is a GIRFT action plan, however, we continue to work with planned care colleagues, commissioning and planning on what actions can realistically delivered.

#### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment
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							0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of the Maternity Assurance and Safety Improvements	<ul style="list-style-type: none"> <li>Implement the Digital Maternity Cymru solution with Powys Project Board; recruitment of Senior Lead Maternity Clinical Informaticist (Digital Midwife); Implement project plan Q1 - 4</li> </ul>	D Ops	Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Implement PTHB Maternity Continuous Improvement Plan</li> </ul>		Green	Green			H	H	H	H
	<ul style="list-style-type: none"> <li>Implement recommendations of All Wales Maternity Neonatal Report Q2 - 4</li> </ul>			Amber	Amber		H	M	M	M
	<ul style="list-style-type: none"> <li>Review establishment against Birth Rate Plus Recommendations and develop response Q2 - 3</li> </ul>			Green	Amber		M	M	M	H
	<ul style="list-style-type: none"> <li>Deliver the transfer from South Powys Maternity Pathways from Aneurin Bevan University Health Board to Cwm Taf Morgannwg Q3 - 4</li> </ul>				Blue		H	H	H	H
	<ul style="list-style-type: none"> <li>Implement Healthcare Inspectorate Wales (HIW) recommendations for birth centre environments including CAD designs and works for Llanidloes/Knighton Q3 - 4</li> </ul>				Amber		M	L	L	M
Delivery of the Women's and Sexual Health Improvement Plans	<ul style="list-style-type: none"> <li>Implement All Wales case management system Q3</li> </ul>				Amber		M	L	L	L
	<ul style="list-style-type: none"> <li>Implement the All Wales HIV Plan Q1 - 4</li> </ul>		Amber	Amber	Amber		M	M	L	L
	<ul style="list-style-type: none"> <li>Develop sustainable model for Gender Identity Service Q1 - 4 - DELAYED</li> </ul>		Amber	Amber	Red		M	M	M	L
	<ul style="list-style-type: none"> <li>Delivery of All Wales Women's Health Implementation Group Priorities and Getting it Right First Time Gynaecology recommendations Q1 -4</li> </ul>		Red	Red	Red		M	L	L	L
	<ul style="list-style-type: none"> <li>Delivery of recommendations of the demand and capacity exercise Q3 - 4</li> </ul>				Green		H	L	L	M
	<ul style="list-style-type: none"> <li>Scale up Endometriosis &amp; Menopause pilots, based on evaluation outcomes Q2 - 3</li> </ul>			Green	Green		H	H	H	H

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Implementation of Paediatric Remodel including Paediatric Therapies	<ul style="list-style-type: none"> <li>Improve outcomes for children and families through earlier, targeted interventions, integrated multidisciplinary team working and enhanced case management including cross border Q1 - 4</li> </ul>		Green	Green	Green		H	H	H	H
<b>Formal change request (Please tick as applicable and provide explanation below)</b>										
<b>Change in Scope</b>		<b>Change in Timescale</b>								
<b>Commentary provided for Plan Reset exercise November 2023</b> Delivery of the Women's and Sexual Health Improvement Plans <ul style="list-style-type: none"> <li>Develop sustainable model for Gender Identity Service Q1 – 4 - Work on this area continues as part of the national programme. Unable to deliver this year as will require additional funding to expand the number of GI sessions required in Powys to meet current need.</li> </ul>										
<b>Executive Director Sign Off</b>	Joy Garfitt (Director of Operations/ Director of Community and Mental Health)									

## Tackling the Big Four

### Strategic Priority 8 – Cancer \*Ministerial priority

Executive Director – Medical Director

Commentary on Progress in this Quarter:

- Cancer Improvement Plan: The PTHB Cancer Improvement Plan, which was approved by the Executive Committee on 20<sup>th</sup> September 2023, is in place and will be reviewed annually. Further discussions to take place to agree how the annual review will be undertaken in future years.
- Transnasal Endoscopy (TNE): Full charitable funding was secured to purchase the equipment and maintenance which has now been through procurement and received on site. Patient information leaflets and Standard Operating Procedures have been drafted, approved and signed off by the Medical Director. For the nasal spray a second Pharmacist is now reviewing and approving so the protocol can be signed off. Cwm Taf Morgannwg University Health Board (CTMUHB) is still unable to provide the training as planned due to capacity issues and this is now being explored with Wye Valley Trust (WVT) which has confirmed it has the capacity to support, and this is being taken forward as a matter of urgency. This is now critical to ensure delivery in Quarter 4.
- Cytosponge (now Endosign): A pilot is underway using a different Capsule Sponge Testing device called Endosign (the functionality is the same). Initial training clinics took place in October 2023. One Endoscopy Nurse is now trained, once they have completed 30 procedures they will be able to train other clinicians. The pilot has successfully run four clinics and seen 24 patients. Further clinics and an evaluation of the pilot is to take place in Quarter 4. Excellent feedback has been received through PREMS.

- Cancer Tracker: The Cancer Tracker Post, situated in the Patient Services team, continues to review patients on the suspected cancer pathway for PTHB as a provider and works with the Quality & Safety team to review and improve processes.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver Cancer Improvement (in line with NHS Wales Cancer Improvement Plan)	• Map, benchmark and agree actions for nine themes; implementation, Review and plan next year Q1 – 4	MD	Green	Green	Blue		H	H	H	H
	• Single Cancer plan for Powys agreed Q1 – 2		Green	Blue			H	H	H	H
Rapid Diagnostic Clinics	• Review solution in place for access for Mid Powys patients Q1 - 2		Green	Blue			H	H	H	H
	• Scoping Rapid Diagnostic Clinic service in PTHB (Cancer Research Wales funded project), recommendations due June 2023 Q2			Blue			M	H	H	H
	• Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 – 2 - PAUSE		Green	Blue			M	H	H	Select
Delivery of Key Initiatives to improve access: • Cancer tracking	• Transnasal Endoscopy pilot Q2 – 4			Green	Green		H	H	M	M
	• Pilot the use of Cytosponge Q3 – 4				Blue		M	H	H	H
	• Set up Cancer tracking pilot approach within PTHB as a provider Q1 – 3		Green	Green	Blue		H	H	H	H
	• Evaluation and approval for the way forward Q4						H	M	M	M

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Quality Statement and Pathways	<ul style="list-style-type: none"> <li>Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 - DELAYED</li> </ul>		Green	Amber	Red		H	M	L	Select
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
<b>Commentary provided for Plan Reset exercise November 2023</b> <u>Rapid Diagnostic Clinics</u> <ul style="list-style-type: none"> <li>Consideration of research project and identification of access for mid Powys patients in partnership with Wales Cancer Network and providers Q1 – 2 - Request to pause given additional competing priorities this will be taken next year.</li> </ul> <p>This action was marked as blue in Q2 as it was completed, with the following wording: <i>RDC Research Project: The initial findings from a research project undertaken in collaboration with the Wales Cancer Network were discussed at the Cancer Programme Board Meeting on 6/6/23 and final conclusions and recommendations were presented at the Cancer Programme Board Meeting on 19/9/23. The outcome at this stage show that further changes to the RDC model would not be sustainable at present, the actions for this year are complete. However, in a future plan there could be the exploration of a hybrid model.</i> The action was to consider the research project, which was done, and it was determined that there was nothing further to progress in this financial year. There is an arrangement for the Mid Powys patients to access BCUHB in the interim which will remain in place</p>										
<u>Quality Statement and Pathways</u> <ul style="list-style-type: none"> <li>Work with the Wales Cancer Network on optimal pathways and quality statement Q1 – 4 - The pathways element is unlikely to be achieved as WCN has withdrawn support for the work. This element will be delayed and considered 24/25</li> </ul>										
Executive Director Sign Off		Kate Wright (Medical Director)								

## Tackling the Big Four

### Strategic Priority 9 - Circulatory \*Ministerial priority

Executive Director – Director of Public Health, Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Community Cardiology – North Powys: Implementation of the community cardiology service in north Powys is in place. A GP with a Special Interest has been secured on a permanent basis working with a team including an Advanced Cardiac Physiologist, Cardiac Rehabilitation Specialists, Cardiac Specialist Nurses and Assistant Practitioners. The service is helping to ensure that patients are diagnosed more swiftly closer to home, significantly reducing the need to travel to external District General Hospitals. At present up to 2 outpatient clinics are held in



Newtown per week. The service is now receiving 50-60 referrals per month. At the end of December 2023 of the 410 patients seen to date only 17 have required onward referral to a DGH consultant. 333 patients have received an echocardiogram in Powys and 23 an ECG. Treatment plans have been put in place for 230 patients locally.

- **Community Cardiology – Rehabilitation:** The part time Cardiology Rehabilitation Specialist for North Powys has been in post since October 2023 and the Rehabilitation Specialist for mid / south Powys commenced in post on 8th January 2024. The rehabilitation programmes is being delivered in Newtown with 12 patients currently on the programme, and 38 patients having completed it. Rehabilitation programmes in Welshpool and across mid and south Powys will commence in quarter 4. Engagement with general practices has taken place, a performance dashboard and electronic referral process are being developed.
- **NT-proBNP blood test:** The NT-proBNP blood test is used routinely in primary care to detect heart failure.
- **Care processes and treatment targets for Diabetes:** The 2021-22 National Diabetes Audit data has been analysed to identify which general practices need to increase the uptake by patients of the eight annual care processes and three annual treatment targets in primary care for type 1 and type 2 Diabetes. In quarter 4 the PTHB Diabetes Clinical Lead will engage with the GP collaboratives and individual practices. The audit identifies PTHB as the best performing health board in Wales for the uptake of the annual care processes but only the fourth best performing for the annual treatment targets.
- **National prescribing indicators for Atrial Fibrillation:** The Medicines Management team monitor the percentage of patients with AF with a risk score of 2 or more who are prescribed anticoagulants, which is currently 93.1% (latest data available is Q1 2023/24). This milestone has been achieved ahead of quarter 4.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Quality statement and pathways	<ul style="list-style-type: none"> <li>• In partnership with the All Wales Strategic Clinical Networks work towards compliance with Quality Statements for Stroke, Diabetes and Cardiac Q4</li> </ul>	DPH					M	M	M	M

Cardiac	<ul style="list-style-type: none"> <li>First phase of Community Cardiology; transition to business as usual in North Powys; tracking activity, outcomes and experience Q3</li> </ul>	DP&C			Blue		M	M	M	H
	<ul style="list-style-type: none"> <li>Commence roll-out of the next phase of the community cardiology service to mid and south Powys (subject to successful recruitment) Q4</li> </ul>						M	M	M	H
	<ul style="list-style-type: none"> <li>Work to improve equity of access to cardiac rehabilitation Q3</li> </ul>				Blue		M	M	M	H
	<ul style="list-style-type: none"> <li>Work with primary care on use of NT-proBNP blood test and clinical guidance for referral Q3 - 4</li> </ul>				Blue		H	H	H	H
	<ul style="list-style-type: none"> <li>Review national prescribing indicators for Atrial Fibrillation and explore improvements Q4</li> </ul>						H	H	H	H
Diabetes	<ul style="list-style-type: none"> <li>Review The National Institute for Health and Care Excellence (NICE) care processes and treatment targets for Diabetes and explore improvements Q3 - 4</li> </ul>				Green		H	H	H	H
Stroke	<ul style="list-style-type: none"> <li>Participation in All Wales and Herefordshire and Worcestershire strategic change programme Q1 - 4</li> </ul>		Green	Green	Green		H	H	H	H

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

**Change in Scope**

☐

**Change in Timescale**

☐

N/A

**Executive Director Sign Off**

Mererid Bowley (Director of Public Health)

Stephen Powell (Director of Performance and Commissioning)

**Strategic Priority 10– Respiratory \*Ministerial priority**  
**Executive Director – Director of Therapies and Health Science**

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Commentary on Progress in this Quarter:

- Individual now in post with work beginning with clusters but yearend completion is a challenge.

Commentary on red rated actions:

- Welsh Government have stopped funding ICST app which ends March 31<sup>st</sup> 2024. Awaiting further guidance from Welsh Government.

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implementation of the Respiratory Quality statement	• Asthma Specialist Post and Primary Care roles recruitment Q1; Operational Q2 – DEFERRED	DoTHS	Red	Red			M	M	H	L
	• Compliance to be achieved by Q4						M	L	M	M
	• Review of Medical Model Q4 - DEFERRED						L	L	M	M
The use of Asthma plans for children and young people	• Continued Promotion of The Institute of Clinical Science and Technology (ICST) All-Wales App - Annual Delivery Q1 – Q4 – TO BE REVIEWED		Green	Green	Red		H	H	H	L
	• Implementation of plan for use of asthma plans for children and young people to be progressed as part of new roles Q1 – Q4 - DEFERRED		Amber	Amber	Amber		H	M	M	M
	• Plans in place by Q4						H	M	M	M

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

Change in Scope		Change in Timescale		
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### Commentary provided for Plan Reset exercise November 2023

Implementation of the Respiratory Quality statement

- The asthma specialist post is recruited to, but not yet started and so we will not be compliant by Quarter 4 and so needs deferring to next year due to recruitment challenges

<ul style="list-style-type: none"> <li>The medical model for respiratory care will not be completed in 23/24 and needs deferring to next financial year</li> </ul> <p><u>The use of Asthma plans for children and young people</u></p> <ul style="list-style-type: none"> <li>Whilst the promotion of the ICST App continues and is successful and on target, there is a risk as to whether this App will continue to be supported by Welsh Government and so this whole priority may need review.</li> <li>The children's asthma plans will not all be in place by Quarter 4 due to the delayed recruitment of the asthma specialist and needs deferring to next year</li> </ul>	
<b>Executive Director Sign Off</b>	Claire Madsen (Director of Therapies & Health Sciences)

## Strategic Priority 11– Mental Health \*Ministerial priority

### Executive Director – Director of Community and Mental Health

#### Commentary on Progress in this Quarter:

- The transformation of mental health, including a more joined up approach with physical health, is a key dimension of the “Better Together” draft design report in relation to the sustainable model submitted to the Planning, Partnerships and Population Health Committee on the 16<sup>th</sup> November 2023. A Mental Health Programme Board is in place chaired by the Executive Director for Community and Mental Health. (However, there has not been a Transformation Programme Manager in place since April 2023, due to a vacancy, which has limited progress- although recruitment is underway.) Work was shared with the North Powys Programme to inform demand and capacity modelling and further work is underway. The work on sustainable transformation includes embedding a value-based approach.
- The transformation work includes developing an approach for 'Step Down'. Part-time fixed term support has been secured for this project from 11<sup>th</sup> December 2023. The step-down provision should assist in helping patients with complex needs return to Powys. The development of the approach to capital is being supported by the Estates Department
- 111P2 – in place and now business as usual however exciting new developments are planned to develop 111 press 2 as a front door to mental health services and onto further support.
- As reported in Q1 and Q2 a Change Request was requested for revised wording as it was known that the Sanctuary project would not be going to tender within this financial year due to the financial situation. A multi-agency Sanctuary Task and Finish Group is in place and the specification for the service for adults has been further refined, including service user input. The specification has been developed in line with national policy requirements, taking into account what works well elsewhere as well as the needs of the population in Powys. The draft specification was further considered at the Mental Health Transformation Programme Board on 8<sup>th</sup> January 2024. Work has will now begin on the financial appraisal and broader business case, with a view to commencing the procurement process at the beginning of the 2024/25 financial year. During Q3 we received approval from Welsh Government to develop and children and young people's sanctuary provision and to extend our crisis respond service. Recruitment to these roles is underway. As is building works to a property which will provide an age-appropriate environment to support

and assess children and young people during a period of Mental Health crisis. This key development will enable us to avoid unhelpful and lengthy periods of mental health assessment in neighbouring Emergency Departments.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Mental Health Service Transformation	• Design stage of the accelerated sustainable model to confirm scope of mental health transformation Q2 – Q4	D Ops		Amber	Green		H	H	M	H
	• Interim sustainability improvements Q1 - 2		Green	Green			H	H	H	H
	• National peer and clinical pathway review Q3				Amber		M	H	H	H
	• Implementation Q4						M	H	H	H
	• 111 press 2 implementation Q1		Blue				H	H	H	H
	• Demand and capacity review Q4						H	H	H	H
Pathway design and development	• Sanctuary service specification and tender Q2			Red			H	H	L	H
	• Contract award Q3 – 4 - DEFERRED				Select		H	H	L	Select
	• Perinatal mental health key posts Q1		Green				H	H	L	H
	• Training, service user focus groups and outcome measures, online platform Q1 - 3		Green	Amber	Green		M	H	M	H
	• Peer review Q1		Green				M	M	M	H

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	<ul style="list-style-type: none"><li>Update operational policy in line with all Wales pathway Q4</li></ul>					M	M	M	M	
CAMHS	<ul style="list-style-type: none"><li>Update part 1 scheme no wrong door panel Q1 - 2</li></ul>		Green	Green			H	H	H	H
	<ul style="list-style-type: none"><li>Update operational policy with Primary Child and Adolescent Mental Health Service (PCAMHS) and Specialist child and Adolescent Mental Health Service (SCAMHS) Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 – 3 - DEFERRED</li></ul>			Amber	Green		M	M	L	H
	<ul style="list-style-type: none"><li>Develop as a trauma informed service (Incorporating TSW, ACE, HUB, NEST/NYTH) Q3</li></ul>				Green		H	H	H	H
	<ul style="list-style-type: none"><li>Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 - DEFERRED</li></ul>			Amber			M	M	L	Select
	<ul style="list-style-type: none"><li>Improve training for practitioners in Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT); create a DBT service Q4</li></ul>						H	H	H	M
	<ul style="list-style-type: none"><li>Improve physical health monitoring for young people being prescribed medication Q2 - 4</li></ul>			Amber	Amber		H	H	M	M
	<ul style="list-style-type: none"><li>Increase service user involvement especially with recruitment and service development Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H

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

**Change in Scope**

**Change in Timescale**

**Commentary provided for Plan Reset exercise November 2023**

Pathway design and development:

- Contract Award Q3-4 - Sanctuary Service specification and tender will be complete this year but contract award will now be deferred to next year

CAMHS

- Improve accessibility of home treatment/intensive support including potential for 16+ crisis resolution and home treatment Q2 - 3 - Will do next year - some interim arrangements have been put in place for extended rapid access to CAMHS

- Develop Child and Adolescent Mental Health Service (CAMHS) Eye Movement Desensitization and Reprocessing (EMDR) service Q2 - Focusing on training of staff in this financial year - will go live next year. EMDR remains a priority due to presentations of young people who have experienced complex trauma.

#### Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

## Joined Up Care

### Strategic Priority 12 – Frailty and Community Model - \*Ministerial priority

Executive Lead – Director of Community and Mental Health

Commentary on Progress in this Quarter:

- First phase of implementation; detailed scheduling determined at Design stage: The overarching frailty model has been agreed previously and implementation is underway through the Accelerated Sustainable Model Frailty & Community Model Programme Board.
- Community hospital model and ward design developed: this is being progressed through the Accelerated Sustainable Model and Frailty & Community Model Programme Board. The draft Better Together Design work has helped to develop the detailed data analysis provided to the North Powys Wellbeing Programme modelling work to inform the community hospital requirements for North Powys, whilst also aligning to the pan-Powys model.
- Implementation of revised model for East Radnorshire: the four reablement rooms at Panpwnton Ward have continued to provide step down care for local residents to support them to return home. Funding from the League of Friends has enabled the purchase of an audiometer, with 121 patients having attended for their hearing test to date. Public Health Wales Diabetic Retinopathy Eye Screening Team visits are continuing and plans have been finalised to develop the garden area.
- Define Powys approach to Frailty Scoring, rollout and review: Recruitment to key posts to support the overarching PTHB Frailty Model, including Frailty scoring, has continued. The Clinical Director in Community Frailty Medicine post, the four Allied Health Professional Clinical Specialists in Frailty posts and one of the Assistant Therapy Practitioners in Falls Prevention post have all been recruited to, with individuals either in post, or taking up their posts in January 2024 (the two remaining Assistant Therapy Practitioners in Falls Prevention posts are currently being shortlisted). The South Cluster Frailty proposal has been approved and the North Cluster Frailty proposal is being finalised, both of which will support the overarching PTHB Frailty Model.
- Reduce use of out of county community hospital beds through escalation and tracking: Escalation and tracking is in place. In August-November 2023, there were 836 bed days at out of county community hospitals, compared with 1,046 bed days in August-November 2022, representing a 20% reduction.

- Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay: PTHB is engaging with the national deconditioning work, with has been focussing on supporting patients at risk of deconditioning whilst waiting in A&E and/or within an ambulance. PTHB has participated in the review by the national Goal 5 team of the Top 10 longest length of stay in each health board, which has identified actions to support the local approach to prevention of deconditioning through the Accelerated Sustainable Model Frailty & Community Model Programme.
- Improve co-ordination in the last year of life and the support available at home and in the community at the end of life: A workshop was held on 9 October 2023 to identify with stakeholders what was currently working well, what needed to be improved and what potential service models could look like in the future. From this, the workstream is focussing on improving the coordination of the last year of life across relevant major conditions / diseases, with its first meeting postponed to Q4 due to operational capacity issues at the end of Q3.
- Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111:
  - There has been significant progress in relation to Falls, the pathway has been redesigned, the PTHB Therapies Department is piloting the pathway. There has been recognition of the good practice which is being developed in Powys from Audit Wales. However this is being reported as a Red due to an Information Governance issue which is affecting the timing of the formal launch.
  - The revised Falls Pathway has focused on the prevention of falls through the creation of a single point of access for referrals from professionals or for self-referrals, for individuals who are at risk of a fall in line with NICE clinical guideline [CG161]. Referrals will be triaged by a newly established multidisciplinary team (MDT) consisting of health, social care and third sector representatives. The MDT will triage referrals and determine if a multifactorial assessment is required and this assessment has been built into an app for professionals to complete. Once completed, the assessment will identify which services the individual may benefit from to reduce the falls risk. Colleagues from Shropdoc and from the WAST 111 Team have been positive about the new pathway as the single point of access will streamline their referral processes. Following discussion with the Powys Local Medical Committee, GPs will refer into the single point of access via the Welsh Clinical Communications Gateway.
  - As part of this project, a Clinical Specialist Physiotherapist for Falls and Vestibular Rehabilitation role has been advertised and recruited to during 2023/24 to lead this work and to lead the MDT, and Admin support has been secured. Assistant Therapy Practitioner roles have been created and are being recruited to, to provide falls prevention advice and support embedded in the community, including within care homes in Powys as part of the new pathway and following the Value-Based Health Care multiagency falls project.

#### Commentary on red rated actions:

- During the Summer, and following approval from the PTHB Information Governance Department, training about the multifactorial assessment app was provided to the PTHB Therapies Team to pilot the app before the formal launch of the new pathway. Further queries were received from the PTHB Information Governance Department in December 2023 about the Information Sharing Protocol underpinning the new pathway and the MDT. The PTHB Information Governance Department is prioritising this work in January 2024, however this has delayed the formal launch. In the meantime, the PTHB Therapies Team has continued to pilot the app and the wider roll out will take place in early 2024, with communication and promotional materials prepared ready for this.

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Progress against key actions and milestones											
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment				
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3	
Design and delivery of an Accelerated Sustainable Model	• First phase of implementation; detailed scheduling determined at Design stage Q1 - 4	D Ops	Green	Green	Green		H	H	M	H	
	• Community hospital model CONTINUING and ward design including East Radnorshire and Out of County bed use RE-CONSIDERED Q1 – 4		Amber	Amber	Amber		M	M	M	M	
Improve key pathways and interventions	• Define Powys approach to Frailty Scoring, Rollout in North Cluster, review and rollout Mid and South Clusters Q1 - 4		Amber	Amber	Amber		M	M	M	M	
	• Deliver revised Falls Pathway including Single Point of Access aligned with Shropdoc and 111 – Q3				Red		M	M	M	H	
	• Reduce use of out of county community hospital beds through escalation and tracking Q1 - 4		Amber	Green	Green		H	H	H	H	
	• Prevent deconditioning with agreed approach to identification, tracking and reporting including length of stay Q1 – 4		Green	Amber	Amber		M	H	H	M	
	• Improve co-ordination in the last year of life and the support available at home and in the community at the end of life Q1 - 4		Amber	Green	Green		M	M	M	M	
Formal change request (Please tick as applicable and provide explanation below)											
Change in Scope		Change in Timescale									
Commentary provided for Plan Reset exercise November 2023											
• Design and delivery of an Accelerated Sustainable Model											

- Community hospital model and ward design including East Radnorshire and Out of County bed use Q1 – 4) - Community Hospital Model continuing however a stock taking exercise on Knighton Hospital and potential for rehabilitative care being considered. This is part of the ASM programme.

#### Executive Director Sign Off

Joy Garfitt (Director of Operations/ Director of Community and Mental Health)

### Strategic Priority 13 – Urgent and Emergency Care - \*Ministerial priority

#### Executive Lead – Director of Community and Mental Health

#### Commentary on Progress in this Quarter:

- Scope expansion of community based urgent care (Accelerated Sustainable Model): The design work undertaken on Better Together has set out the proposed Same Day Urgent Care model for Powys. Work is commencing to provide PTHB Minor Injury Unit staff with training to enhance the scope of patients they can treat. A Task & Finish Group has been established to determine the scope for a PTHB Rapid Response in the Community Service. As detailed in Strategic Priority 6, work is underway to enhance the Cellulitis pathway and the Urinary Tract Infection pathway in Powys to avoid urgent and emergency admissions.
- Refine Virtual Ward & Virtual Hospital models and scope Community Assessment Triage model: PTHB has participated in the Enhanced Community Care project developed through the nationally-led Strategic Programme for Primary Care, which has been built into the draft Better Together Design Report. Work has taken place to identify the existing agreements which underpin Powys' virtual wards and virtual hospital models. The Better Together Report through the Accelerated Sustainable Model has outlined the proposed models to be implemented.
- Swift transaction of out of county repatriation requests Q1 – 4: Additional Care Transfer Coordinators in place to provide additional support to out of county sites, continued targeting of patients in acute beds. Continued engagement with out of county escalation processes, including daily review of discharge planning at flow meeting. Work underway to review All-Wales Repatriation Policy in conjunction with Goal 5 Action Group, Six Goals for Urgent and Emergency Care due for completion early Q4, with subsequent developments to National Repatriation Database planned to commence Q4.
- Cluster led risk stratification, care co-ordination Q1 – 4: Work underway to review existing Enhanced Service offer in collaboration with Primary Care Department. Further development awaiting impending national communication. The South Cluster Frailty proposal has been approved and the North Cluster Frailty proposal is being finalised, both of which will support the overarching PTHB Frailty Model.
- Embed improved whole system approach to Pathways of Care Delays (POCD) Q1: Previously marked as Green for Q1, revised to blue. Pathway of Care Delay data are reported monthly, approved by PTHB and Powys County Council, and submitted to the NHS Executive. In line with the data, a joint PTHB/Powys County Council Pathway of Care Action Plan is in place, being implemented and monitored. Achieved in Q1.
- Additional Discharge Liaison Officers Q2: Previous request to change of timescale. Through control process delivery of additional posts was identified as not achievable by 30th September 2023, as such this action was marked red in Q2. Interviews and appointments completed Q3. Start dates for appointed individuals imminent.

- Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 – 4: D2RA Pathways embedded and recorded for each patient at ward level. Work underway to develop digital initiative to enhance Health Board wide Pathway allocation. There is a proposal under consideration for the adaptation of the Pathway 1 Home First service.
- Patient level pathway assignment and tracking Q2 – 3: D2RA Pathways embedded and recorded for each patient at ward level. Interim solution of WPAS utilisation for identification of patient level pathway assignment. Work underway to develop digital initiative to enhance Health Board wide Pathway allocation, data quality and input process for clinical staff.
- Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 – 4: Red to Green days beginning to be monitored. Work underway to develop digital initiative to enhance input and monitoring of Red to Green days including aim to capture full extent of Pre-Clinically Optimised Red Codes in line with Goal 5, Six Goals for Urgent and Emergency Care.
- Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1: Previously marked as Green for Q1, revised to blue. The collation of the data has been taken forward as part of the PTHB Integrated Performance Framework. Data is being utilised by the operational Unscheduled Care Team as part of bed utilisation, pathway flow management and capacity. Work underway to develop digital patient flow initiative that will further enhance availability and visualisation of Unscheduled Care data.

#### Commentary on red rated actions:

- Roll out Trusted Assessor Q1 – 2: Previous request to change of wording and timescale. Through control process delivery of model was identified as not achievable 30th September 2023, as such this action is now red. Collaborative governance process with Powys County Council in development. Planned pilot of Trusted Assessment, aimed to commence Quarter 4. The roll out of the trusted assessor model has commenced focusing on discharges from community hospitals however this will be expanded to other care settings in order to enable timely discharge and flow into appropriate care environments.
- Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 – 3: There is a proposal under consideration for the adaptation of the specification of Home First and the rehabilitation bridging team as part of the Section 33 agreement with Powys County Council. This action was due to be completed in Quarter 3, but the meeting had to be postponed to 15 January 2024 due to operational pressures for both Powys County Council and PTHB.

#### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3

Deliver alternatives to Urgent and Emergency Care	<ul style="list-style-type: none"> <li>Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1 - DEFERRED</li> </ul>	D Ops	Green				M	M	M	M
	<ul style="list-style-type: none"> <li>Refine Virtual Ward &amp; Virtual Hospital models and scope Community Assessment Triage model Q3 - 4</li> </ul>				Amber		M	H	H	M
	<ul style="list-style-type: none"> <li>Swift transaction of out of county repatriation requests Q1 - 4</li> </ul>		Green	Green	Green		M	M	M	M
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan	<ul style="list-style-type: none"> <li>Cluster led risk stratification, care co-ordination Q1 - 4</li> </ul>		Amber	Amber	Amber		Tb c	M	M	M
	<ul style="list-style-type: none"> <li>Phone First embedded in Minor Injury Units</li> </ul>		Blue				H	H	M	H
	<ul style="list-style-type: none"> <li>Embed improved whole system approach to Pathways Of Care Delays (POCD) Q1</li> </ul>		Green				M	H	H	H
	<ul style="list-style-type: none"> <li>Assessment and discharge including Discharge to Recover and Assess (D2RA) and home first Q1 - 4</li> </ul>		Amber	Amber	Amber		M	M	M	M
	<ul style="list-style-type: none"> <li>Additional Discharge Liaison Officers Q2</li> </ul>			Red	Blue		H	H	H	H
	<ul style="list-style-type: none"> <li>Roll out Trusted Assessor Q1 - 2</li> </ul>		Green	Red			M	H	L	L
	<ul style="list-style-type: none"> <li>Explore and complete benefits analysis of an Integrated Brokerage Process development Q2</li> </ul>			Blue			M	M	H	H
	<ul style="list-style-type: none"> <li>Patient level pathway assignment and tracking Q2 - 3</li> </ul>			Blue	Blue		M	M	M	H
	<ul style="list-style-type: none"> <li>Rehabilitation and reablement bridging team; expansion of home first community rehabilitation Q1 - 3</li> </ul>		Amber	Amber	Red		M	H	H	L
	<ul style="list-style-type: none"> <li>Scoping of in-house reablement focused domiciliary provision and work with the care sector to improve resilience and processes Q2</li> </ul>			Blue			M	M	H	H
	<ul style="list-style-type: none"> <li>Implementation of 111 Press 2 on track for delivery Q1</li> </ul>		Blue				H	H	H	H
	<ul style="list-style-type: none"> <li>Red to Green days and SAFER to be embedded into daily practice and audit refine processes Q2 - 4</li> </ul>			Green	Green		M	M	M	M

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	<ul style="list-style-type: none"><li>Implementation of guidance to prevent deconditioning Q1 – 4 - DUPLICATION</li></ul>		Green	Green	Select		M	M	M	Select
	<ul style="list-style-type: none"><li>Unscheduled Care dashboard to drive improvements in bed utilisation and capacity Q1</li></ul>		Green				M	M	M	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023										
Deliver alternatives to Urgent and Emergency Care										
<ul style="list-style-type: none"><li>Expand community based urgent care (Accelerated Sustainable Model) scope to be set out Q1- Scoping exercise complete by year end and will expand next year.</li></ul>										
Delivery of Joint Integrated Commissioning Action Plan and Rapid Escalation Plan										
<ul style="list-style-type: none"><li>Implementation of guidance to prevent deconditioning Q1 – 4 - Duplication from SP 12</li></ul>										
Executive Director Sign Off		Joy Garfitt (Director of Operations/ Director of Community and Mental Health)								
Strategic Priority 14– Specialised Care										
Executive Lead – Director of Performance and Commissioning										
Commentary on Progress in this Quarter:										
Reasonable progress has been made this quarter.										
Commentary on red rated actions:										
Equitable access – Improving data oversight to the number of patients experiencing unwarranted variation has been completed and is routinely reported upon particularly for planned care and emergency care. Resolving the problem will be addressed as part of the next 5 year plan. The impact of patients experiencing unwarranted variation is being developed through patient experience data collection exercises but also in conjunction with Llais and their 'deep dive' exercises in our various communities.										
Progress against key actions and milestones										
Key Actions	Key Milestones					Lead Executive	BRAG ('not due' already greyed out)		Year End Delivery Confidence Assessment	
									0 = Original	

			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
The health board participates in collective action via Welsh Health Specialised Services Committee (WHSSC) to improve value. It will work with the Welsh Health Specialised Services Committee to improve value through a focus on improved outcomes, experience and cost.	<ul style="list-style-type: none"><li>Equitable access; reducing unwarranted variation for the Powys population including improving information about Powys patient experience and data specific to the population Q1 - 4</li></ul>	DP&C	Red	Red	Red		M	M	M	L
	<ul style="list-style-type: none"><li>Reviewing Parenteral Nutrition pathways</li></ul>		Green	Green			M	M	H	H
	<ul style="list-style-type: none"><li>Improving the performance of Welsh Child and Adolescent Mental Health Services and medium secure services through better utilisation and reduced out of area placements Q1 - 4</li></ul>		Green	Green	Amber		M	M	H	M
	<ul style="list-style-type: none"><li>Reviewing specialised psychology services</li></ul>		Green	Green			M	M	H	H
	<ul style="list-style-type: none"><li>Reviewing efficiency and performance of Welsh specialist services provision including comparative cost and contracting mechanisms Q1 - 4</li></ul>		Green	Green	Green		M	M	H	H
	<ul style="list-style-type: none"><li>Evaluating investments over 3 years to test and map benefits and to re-target as appropriate</li></ul>		Red	Amber			M	M	H	H
	<ul style="list-style-type: none"><li>Welsh Health Specialised Services Committee (WHSSC) - Appoint to specialised pathway lead Q3</li></ul>				Amber		M	M	H	M
	Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off		Stephen Powell (Director of Performance and Commissioning)								

Strategic Priority 15 – Transformation and Sustainability of our Workforce

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Draft workforce resource plan – Accelerated Sustainable Model (ASM) – There have been adjusted timescales in the progress of the Accelerated Sustainable Model programme. Workforce data has been provided to the ASM project team detailing our current workforce baseline across particular professional groups, such as District Nurse teams, Mental Health and Minor Injury Units, broken down into 3 clusters, 7 Public Service Boards and 13 Localities.
- PTHB welcomed our newest overseas nurse recruits at the end of October 2023. All 5 nurses arrived safely and an existing employee who is an internationally educated nurse (IEN) has also joined the cohort. All 6 have been fully onboarded and supported through the Objective Structured Clinical Examination (OSCE) Preparation programme and sat their OSCE Exams in early January. Unfortunately, only 1 out of the 6 successfully passed and will move into a Band 5 role once NMC registration is granted. Work is already underway to support the other 5 with the preparation needed for the OSCE resits. Looking forward, further overseas nurse recruitment is planned for March 2024 and June 2024. In a bid to enhance the overseas nursing recruitment programme, a formal 'Project Group' has now been established, chaired by the Assistant Director for Community Services Group (CSG). Having a formalised approach with representatives from CSG, WOD, Finance, and Estates allows for a more robust and planned approach with clear allocation of responsibilities to prepare and support any incoming cohorts. Planning for the imminent arrival of the Feb 2024 cohort is well underway and discussions with our partners in NWSSP to plan the recruitment process for June 2024 have started.
- The retention lead role for PTHB has now been recruited to and is due to start in role early February 2024. Online staff retention resources have been developed and are available on the HR SharePoint intranet pages for staff to access. Workforce futures have developed an Employee Experience Toolkit which is available to staff across the partnership via the RPB internet page. HEIW have not progressed the work on 'stay interviews' but this is something the PTHB retention lead can develop once in post.

Commentary on red rated actions:

N/A

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Workforce Planning	<ul style="list-style-type: none"><li>All prioritised service areas to have a workforce plan Q4</li></ul>	DWOD					H	M	L	M

	<ul style="list-style-type: none"> <li>Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4 – TIMING ADJUSTED</li> </ul>						H	L	L	Select
	<ul style="list-style-type: none"> <li>Organisational Change approach to support Accelerated Sustainable Model Q2 -DEFERRED</li> </ul>		Red				H	M	L	Select
Recruitment redesign	<ul style="list-style-type: none"> <li>Direct Sourcing Model in place Q4</li> </ul>						M	H	M	M
	<ul style="list-style-type: none"> <li>All appropriate marketing material bilingual Q4</li> </ul>						H	H	H	M
	<ul style="list-style-type: none"> <li>4 Overseas Nurses fully onboarded Q2 - 3</li> </ul>		Green	Blue			H	H	H	H
	<ul style="list-style-type: none"> <li>Scaling up plan for overseas recruitment and working with partners as part of the All Wales activity on international recruitment Q3 - 4</li> </ul>			Blue			M	H	H	H
Variable Pay Reduction	<ul style="list-style-type: none"> <li>Reduce on and off contract agency spend by increasing Bank shift take up rates as well as successful recruitment and retention activities to increase those on the Bank Q4</li> </ul>						M	M	M	L
	<ul style="list-style-type: none"> <li>Incentivise Bank take up with more flexible arrangements for accessing wages Q1 - 2</li> </ul>		Green	Green			H	H	H	H
Education and Role Development	<ul style="list-style-type: none"> <li>Develop Aspiring Nurse Programme with Health Education and Improvement Wales and Bangor University by year end Q4</li> </ul>						M	H	H	H
	<ul style="list-style-type: none"> <li>Recruit 20 reservists (NHS Wales pilot), to be evaluated end of year Q4 - STOP</li> </ul>						M	M	L	Select

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

**Change in Scope**

**Change in Timescale**

### Commentary provided for Plan Reset exercise November 2023

#### Workforce Planning

- Draft Workforce Resource Plan (incorporating North Powys Wellbeing Programme as appropriate) Q4 - Timing adjusted. The work will be dependent on the emerging service model.
- Organisational Change approach to support Accelerated Sustainable Model Q2 - Interdependencies and alignment with sustainable Powys and plans for 24/25



Education and Role Development <ul style="list-style-type: none"> <li>Recruit 20 Reservists (NHS Pilot) Q4 - Stop. National withdrawal of funding.</li> </ul>	
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)

Strategic Priority 16 – A Great Place to Work

Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- National Staff Survey has been delivered and closed with a 28% response rate (the highest of the health boards in Wales). Initial results due in February, with anticipated full results in March/April.
- Team Climate Survey has been delivered in Mental Health Services (at end of Q2/Beginning of Q3) and in Finance/Digital transformation (64 responses). Survey is currently live in Support Services.
- Health metrics - A wider range of information is being added to the Workforce Performance Report.
- Chat to Change Paper has been developed to be discussed at Informal Execs in Q4. Chat to Change will form an important part of the “Speaking Up Safely” Framework implementation.
- 2 tiered Clinical Leadership Programme - Tier 1 pilot group 1 delivered with small numbers but good feedback. Pilot group 2 currently underway. Tier 2 in development with potential support from University of South Wales (USW) around the leadership aspect with intended pilot roll out in the new financial year. Project was slowed slightly due to financial pressures restricting availability of course participants.
- Evaluate the benefit of the Intensive Learning Academy - This was a USW piece of work that hasn't yet been delivered due to challenges in participants providing feedback. 2024/25 will be the last year of funding so a full internal evaluation needs to be undertaken to understand the benefits and consideration for future model.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

<div> <div> <div>Mills, Brida</div> <div>28/07/2024 15:10:16</div> </div> <div>Key Actions</div> </div>	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3

Temperature Checks and Analytics Capability – WORK WILL CONTINUE BUT WILL CONCLUDE IN 2024/2025	<ul style="list-style-type: none"><li>Promotion and utilisation of outputs of National Staff Survey Q1 - 4</li></ul>	DWOD	Green	Green	Green		M	H	H	L
	<ul style="list-style-type: none"><li>Conduct Team Climate Survey (targeting one service area per quarter) Q1 - 4</li></ul>		Green	Green	Green		H	H	M	H
	<ul style="list-style-type: none"><li>Develop team health metrics; apply by year end Q4</li></ul>						H	H	H	H
	<ul style="list-style-type: none"><li>Review and relaunch Chat 2 Change Q3 – 4</li></ul>				Green		H	H	H	H
Leadership Development	<ul style="list-style-type: none"><li>Design and deliver a two-tiered Clinical Leadership Programme Q2 – 3 - ADJUSTED</li></ul>			Green	Select		M	M	M	Select
	<ul style="list-style-type: none"><li>Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4 - DEFERRED</li></ul>						H	H	H	Select
Professional Development	<ul style="list-style-type: none"><li>Promote and increase self-sufficient use of simulation space in Health &amp; Care Academy Q1 - 4</li></ul>		Green	Green	Green		M	M	M	M
Employee Support	<ul style="list-style-type: none"><li>Achieve Employers for Carers accreditation, identifying and offering signposting Q4</li></ul>						H	H	H	M
	<ul style="list-style-type: none"><li>Adopt All Wales approach to ‘Speaking Up Safely’ about concerns or issues by end of year Q1 - 4</li></ul>		Green	Green	Green		H	H	H	M
	<ul style="list-style-type: none"><li>Develop online Staff Retention guide, to include the developing work by Health Education Improvement Wales on ‘stay’ interviews Q3 - 4</li></ul>				Blue		H	H	M	H
	<ul style="list-style-type: none"><li>Workforce Policies Caseload review; social partnership with focus on avoidable harm and timely, proportionate management practices, checks and balances, workshops Q2 - 3</li></ul>			Green	Blue		H	H	M	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								

**Commentary provided for Plan Reset exercise November 2023****Temperature Checks and Analytics Capability**

- Temperature Checks and Analytics Capability - Timing adjusted. Work will continue but will conclude in 24/25.

**Leadership Development**

- Design and deliver a two-tiered Clinical Leadership Programme Q2 – 3 - Adjusted. This Programme will be trialled initially as a pilot.
  - Evaluate benefit of Intensive Learning Academy (ILA); Final Business Plan for Powys Intensive Learning Academy Q4 - Timing adjusted.
- Action to be deferred to next financial year

**Executive Director Sign Off**

Debra Wood-Lawson (Director of Workforce and Organisational Development)

**Strategic Priority 17 – Employee Health and Wellbeing****Executive Lead – Director of Workforce and Organisational Development**

Commentary on progress in this Quarter:

- Wellbeing Roadshow - 7 of 9 roadshows undertaken so far with 211 participants (just under 90% of staff available on sites on the day). Wellbeing road trips are also planned for a small group of people to visit the satellite sites.

Commentary on red rated actions:

N/A

**Progress against key actions and milestones**

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Gold Corporate Health Standard	• Regain Gold Corporate Health Standard Q1	DWOD	Blue				H	H	H	H
	• Create development plan from the feedback received from the reassessment Q1		Blue				H	H	H	H
Wellbeing Roadshows & Other Events	• Undertake a wellbeing roadshow at each hospital site Q1		Blue				H	H	H	H

	<ul style="list-style-type: none"> <li>Revisit each site by year end Q4</li> </ul>						H	H	H	H
	<ul style="list-style-type: none"> <li>2 Outdoor Events per month for up to 20 participants Q2 – 3 - PAUSED</li> </ul>		Amber	Select			M	M	L	Select
Occupational Health	<ul style="list-style-type: none"> <li>Implement the new all-Wales Occupational Health Management System Q4</li> </ul>						H	H	H	H
Employee Assistance Programme (EAP)	<ul style="list-style-type: none"> <li>Increase usage of the Employee Assistance Programme platform by 40% Q4</li> </ul>						M	M	M	M
Anti-Racist Action Plan	<ul style="list-style-type: none"> <li>Establish staff networks Q1 - 2</li> </ul>	Green	Blue				M	M	H	H
	<ul style="list-style-type: none"> <li>Implement PTHB Anti-Racist Plan Q1 - 4</li> </ul>	Green	Green	Amber			H	H	H	M
	<ul style="list-style-type: none"> <li>Ensure Equality Impact Assessment for all policy revision or renewal Q4</li> </ul>						H	H	H	H
Mentoring	<ul style="list-style-type: none"> <li>Set out mentoring and reverse mentoring plan, with each Executive and Deputy matched with staff / volunteers Q4 - PAUSED</li> </ul>						H	H	L	Select

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

Change in Scope

Change in Timescale

Commentary provided for Plan Reset exercise November 2023

Wellbeing Roadshows & Other Events
 

- Wellbeing Roadshows & Other Events - 2 Outdoor Events per month for up to 20 participants Q2 – 3 - Pause of the outdoor events element. This will be reconsidered in the next financial year.

Mentoring
 

- Mentoring - Set out mentoring and reverse mentoring plan, with each Executive and Deputy matched with staff / volunteers Q4 - Pause. This will be reconsidered in the next financial year.

Executive Director Sign Off
 Debra Wood-Lawson (Director of Workforce and Organisational Development)

Strategic Priority 18 – Joint Workforce Futures Programme

## Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Introduction to Compassionate Leadership programme has been delivered to 308 participants across Health and Social Care. Pilot of full The Compassionate Leader Programme has delivered days 1 and 2 to 30 participants across health and social care. However, HEIW have not met deadlines to finish writing the course for days 3 and 4, with no update on anticipated timescales.
- Joint wellbeing survey has been delivered and results analysed and fed back to various stakeholders. Additional 'you said, we did' communications are being rolled out. This will be triangulated with National Staff Survey outcomes when available.

Commentary on red rated actions:

- Whilst a change request was made in Quarter 2 to move from one per month to delivery based on demand, Health Education Improvement Wales (HEIW) are currently re designing the Joint Induction workbook to ensure that it meets the required objectives for both Health and Social Care sectors, following the evaluation of the pilot courses earlier in the year. PTHB staff are working with colleagues in Social Care Wales (SCW), HEIW and Hywel Dda University Health Board to undertake this piece of work. Therefore further joint induction courses have been paused until the new All-Wales workbooks are ready for a relaunch.

## Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Designing, Planning and Attracting the Workforce	• Roll out Powys Health and Care Academy Careers and Education Enterprise Scheme (ACEEs) for young people Q4	DWOD					H	H	H	H
	• Upscale the Health and Social Care Schools training programme to two further schools Q4						H	H	H	H
	• Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4 - DEFERRED						H	H	H	Select
Leading the Workforce	• Compassionate Leadership Programme trial Q2 - DELAYED			Amber			M	L	L	Select

	<ul style="list-style-type: none"> <li>Rollout 4 a month (12 per cohort) Q4 - DELAYED</li> </ul>						M	M	L	Select
Engagement and Wellbeing	<ul style="list-style-type: none"> <li>Understand the lived experience of the workforce Q2, Q4</li> </ul>		Green				M	H	H	M
	<ul style="list-style-type: none"> <li>RPB action plan to improve wellbeing and engagement across the sector Q4</li> </ul>						H	H	H	H
Education Training and Development	<ul style="list-style-type: none"> <li>After an initial pilot, deliver one joint induction programme per month by year end Q1 - 4</li> </ul>		Green	Amber	Red		M	M	L	L
	<ul style="list-style-type: none"> <li>Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4 - DELAYED</li> </ul>						M	M	M	Select
Partnership and Citizenship	<ul style="list-style-type: none"> <li>Carers strategic framework by year end to increase support to paid and unpaid carers Q4 - DEFERRED</li> </ul>						H	H	H	Select
	<ul style="list-style-type: none"> <li>Increased volunteering opportunities Q4</li> </ul>						H	H	H	H

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

**Change in Scope**

**Change in Timescale**

#### **Commentary provided for Plan Reset exercise November 2023**

##### Designing, Planning and Attracting the Workforce

- Identify degree level qualifications available to the Health and Social Care Academy delivered by a range of providers Q4 - Timing adjusted. Deferred to next financial year as part of Workforce Futures reset work and being considered by the RPB on the 8<sup>th</sup> December 2023

##### Leading the Workforce

- Compassionate Leadership Programme trial Q2 - National programme dependency
- Rollout 4 a month (12 per cohort) Q4 - Awaiting national programme content

##### Education, Training and Development

- Support relaunch of Advanced Practitioner Framework and associated forum across Nursing, Therapies and Healthcare science aligned to the national workstream Q4 - Timing adjusted. Some activity in Q4, remaining actions will be for the next financial year

##### Partnership and Citizenship

- Carers strategic framework by year end to increase support to paid and unpaid carers Q4 - Timing adjusted. Deferred to next financial year as part of Workforce Futures reset work and being considered by the RPB on the 8<sup>th</sup> December 2023

<b>Executive Director Sign Off</b>	Debra Wood-Lawson (Director of Workforce and Organisational Development)
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## Digital First

### Strategic Priority 19 – Digital Strategic Framework

#### Executive Lead – Director of Finance and I.T.

Commentary on Progress in this Quarter:

- Framework has been approved by Board.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment 0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Why What When and How we deliver Digital services for the workforce, to improve outcomes for staff and patients	<ul style="list-style-type: none"> <li>Develop and agree the Digital Strategic Framework to prioritise delivery Q2</li> </ul>	DFIT		Green			H	H	H	H

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

Change in Scope		Change in Timescale	
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N/A	
<b>Executive Director Sign Off</b>	Pete Hopgood (Director of Finance, Information and IT)

## Strategic Priority 20 – Implement clinical digital systems

### Executive Lead – Director of Therapies

Commentary on Progress in this Quarter:

- Map functional requirements – Staffing issues have led to delays in this piece of work being addressed
- Implement standardised processes – work has commenced. Will be further supported once the Deputy Chief Clinical Informatics Officer (CCIO) is appointed.
- The Electronic Prescribing and Medicines Administration (ePMA) project is in its pre-implementation phase. Discovery work has been completed to fulfil the requirements of the business case which will be submitted to exec board in March. Invite to Tender document has closed with 2 suppliers competing for the contract.
- Regional Information Sharing Platform – A PACS Manager has been appointed who commenced in December.
- The Health Pathways is a national challenge and there is very little guidance about this to date.

Commentary on red rated actions:

- Staffing issues have led to delays in this piece of work being addressed. There has been no recruitment yet to the deputy CCIO post and this is still waiting in Trac and so therefore no clinical capacity.
- The Health Pathways is a national challenge and there is very little guidance about this to date.

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
	<ul style="list-style-type: none"> <li>• Map functional requirements for service areas Q2</li> </ul>	DoTHS		Red			H	M	L	L

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Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare	<ul style="list-style-type: none"> <li>Assessment, review and gap analysis of all clinical applications to rationalise and avoid duplication Q3 – SEE COMMENTARY BELOW</li> </ul>			Amber		M	M	M	M
	<ul style="list-style-type: none"> <li>Support secondary care information flow into commissioned NHS Trusts in England Q4</li> </ul>					M	M	M	M
	<ul style="list-style-type: none"> <li>Implement standardised processes using policy, SOPs and staff training and support Q2 – 4 - SEE COMMENTARY BELOW</li> </ul>		Amber	Amber		H	M	M	M
	<ul style="list-style-type: none"> <li>Support national digital system implementations e.g. Regional Imaging Sharing Platform, Electronic Prescribing and Medicines Administration Q1 - 4</li> </ul>	Green	Green	Amber		M	M	H	M
	<ul style="list-style-type: none"> <li>Health Pathways implementation - scoping Q1 – 2 - SEE COMMENTARY BELOW</li> </ul>	Red	Red			M	M	L	L
	<ul style="list-style-type: none"> <li>Health Pathways - recruiting, implementing Q2 – 3 - SEE COMMENTARY BELOW</li> </ul>		Red	Red		M	L	L	L

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

Change in Scope		Change in Timescale		
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<b>Commentary provided for Plan Reset exercise November 2023</b> <u>Development of systems to enable improved care, including cross border clinical records sharing, developments in clinical service priority areas, across multidisciplinary teams and explore opportunities in telecare</u>	
<ul style="list-style-type: none"> <li>The CCIO role is overseeing the review and development of multi-disciplinary accessible systems led by Digital Transformation &amp; Informatics</li> <li>Gap analysis is completed, the landscape assessment to map duplication is ongoing – 75% will be completed Q3</li> <li>Standardisation exercises are being developed, this would benefit from a dedicated clinical service lead to engage which will be reviewed in the next financial year.</li> <li>Health Pathways work is currently the responsibility of the Medical Director, and the work has not started due to resource capacity.</li> </ul>	
<b>Executive Director Sign Off</b>	Claire Madsen (Director of Therapies and Health Sciences)

Strategic Priority 21 – Resilient, Cybersecure Infrastructure

<b>Executive Lead – Director of Finance and I.T.</b>									
<p>Commentary on Progress in this Quarter:</p> <ul style="list-style-type: none"> <li>Measurable improvements have been made during Quarter 3 in this area across health board sites. Several wards have benefited from strategic network, cabling and wifi upgrades to enable wider ambitions to support delivery of the digital strategic framework . Further work is planned with funding aligned for Q4 and funding for consistent progress is being sourced and secured for further improvements in Financial Year 24/25.</li> <li>Core elements of a network redesign to increase availability capacity &amp; stabilise connectivity have been implemented leading to a period of migration to the new topology in Quarter 2 24/25 allowing completion of the work in Quarter 3 24/25. The work is resourced and has project management support.</li> </ul> <p>Commentary on red rated actions:</p> <ul style="list-style-type: none"> <li>Telephony procurement has been delayed due to quality of responses on initial invitations to tender. Tender has been re-developed and has attracted more interested bidders. We are expecting to award tender and begin implementation in Quarter 4 with transition activities moving into Quarter 1 24/25</li> </ul>									

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Deliver a resilient, cyber secure infrastructure within the PTHB buildings	<ul style="list-style-type: none"><li>Upgrade Network/Cabling/Wi-Fi for improved bandwidth for data and voice connectivity. Pace of delivery subject to additional funding Q1 - 4</li></ul>	DFIT	Amber	Amber	Green		M	M	L	H
	<ul style="list-style-type: none"><li>Full Telephony upgrade to allow integration with social media tools, chat functionality, automation, and call recording The pace of delivery will be subject to availability of additional funding Q1 - 4</li></ul>		Amber	Red	Amber		M	M	L	L

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	<ul style="list-style-type: none"><li>Improved resilience and capacity for business continuity and faster access and system performance through implementation of network redesign plans Q1 - 4</li></ul>		Green	Green	Blue		M	M	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)									
Strategic Priority 22 – Electronic Document Management and Digitisation										
Executive Lead – Director of Finance and I.T.										
Commentary on Progress in this Quarter: N/A										
Commentary on red rated actions: N/A										
Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment  0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Develop and implement electronic document management policies and processes, digitalisation of paper records	Pace of delivery will be subject to availability of additional funding Q1 – 4 - DEFERRED	DFIT	Red	Red	Select		M	L	L	Select

<b>Formal change request (Please tick as applicable and provide explanation below)</b>			
<b>Change in Scope</b>	<input type="checkbox"/>	<b>Change in Timescale</b>	<input type="checkbox"/>
<b>Commentary provided for Plan Reset exercise November 2023</b> <u>Develop and implement electronic document management policies and processes, digitalisation of paper records</u> <ul style="list-style-type: none"> <li>Pace of delivery will be subject to availability of additional funding Q1-4 – deferred to next financial year due to pressure resource and financial availability.</li> </ul>			
<b>Executive Director Sign Off</b>	Pete Hopgood (Director of Finance, Information and IT)		

Strategic Priority 23 – Modernise Data Architecture and Business Intelligence

Executive Lead – Director of Finance and I.T. /Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Creation of Health & Care Platform: PTHB has taken significant steps towards implementing a modern Data Architecture and BI Platform with a planned holistic approach and has implemented an NHS UK First Federated Lakehouse, with a Cloud Data Platform which acts as our 'one source of truth'. This enables us to collect data from a variety of applications (both Nationally and locally built). This platform acts as both an Operational & Analytical Data Store enabling elements such as predictive analytics, comprehensive Data Cataloguing & Streaming live dashboards, all while being future proof, FHIR compliant & National Data Resource (NDR) aligned. Challenges to the completion of the key milestones is constrained by system access to make the data available.

Commentary on red rated actions:

N/A

Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
<div>Mills Belinda</div> <div>28/02/2024</div>	<ul style="list-style-type: none"> <li>Creation of Health &amp; Care Data Platform Q3</li> </ul>				Amber		M	L	L	L

Provide a modern data architecture and improved business intelligence and knowledge for informed decision making	<ul style="list-style-type: none"><li>Explore opportunities Robotic Automation (RPA) to release administrative time Q2</li></ul>	DFIT/ DP&C		Green			M	H	H	H
	<ul style="list-style-type: none"><li>Workforce collaboration to make the best use of the workforce resource data available Q2</li></ul>			Amber			M	M	M	M
	<ul style="list-style-type: none"><li>Explore and develop the platforms to support PROMS, PREMS and the Integrated Performance Framework Q1 - 4</li></ul>		Amber	Green	Green		M	M	H	M
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off	Pete Hopgood (Director of Finance, Information and IT)									

Innovative Environments

Strategic Priority 24 – Capital and Estates Programme

Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter:

- Financial status review by Welsh Government for Capital has seen introduction of new Prioritisation process in Quarter 3 for submission at end Quarter 4.
- Business Justification Case (BJC) work for Llandrindod is complete but further discussion is required with Welsh Government in Quarter 4 around review/choice of business case process to follow.
- North Powys has seen good progress in terms of design development and master planning along with Target Operating Model in Quarter 3 – concern for Quarter 4 is to secure Capital funding for fees which will enable consultant support for continued Outline Business Case activity.
- Consultant appointment in place to support Estates Strategy development which will target draft document for April 2024.
- New cleaning standards have been implemented with changes to the frequency of office cleaning.

Commentary on red rated actions:

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- Llanfair Caereinion progress is dependent on Third Party Developer and affordability. Alternative option available to bid for Regional Partnership Board Integrated Regional Care funding as Capital project managed by Health Board.

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of major capital programmes including:	<ul style="list-style-type: none"> <li>Phase 2 of Llandrindod Wells Regional Rural Centre and Spa Road Development – Business Justification Case; work to commence Q1 - 3</li> </ul>	ADoEP	Green	Green	Green		H	H	M	M
	<ul style="list-style-type: none"> <li>Operationalisation of Bro Dyfi Community Hospital site developments at Machynlleth Q1 - 4</li> </ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2 - DEFERRED</li> </ul>			Green			M	M	M	Select
	<ul style="list-style-type: none"> <li>Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 – 4 - PAUSED</li> </ul>			Red	Red		M	L	L	Select
Delivery of Estates Strategy including:	<ul style="list-style-type: none"> <li>Develop and agree an Estates Strategy to prioritise delivery Q2 - DELAYED</li> </ul>			Amber			M	M	M	Select
	<ul style="list-style-type: none"> <li>Delivery of urgent compliance capital projects including EFAB (Estates Funding Advisory Board) schemes, focussing on essential improvements to</li> </ul>		Green	Green	Green		H	H	H	H

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	infrastructure, fire safety and decarbonisation Q1 - 4								
	<ul style="list-style-type: none"> <li>Delivery of Regional Partnership Boards (RPB) Innovative Environments Capital Plan in support of the RPB Area Plan Q2</li> </ul>			Green				M	H
	<ul style="list-style-type: none"> <li>Year three of the programme to strengthen maintenance contracts will include the remainder of the significant specialist services Q4</li> </ul>							H	H
Implementation of 'Soft' Facilities Management	<ul style="list-style-type: none"> <li>Cleaning Standards review Q1</li> </ul>		Green					M	M
<b>Formal change request (Please tick as applicable and provide explanation below)</b>									
Change in Scope		Change in Timescale							
<b>Commentary provided for Plan Reset exercise November 2023</b> <u>Delivery of major capital programmes including:</u> <ul style="list-style-type: none"> <li>Further Stages of work relating to the North Powys Multi Agency Campus with submission of infrastructure Business Justification Case Q2 - North Powys: the BJC for Infrastructure is no longer required by Welsh Government. The next major milestone will be OBC submission in Q2 2024/25 subject to confirmation of continued business case development from Welsh Government in December 2023.</li> <li>Llanfair Caereinion; Third Party Primary Care development works scheduled for 14 month construction phase, commence work Q2 – 4 - Work has paused with an affordability issue raised by the Third Party Developer - if this approach becomes unviable, then Capital funding will need to be sought from Regional Partnership Board (RPB) Integrated Regional Capital Funding (IRCF) monies and a project team appointed.</li> </ul> <u>Delivery of Estates Strategy including:</u> <ul style="list-style-type: none"> <li>Develop and agree an Estates Strategy to prioritise delivery Q2 - Work continues to produce key enabling data such as 6 Facet Survey to enable the strategy document to be produced – timescale will be Q4 or Q1 2024/25</li> </ul>									
<b>Executive Director Sign Off</b>		Wayne Tannahill (Associate Director of Estates and Property)							

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## Strategic Priority 25 – Environmental Management and Decarbonisation

### Executive Lead – Assistant Director of Estates, Capital and Property

Commentary on Progress in this Quarter:

- Welsh Government Energy Service and Re:fit has seen Investment Grade Proposal for between £2.5M to £3.5M produced, and undergoing scrutiny, for submission for Salix Revenue funding from Welsh Government. This work for energy efficient lighting, solar panels, heating controls, etc. will see overall positive decarbonisation reduction of circa 13%. Work could commence in Q4 dependant on Welsh Government approval timeline.
- Agile working initially focussed at Bronllys to support relocation of staff from Neuadd Brycheiniog leased accommodation with progress limited by resource, but progressing.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q3	Q4
Biodiversity enhancement and protection in line with Section 6 of Environment (Wales) Act  Delivery of energy efficiency improvements	• Proceed through tendering phases to selection of Re:fit Framework Supply Partner Q1	ADoEP	Blue				H	H	H	H
	• Develop Investment Grade Proposal in conjunction with Supply Chain Partner Q3				Green		H	H	H	H
	• Commence Re:fit programme of works activity Q4						H	H	H	M
Decarbonisation including ambition for Net Zero by 2030 across public sector including	• Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3 - RESCOPED				Select		M	L	L	Select
	• Quarterly tracking and internal reporting to Environment & Sustainability Group against 46		Blue	Blue	Blue		H	H	H	H

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	Initiatives listed within Welsh Government's Decarbonisation Strategic Delivery Plan Q1 - 4								
	<ul style="list-style-type: none"><li>Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3 - DEFERRED</li></ul>			Select		M	M	M	Select
Formal change request (Please tick as applicable and provide explanation below)									
Change in Scope		Change in Timescale							
<b>Commentary provided for Plan Reset exercise November 2023</b> Decarbonisation including ambition for Net Zero by 2030 across public sector including <ul style="list-style-type: none"><li>Rollout of Carbon Literacy throughout organisation; Support development of and collate department delivery plans enabled through knowledge gained from training Q3 - Training will only be sought for key individuals and not at an organisational accreditation level. Consideration being given to rolling out an ESR training module for environment in 2024/25.</li><li>Agile Working and optimisation of space utilisation with delivery of Bronllys pilot and agreement of Agile Working Principles Q3 - Activity to relocate staff from Neuadd Brycheiniog, Brecon to Bronllys continues and will be delivered within financial year. The work to define written procedures and principles will be deferred until 2024/25.</li></ul>									
Executive Director Sign Off		Wayne Tannahill (Associate Director of Estates and Property)							

Transforming in Partnership	
Strategic Priority 26a - Corporate Governance	
Executive Lead – Director of Corporate Governance	
Commentary on Progress in this Quarter: <ul style="list-style-type: none"><li>The Board Assurance Framework is being scoped out and on track for phase 1 to be delivered for the end of March 2024.</li><li>Board and Committee planning and the quality of information objectives continue to progress and are ongoing throughout the year.</li><li>The Board development programme is in place and being actively delivered.</li></ul>	
Commentary on red rated actions: <ul style="list-style-type: none"><li>No comments as the Board Advisory Structure work has been stopped in year (as per the Board presented revised plan in Nov 2023).</li></ul>	

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment  0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of the Annual Programme of Governance and Corporate Business Plan  Further improve the effectiveness of the Board and its committees	• Reviewing and recreating a revised Board Assurance Framework (design, delivery) Q2 - 4	DCG		Green	Green		H	H	H	H
	• Strengthening the Board and Committee work planning approach and clearly aligning the work programmes to the Board Assurance Framework and Corporate Risk Register Q1 - 4		Green	Green	Green		H	H	H	H
	• Further improving the quality of information to the Board and its Committees Q1 - 4		Green	Green	Green		H	H	H	H
	• Design and Delivery of a Board Development programme that underpins the High Performing Board programme Q1 - 4		Green	Amber	Green		H	H	M	H
	• Reviewing the Board's Advisory Structure and implementing relevant changes Q1 – 2 - REMOVE		Green	Red			M	M	L	Select
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope			Change in Timescale							
Commentary provided for Plan Reset exercise November 2023										
Delivery of the Annual Programme of Governance and Corporate Business Plan										
Further improve the effectiveness of the Board and its committees										
• Reviewing the Board's Advisory Structure and implementing relevant changes Q1 – 2 - Propose to remove for 23/24 and implement in 2024/25. It is recognised the action is linked to an external audit action within the Structured Assessment report that will also need to be updated to reflect the change of date.										

<b>Executive Director Sign Off</b>	Helen Bushell (Director of Corporate Governance)
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## Strategic Priority 26b - Quality Governance

### Executive Lead – Director of Nursing and Midwifery

Commentary on Progress in this Quarter:

- The establishment of a Quality Governance Infra-structure to support and discharge a governance framework aligned to Duty of Quality is fundamental to the remaining actions. A paper will be presented to the Exec Committee within Quarter 4 that will provide clarity on the actions required to establish and implement the required infra-structure for floor to Board reporting aligned to the Duty of Quality.
- The development of a library of patient stories to support learning and improvement is a priority for Quarter 4 2023/24 and Quarter 1 2024/25 to positively inform team meetings, Board and Sub-Committees. As there are currently no resources to support the production of patient stories, the Assistant Director of Quality & Safety has purchased equipment to digitally record stories for sharing as required.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Implement the Duty of Quality and Duty of candour in line with the Quality and Engagement Act (Wales)	<ul style="list-style-type: none"> <li>Continue implementation of PTHB's Duty of quality and Duty of Candour Implementation Plan Q1</li> </ul>	DoNM	Blue				H	H	M	M
	<ul style="list-style-type: none"> <li>Monitoring of the actions aligned to the implementation plan Q2</li> </ul>			Amber			H	H	L	L
	<ul style="list-style-type: none"> <li>PTHB governance framework aligned to Duty of Quality, completion of the Implementation plan Q3</li> </ul>				Amber		H	H	M	M

	<ul style="list-style-type: none"><li>Production of annual report aligned to Duty of Candour. Continued monitoring of the Quality Management System Q4</li></ul>						H	H	H	H
	<ul style="list-style-type: none"><li>Deliver Patient Stories project Q1 – 4</li></ul>	DoNM	Green	Amber	Amber		TB C	M	L	L
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off		Claire Roche (Director of Nursing and Midwifery)								

## Strategic Priority 27 – Engagement and Communication

### Executive Lead – Director of Corporate Governance

#### Commentary on Progress in this Quarter:

- The Engagement Manager came in to post shortly before the start of Quarter 3 and is supporting the health board to continue to strengthen our strategic engagement infrastructure. During Q3, key priorities have included continued engagement on proposals affecting Aneurin Bevan University Health Board minor injury unit services (including Nevill Hall Hospital) ending in December 2023, delivery of local support for phase 2 engagement on NHS EMRTS / Wales Air Ambulance (during October and November 2023), and delivery of a nation-wide conversation on the future of health and care being led by the Bevan Commission (during October and November 2023). The multi-agency co-ordination of engagement activity also continues to develop through the establishment of a joint Engagement and Participation plan across Powys Regional Partnership Board and Powys Public Service Board partners, which is overseen through the Powys Engagement and Insight Network currently chaired by the Health Board's deputy director (engagement, communication & corporate governance)
- Key priorities for the communications team have included the delivery of our revised approach for the Staff Excellence Awards, with a series of eight virtual events covering each of our excellence categories. In-person visits to our winners by the Chair, Vice Chair, Chief Executive and other members of the Board began in December and continue to March. Continued publicity for winter preparedness (COVID vaccination, flu vaccination, Help Us Help You, respiratory and hand hygiene) remain key priorities as part of the health board's wider approach to winter pressures. The team has also provided advice and support to financial and operational planning to support the health board's response to the financial challenges facing the NHS.
- Looking ahead to Q4, work is under way to plan for Phase 3 of the EMRTS/Welsh Air Ambulance engagement during February, and for widespread public and stakeholder engagement on the health board's Accelerated Sustainable Model alongside the county council's Sustainable Powys approach to gather insight and shape the future of health and wellbeing in the county. Recruitment to the vacancy in the SilverCloud team

will enable a refreshed approach to communications and marketing including support for a re-branding of the programme. Work is also under way to continue to test GovDelivery for direct distribution of news and updates from the health board to residents and wider stakeholders through a free subscription service.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Design and delivery of a programme of marketing and communications	<ul style="list-style-type: none"> <li>Design and deliver annual programme focusing on areas where communication activity can offer the most significant strategic benefit and management of principal risks Q1 – 4</li> </ul>	DCG	Green	Green	Green		H	H	H	H
Design and delivery of a programme of continuous and/or targeted engagement	<ul style="list-style-type: none"> <li>Design and deliver compliant programmes of engagement and/or consultation reflecting new national guidance / Citizen Voice Body Q1 – 4</li> </ul>		Green	Green	Green		M	M	H	H

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

Change in Scope		Change in Timescale		
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N/A

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

**Strategic Priority 28 – Strategic Commissioning**  
Executive Lead – Director of Performance and Commissioning

- Commentary on Progress in this Quarter:
- Reasonable progress has been made this quarter apart from the delivery of financial savings.
  - Deliver Commissioned Savings – the level of financial savings allocated to the commissioning budget will not be achieved in the financial year. Work is ongoing to improve the forecast outturn position. A letter has been issued to all Welsh Health Boards in relation to the Referral To Treatment Time (RTT) £50m planned care allocation issued by Welsh Government in 23/24 given PTHB did not receive its full share of the allocation due to the way in which it was allocated.
- Commentary on red rated actions:
- Processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken – this task is in progress and will be complete during quarter 4.

Progress against key actions and milestones										
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Commissioning	• Develop commissioning intentions and manage any in year adjustments Q1 - 2	DP&C	Amber	Blue			H	M	H	H
	• Implementation of Getting It Right First Time (GIRFT) recommendations Q1 - 4		Green	Green	Amber		M	M	H	M
	• Refinement of baseline activity against contract and targets Q1 - Q4		Green	Green	Green		H	H	H	H
	• Develop external and internal commissioner / provider relationship Q1 - 4		Green	Green	Green		H	H	H	H
	• Review sustainability of secondary care in-reach provision Q2			Amber			M	M	H	M
	• Improve processes for Individual Patient Funding Review and High Cost Panels and Interventions Not Normally Undertaken Q2			Red			H	H	H	M

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	<ul style="list-style-type: none"><li>Deliver commissioned services financial savings plan Q1 - 4</li></ul>		Amber	Red	Red			L	L	M	L	
	<ul style="list-style-type: none"><li>Review of Service level Agreements (SLAs) with third sector organisations Q2 - 3</li></ul>			Green	Amber			M	H	H	M	
Formal change request (Please tick as applicable and provide explanation below)												
Change in Scope		Change in Timescale										
N/A												
Executive Director Sign Off	Stephen Powell (Director of Performance and Commissioning)											

## Strategic Priority 29 – Integrated Performance

Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Reasonable progress has been made this quarter where the capacity exists within the Team.
- Demand & Capacity Planning – whilst a demand and capacity tool has been developed, the lack of capacity within the performance team has delayed the rollout and usage. A plan to enhance the capacity of the team has been developed and is in the process of Executive review.

Commentary on red rated actions:

- As above for the Demand and Capacity action. The Remedial Action plan delay at quarter 1 has since been resolved and implemented.

## Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment  0 = Original
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			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Integrated Performance	<ul style="list-style-type: none"><li>Leading the cycle of annual Performance reporting including Integrated Quality, Planning and Delivery (IQPD) and Joint Executive Team (JET) Q1 - 4</li></ul>	DP&C	Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Preparation and delivery and production of annual report Q1</li></ul>		Blue				H	H	H	H
	<ul style="list-style-type: none"><li>Integration of performance approach with Contract Quality Performance Review (CQPR) process with commissioned providers Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Robust monitoring of commissioned service through Contract Quality Performance Review (CQPR) Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Support PTHB Demand and capacity and activity planning (Commence with Therapies with remaining services phased) Q1 - 4</li></ul>		Amber	Amber	Red		H	H	M	L
	<ul style="list-style-type: none"><li>Implement and rollout the Integrated Performance Framework from both a governance and system perspective for all commissioned services. (As per Implementation plan) Q1 - 2</li></ul>		Green	Amber			H	H	M	M
	<ul style="list-style-type: none"><li>Develop Demand &amp; Capacity Model Q1</li></ul>		Amber				H	H	H	H
	<ul style="list-style-type: none"><li>Roll out use of Demand &amp; Capacity Model Q1 - 3</li></ul>		Amber	Amber	Red		H	M	M	L
	<ul style="list-style-type: none"><li>Develop Performance Escalation and Exception reporting Q1</li></ul>		Blue				H	H	H	H
	<ul style="list-style-type: none"><li>Implement Remedial Action Plan regime for services failing targets Q1</li></ul>		Red				H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										



<b>Executive Director Sign Off</b>	Stephen Powell (Director of Performance and Commissioning)
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## Strategic Priority 30 - Strategic Planning

### Executive Lead – Director of Performance and Commissioning

Commentary on Progress in this Quarter:

- Plan Reset exercise carried out with outputs considered at Board Development, Executive Committee and then approved at PTHB Board as part of the reporting against the Q2 period
- The team piloted a new method of engagement across Executive leads during the Plan Reset exercise and as a result of positive feedback has since applied this to other core work including the collation of updates for the Q3 Progress against Plan and the Strategic Plan development.
- PTHB Planning Team led the production and co-ordination of the RPB System Resilience (Winter Plan) which was finalised in Q3
- Development of the Plan for 2024 onwards underway during Q3 with sessions at Board Development including agreement of the Plan Approach at PTHB Board during the Autumn 2023, with a particular focus on maintaining alignment to the long term health and care strategy, A Healthy Caring Powys
- A Deep Dive exercise was facilitated at Board Development in December 2023 to explore the Well-being Objectives used in the Strategic Plan, using a MOSCOW (Must do, Should do, Could do, Would or Wont Do) prioritisation technique, with outputs informing the first draft set of strategic priorities
- A Five Year Planning group was established in October 2023 to carry out the underpinning technical work for the Plan, enabling the 'poly-angulation' of the baseline data across finance, workforce, activity and performance. This forms the baseline for trajectory setting over a five year period.
- Collaboration across the key Powys partnerships is in place to ensure alignment of plans locally – including the assimilation of outputs from the Discovery phase of the Accelerated Sustainable Model of Care and 'Better Together'
- Quarterly updates of the stocktake of Strategic Changes around the Powys borders are also in place and enabling tracking of the key programmes and developments that may impact on the healthcare pathways for Powys residents – this also informs the strategic plan for 2024 onwards.

Commentary on red rated actions: N/A

Progress against key actions and milestones				
Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment

							0 = Original			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Strategic Planning	<ul style="list-style-type: none"><li>Development of the Integrated Plan for the organisation: co-ordinating internal and external processes and providing support and guidance to teams and Directorates Q3 - 4</li></ul>	DP&C			Green		H	H	H	H
	<ul style="list-style-type: none"><li>Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2</li></ul>			Green			H	H	H	Select
	<ul style="list-style-type: none"><li>Management of monitoring of progress against plan Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Leading Strategic Change horizon scanning, surveillance, tracking and production of management information Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Leading health board participation in key Partnership Plans including the Regional Partnership Board Area Plan &amp; Public Services Board Wellbeing Plan Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Delivery of Planning module of PTHB Managers Training Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>Providing planning expertise for corporate products including Annual Report, external and internal reports and programmes Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
Commentary provided for Plan Reset exercise November 2023										
Strategic Planning										
<ul style="list-style-type: none"><li>Delivery of Integrated Plan products including Delivery Plan, Everyday version, Plain Text, Welsh translations Q2 - Rationalisation of additional formats to ensure Planning capacity is deployed on immediate priorities. This does not fully deliver against accessibility standards; however alternative formats can be produced if specifically requested.</li></ul>										

<b>Executive Director Sign Off</b>	Stephen Powell (Director of Performance and Commissioning)
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## Strategic Priority 31 – Innovation and Improvement

### Executive Lead – Medical Director

Commentary on Progress in this Quarter:

*Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model* is red. This is for the following reasons:

- The plan to engage with the community was to be linked to the discussion about the ASM. It has been agreed that this public engagement is now taking place jointly between PTHB and PCC but does not include the Powys Innovation Challenge. We were advised that multiple engagements with our communities should be avoided.
- Powys Innovation Challenge report shared with Assistant Director Transformation and Value. Further discussion required to ensure innovation is considered as part of the development and delivery of the ASM.
- In light of this there is a request for change below relating to this milestone within the Innovation & Improvement actions.

Commentary on red rated actions:

- *Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model (ASM)* is red. This is for the following reasons:
  - The plan to engage with the community was to be linked to the discussion about the ASM. This engagement has not taken place.
  - Powys Innovation Challenge report shared with Assistant Director Transformation and Value however, ASM team hasn't engaged the innovation team so far.
  - In light of this a discussion is required about retaining this milestone within the Innovation & Improvement actions.

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)	Year End Delivery Confidence Assessment  0 = Original
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			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Innovation and Improvement	<ul style="list-style-type: none"> <li>Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model Q2 - 4</li> </ul>	MD		Green	Red		H	H	H	L
	<ul style="list-style-type: none"> <li>Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2</li> </ul>			Green			H	H	H	H
	<ul style="list-style-type: none"> <li>Develop School of Research Innovation and Improvement activity, launch of Fund, suite of tools and training, embed community of practice Q1 - 3</li> </ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Embed Quality Improvement approach Q1 - 4</li> </ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Delivery of Clinical Audit and Assessment with review of learning by Learning from Experience Group to inform next cycle Q3</li> </ul>				Green		H	H	H	H
	<ul style="list-style-type: none"> <li>Develop research participation and Powys led studies with academic and industry engagement; Cascade learning Q1 - 2</li> </ul>		Green	Green			H	H	H	H

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

**Change in Scope**

x

**Change in Timescale**

#### Commentary provided in January 2024

- Milestone 'Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2'. Request again that this is amended to 'Provide Quality Improvement support to the Safer Patients Care collaborative with Welsh Ambulance Service NHS Trust (WAST) Q2' on several occasions. **Please can this be changed.** Decision not to proceed with WAST taken at Q1

Milestone 'Implement findings of the Powys Innovation Challenge with Community Engagement; delivery to support the Accelerated Sustainable Model'.

- The plan to engage with the community around innovation was to be linked to the consultation about the ASM.
- It has been agreed that this public engagement is now taking place jointly between PTHB and PCC but does not include the Powys Innovation Challenge. We were advised that multiple engagements with our communities should be avoided.

**In light of this we are requesting that this milestone within I&I is closed.**

<b>Executive Director Sign Off</b>	Kate Wright (Medical Director)
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## Strategic Priority 32 - Strategic Equalities and Welsh Language

### Executive Lead – Director of Workforce and Organisational Development

Commentary on progress in this Quarter:

- Development work has continued on the Strategic Equality plan and Welsh in Healthcare Strategy, which are being reviewed by the board prior to final drafting during January 2024.
- Development of both Gender Awareness and Welsh Language for Managers' Training Programmes is complete; bookings are being taken and delivery of both programs will begin in January 2024.
- An update is being sought from Welsh Government regarding the Anti-Racist Action Plan which will clarify the position.

Commentary on red rated actions:

N/A

### Progress against key actions and milestones

Key Actions	Key Milestones	Lead Executive	BRAG ('not due' already greyed out)				Year End Delivery Confidence Assessment			
			Q1	Q2	Q3	Q4	0	Q1	Q2	Q3
Delivery of Strategic Equality Plan and Welsh Language Standards:	• Meeting PTHB responsibilities under the Anti-Racist Wales Action Plan Q1 - 4	DWOD	Green	Green	Amber		H	H	H	M
	• Roll out Trans Awareness training for Staff Q1 - 2		Amber	Green			H	H	H	H
	• Consultation, draft and approval of Strategic Equality Plan (for 2025-29) Q1 - 4	DWOD	Green	Green	Green		H	H	H	H
	• Welsh Language Standards Audit response Q1 - 2		Green	Amber			H	H	H	H
	• Consultation, draft and approval of Clinical Consultations Plan 2024-28 and More than Just Words Plan Q1 - 4		Green	Green	Green		H	H	H	H

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	<ul style="list-style-type: none"><li>• Approve Welsh Language Policy (Standard 79) Q1</li></ul>		Green				H	H	H	H
	<ul style="list-style-type: none"><li>• Welsh Language Service Leads Group to drive improvements Q1 - 4</li></ul>		Green	Green	Green		H	H	H	H
	<ul style="list-style-type: none"><li>• Design of Welsh Language Managers' training and incorporation into Management Training Program Q2 - 3</li></ul>			Amber	Blue		H	H	H	H
Formal change request (Please tick as applicable and provide explanation below)										
Change in Scope		Change in Timescale								
N/A										
Executive Director Sign Off	Debra Wood-Lawson (Director of Workforce and Organisational Development)									

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**AGENDA ITEM: 2.4**

Delivery and Performance Committee		Date of Meeting 29 February 2024	
Subject:	Continuing Health Care – Performance and System Challenges Update		
Approved by:	Interim Executive Director Operations / Director of Community and Mental Health		
Presented by:	Interim Executive Director Operations / Director of Community and Mental Health		
Prepared by:	Assistant Director, Complex Care		
Other Committees and meetings considered at:	Executive Committee – 21 February 2024		
PURPOSE:			
To provide an update to the Committee of the operational delivery and financial performance relating to Continuing Health Care/Complex Care, and to outline the performance improvement actions in place.			
RECOMMENDATION(S):			
The Committee is asked to:			
<ul style="list-style-type: none"><li>• <b>REVIEW</b> and <b>DISCUSS</b> the content of this report.</li><li>• <b>NOTE</b> the actions in place to manage service demand, improve performance and control spending.</li></ul>			
Approval/Ratification/Decision <sup>1</sup>		Discussion	Information
✓		✓	

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

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

**EXECUTIVE SUMMARY**

This report highlights the financial pressures for the health board and reflects the impacts on performance from the current operational pressures in relation to Continuing Health Care/Complex Care. There are a number of improvement areas for action in the coming twelve months, taking the teams into the new financial year. It is clear that without some changes in practice that the performance is unlikely to significantly improve in the short term. This winter is the most pressured period within the fiscal calendar, the coldest season brings with it additional pressures around demand for health care.

Expectations from the public and partner agencies are high and Welsh Government is facing its own pressures, always closely aligned to NHS Wales. Performance expectations cannot be reduced, so they must be reframed to maximise what can be realistically achieved.



Overdue reviews are of concern and this backlog has built up over time to an unsatisfactory level, although in number terms, it is not hugely different to other health boards who face the same challenges. Reviews are undertaken, according to patient need and there is a level of assurance that ongoing issues do drive the review process regarding individual patients. Generally, reviews take place within six to twelve weeks of placement and thereafter annually. There are variations to this based on the circumstances of the individual. Where there are enhanced observations in place, this is undertaken more frequently, with the care provider evidencing the extra staff engaged through the provision of staffing rotas, for example. This enhanced care can then be tracked weekly in resource panel and reduced as soon as possible. At times, a change of placement is necessary to both ensure that the patient needs are met in the least restrictive way and that cost can be reduced through a placement with greater skill and resilience. Successfully achieving this takes knowledge, expertise, and relationships with providers.

Improvement actions in place are based on choices that must be made to maintain the patient at the centre of decisions. This cannot be lost among the abundant pressures that are within the patient flow system. The whole system is accountable for the patient journey within our care; therefore, the whole system has a role to play in the path to improvement.

Activity is high across the health board and the work of the Complex Care teams supports the best outcomes for patients who are vulnerable through disease or disability or at the end of life. It is a balance of continuous partnership working and commitment to meet the demands, while maximising wellbeing and safety.

**BACKGROUND:**

Continuing Health Care (CHC) is a framework that implements a package of ongoing care, funded exclusively by the NHS. Eligibility is decided following the application of the Decision Support Tool (DST) process, and where the patient has been identified as having a primary health need. The care may be provided in the community or in a care setting such as a nursing home, or specialist setting.

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Within the Health board, the function of scrutiny, approval, commissioning and contracting is delivered through two teams, the Central Complex Care team (CCC), covering general medical patients in the community or on the wards of the community hospitals and the Complex Care and Placements (MHLD) team covering mental health and learning disabilities, across the specialist community teams and mental health wards. These teams are made up of experienced, skilled registered nurses and administrators. Front line teams in the health board have responsibilities to undertake the DST process, but the administrative process (along with brokerage and contracting of care) falls to the Complex care teams. This can involve a lengthy back and forth between teams to ensure that assessment is comprehensive, information is complete, and that process is followed, which can be both time and resource intensive. At the same time, increasing numbers of competing demands in the community and wards can reduce the capacity of these teams to complete this work. Invariably, this can also result in more pressure on both Complex Care teams to pick up the work and accountabilities on behalf of the whole system. Performance measurement around CHC however, reflects solely on these two, Complex Care teams.

KEY OPERATIONAL FOCUS

Figure 1: Team Activity

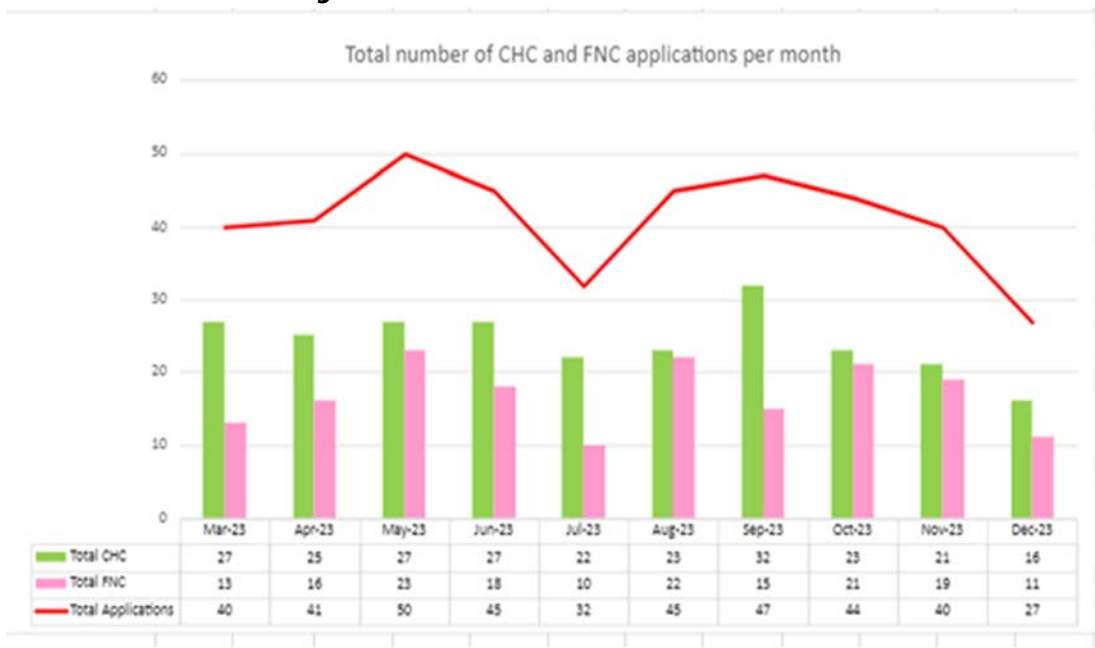


Figure 1 shows the demand for new applications has started to reduce and presents a positive opportunity to focus on other work.

Figure 2: CHC Activity

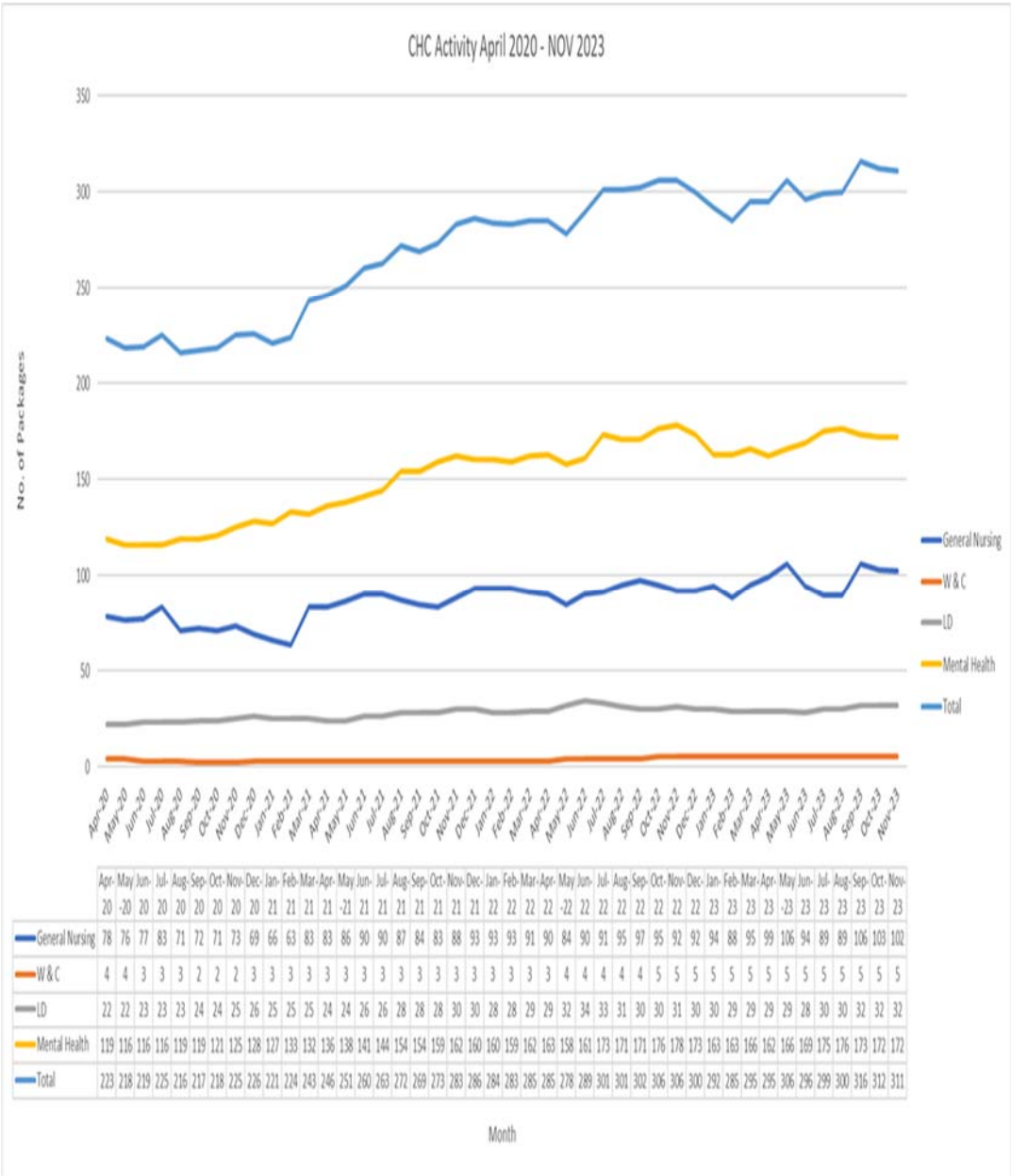


Figure 2 illustrates the service activity, which included referrals, reviews, assessments across all services for CHC. Learning Disabilities and Childrens services are fairly constant with a lower number of generally, high-cost placements. Mental Health has risen over the past year, but is currently levelling off, with the general medical demand area remaining high and fairly steady.

## Discharge Arrangements for Mental Health

For the most part, EMI patients in District General Hospitals (DGH's) are repatriated to PTHB community hospitals for a further period of rehabilitation, particularly if they are requiring possible longer term care needs and are not returning to their pre-admission care setting or home. The DSTs are then undertaken by the community hospital wards, as the patient is no longer in an acute setting. They should be allocated a social worker as part of the process. Following the DST, scrutiny and QA panel, a letter goes back to the submitter of the DST with the outcome. The letter requests that all assessments and potential placement costings are provided before any agreement is made to transfer the individual. This allows the team to monitor suitability for particular EMI care homes, as advice for complex needs can be provided around potential care homes.

Where a patient is in the community or residential placement and there is an identified change in need through the social worker or Dementia Home Treatment Team (DHTT), the team may be approached to look at an in-principal agreement for FNC if the case is straight forward. A more complex case may require 50:50 cost agreement until the DST can be completed within a four-week timeframe. Should a primary health need be identified, full payment will be backdated to the date of admission. Generally, 99% of such cases will at minimum present with EMI nursing needs so will be eligible for FNC at the very least. This process enables patient flow to be timely and maintains patient focus in decision-making between the health board and the local authority.

There have been occasions where there are pressures on community beds and urgent discharge is required from DGH's to a longer-term care facility. Interim placements for EMI are poor practice, as highlighted in the Dementia Standards and the team would seek to find the right placement, first time, using the same practice as FNC/50:50 in principle dependant on the presenting information and, agreement with partner agencies. Standard nineteen states that "services will ensure that when a person living with dementia has to change / move between any settings or services, care will be appropriately coordinated to enable the person to consider and adapt to the changed environment". (Dementia Standards, Improvement Cymru 2021)

This system is based on keeping the patient at the centre of decision-making and ensuring that patient flow is maintained, with acute beds kept clear wherever possible. It is dependent on working well with Local Authority partners and keeping that constant dialogue open.

In MHLD, all cases whereby the discharges are facilitated through the DGH and, FNC is requested or 50:50 in principle, a member of the Complex Care MHLD team will pick up the DST and complete in time frame. These cases are recorded and monitored via the scrutiny panel process. If the FNC in principle request has been facilitated through a DHTT or other Community Mental Health Team (CMHT) then that team will allocate a worker to complete the DST submission within the process time frame. The same agreement around backdating if a primary health need is identified applies and this is again monitored through the weekly QA panel.

### **Other Discharge Arrangements**

Regarding the approach used by the CCC team where a patient is medically fit for discharge in a DGH, a mixed model is in place. Often, the team will request a DST and will support the ward with this, however, many are declined, and several of the DGH's are over the border in England where different requirements are in place. A robust Nursing Needs Assessment (NNA) is requested, and the Care Transfer Co-ordinator (CTC) will support with a discharge to a local community hospital within Powys. Following transfer to a community hospital, the ward is requested to undertake a DST. In straight forward cases, FNC can be agreed in principle or an individual arrangement for 50/50 funding without prejudice for CHC.

Discharge to Assess (D2A) was an agreement that has provided an alternative pathway in previous years, acting as a framework for the Local Authority to work with the health board. This approach became fragmented, due in part to the saturation of the provider market, an unwillingness to support interim pathways of care and ever-increasing costs. As a result, there is no current alternative system in place. Discussions with partners have commenced in January 2024 to agree a pragmatic and person-centred way forward through a multi-agency meeting chaired by the Assistant Director, Community Services Group. It has provided a positive direction of travel and participants agreed that some, smaller, focused meetings of key stakeholders would take place to agree a rational context that everyone can work within. Following this positive meeting, new details have emerged regarding the way PCC is proposing to work.

### **Update on Interim Placements**

It is hoped that there will be a continuation of repatriation for suitable patients, back to community hospitals where appropriate. The concern for EMI patients is that any person with a diagnosis of Dementia may be erroneously seen as having mental health needs, and community hospitals can then be reluctant to accept repatriation, even without behavioural presentations.

If there are patients presenting as more challenging, usually where behavioural needs are higher, following a nursing assessment, and where FNC is felt to be applicable, this can be offered without prejudice and PCC will then place the patient using a 50:50 funding approach. The challenge here is that whilst this may work well for the CCC team patient cohort, the PCC framework dictates that the placement funding does not cover the costs of EMI beds, therefore even with the agreed 50:50; PCC will struggle to identify placements, given that EMI rates are higher than their agreed rates for 'fair cost of care'. This potentially increases the financial risks for the health board, particularly when the trusted assessor has identified FNC following the assessment. The HB will almost certainly be needing to agree rates above this, during the period that the assessment is completed. Despite the large amount of work undertaken by PCC to get their framework in place, unfortunately, it does not reflect the current market, in particular for EMI placements.

A DST will then be required within 6 weeks, and whilst challenging the health board will need to find a way to deliver against this. Team capacity is currently not able to deliver against this requirement. For MHL D, this will also impact on the capacity to complete work for adults of working age, due to this additional work requirement for D2A. The health board is at risk of non-compliance with the Commissioning Care, Assurance & Performance system (CCAPS), an All Wales informatics system.

### **Flow Challenge**

A workshop took place on 30th January to work through the remaining, key issues and this remains a challenging area of work to safely maintain patient flow from DGH, to community.

Going forward, two pathways will be required. The teams cannot sustain the current workload associated with the case-by-case EMI debates, which will need to be fully explored and discussed at the workshop. The average DST case takes ten hours to complete, this would be a straightforward case that is not challenged. A more complex case is likely to require twelve or more hours of work to reach conclusion. Both Complex Care teams are left with the dilemma of what should be prioritised on a day-to-day basis, managing patient flow, improving review rates, ensuring patients' needs are met in a timely manner.

Above all, the health board and partner agencies want to avoid a failed discharge. To minimise that risk, discharge planning has to be diligent, consistently ensuring that providers can meet the level of need identified through the Nursing Needs Assessment (NNA).



**Workforce and Capacity**

The workforce across the two teams consists of a range of staff grades and roles. The CCC team has one 8b; three band 7's; four band 6's and two band 4 administrators. The MHLDD team have one 8a, 3 WTE band 7's; one band 6 which is vacant and one band 5 administrator. These sixteen people have the collective responsibility of managing CHC/FNC; fast track requirements for terminally ill patients, Care Home Governance; the placement of prisoners from the criminal justice system; patients with complex, serious, and enduring mental illness and overall, the placement of the most vulnerable patients. The provision of a duty system across both teams takes out two full days of a Complex Care Nurse, every day, to cover incoming requests for service support and placement. These days are full of activity that are all about maintaining patient flow, safety, and wellbeing. Initial findings would suggest that demand is greater than the staff resources available and this will be further evaluated in the coming months when activity can be analysed in more depth. In anticipation of some opportunities around this, some work has already been commenced in driving forward some greater efficiency in work plans, and much of this is reflected in the overdue review improvement plan at appendix 1.

**REVIEWS**

The purpose of a review is to ensure that care needs are being met. The All-Wales CHC Framework states as a minimum, there should be a 3-month review from commencement of the care provision, unless triggers have been identified for an earlier review. Thereafter reviews are routinely carried out annually, if individuals' conditions are likely to deteriorate, then more regular reviews can be carried out. High need cases are generally frequently reviewed informally, in addition to the formal review process.

It is critical that reviews are undertaken in a timely manner so that the health board knows that the patient is having their needs met and, that the patient is getting the services the health board is paying for. However, this is an area where performance is not currently meeting expectations. MHLDD have managed to steadily reduce the overdue reviews, with 28 overdue out of 240 cases in total, 11.6% of all cases held (December 2023). Sickness absence and staff secondment, alongside the pressures of Retrospective cases in the CCC team, has meant that a large number of reviews are overdue.

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Reviews are undertaken in person, with invites extended to those supporting the individual in the care home and also family members. Timescales of reviews are communicated with family members at the time of the review and also in writing following on from the review.

Consideration is given to the Four Key indicators to determine potential eligibility for CHC. Where the patient is already subject to Funded Nursing Care (FNC); it is necessary to identify whether there are any changes in need, relevant to Continuing NHS Health Care eligibility.

The CCC team has experienced several challenges throughout 2023, with increased sickness within the team averaging 9.28% in total.

A secondment opportunity for the substantive Band 7 Team Leader to gain some valuable professional development led to an interim Band 7 Team leader coming into post from within the CCC team. This has required increased training and support to the role replacement, and subsequently, left a WTE vacancy for a Band 6 which could not be filled.

In addition to staff sickness, there has also been the demand to support unscheduled care with the flow of patients from hospital. The CCC team receives on average, 42 new applications per month, with the majority being FNC and FastTrack cases.

Each application submitted requires Quality Assurance (QA) to ensure consistency of decision making, this can be a lengthy process to ensure detail is evidenced to support needs. The QA process is captured on a specific QA document and then presented at the weekly panel. To support unscheduled care and flow, eligibility is agreed outside of panel, if there is sufficient information to support decision-making.

The QA work has impacted on the availability of the CCC team to complete reviews within timescale, and this has been recognised within monthly reporting over the past year.

is 8%, which remains a challenge to meet the demands on the team.

**Table 1: Current Number of Overdue Reviews held in the Complex Care teams.**

Patient Group	Number overdue
Central Team CHC/FNC	122
Adult Mental Health	8
EMI	3
Learning Disability	12
FNC MH	5
<b>Total</b>	<b>150</b>

Within these figures, Care Home packages: 41 packages in 22 care settings and the average number of days overdue is 99 (lowest 1 day and highest 300 days).

In order to rationalise the workload, the QA process has been revised to ease pressure and create capacity. Regarding an FNC application, the Local Authority lead with the initial commissioning responsibility, and this generally enables the health board to focus on CHC applications. Condensing the QA process for FNC applications; whereby once the FNC application has been quality assured by a Complex Care Nurse, a brief draft is written to capture the needs, rather than the completion of a lengthy document. The expectation is that this concise process will provide the Band 6 Complex Care Nurses time to visit the care homes and complete reviews. Appendix 1 illustrates the improvement plan which aims to reduce the number of outstanding reviews to the target of 85%.

A deep dive of the highest risk cases where reviews are overdue has been undertaken by the Assistant Director, Complex Care, which will help to focus on the completion of reviews through this pragmatic approach. The care settings are identified, and this will help to cluster the review process.

Figure 3: Overdue reviews by month

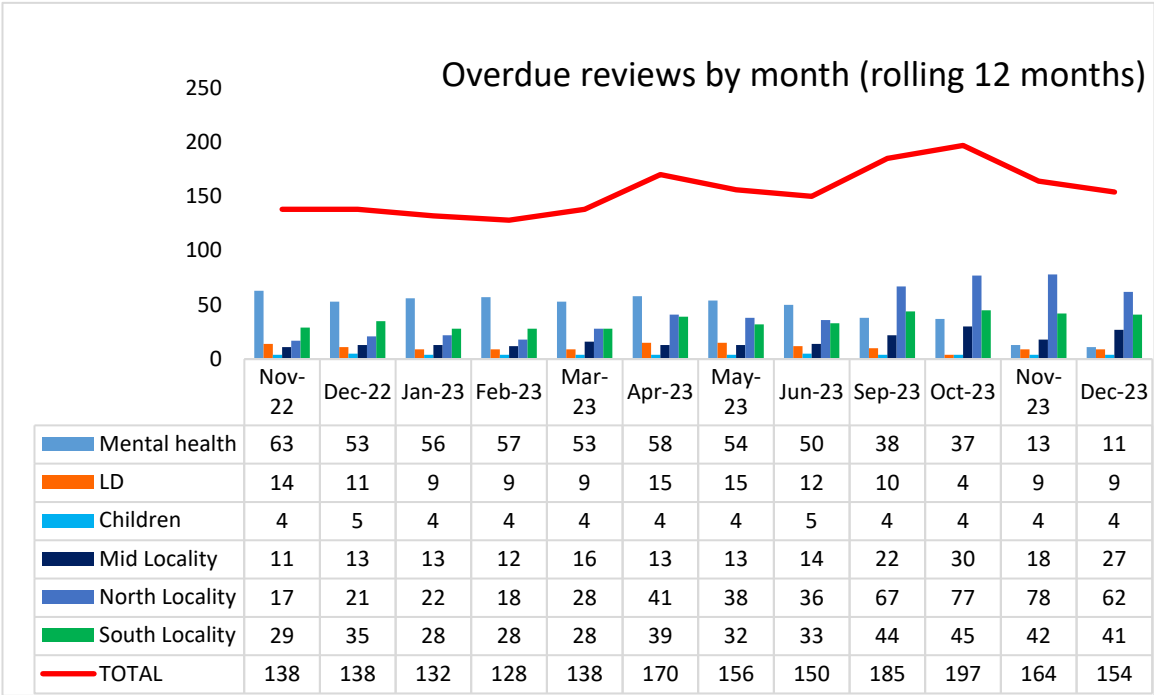


Fig 3 shows the available data for overdue reviews over the past year, up to the end of December 2023. It should be noted that the actual number changes daily. Table 1 reflects the actual number at the time of reporting.

FINANCE

Figure 4: Month 9 Spend Position for CHC

LOCALITY	P01-24	P02-24	P03-24	P04-24	P05-24	P06-24	P07-24	P08-24	P09-24
Children	£303,298	£303,298	£303,298	£303,298	£303,298	£303,298	£303,298	£303,298	£303,298
Learning Disabilities	£3,010,433	£3,005,080	£3,040,734	£3,234,183	£3,234,183	£3,289,724	£3,293,571	£3,343,409	£3,502,417
Mental Health	£13,978,816	£14,957,751	£15,279,977	£15,735,180	£15,905,584	£15,624,124	£15,481,063	£15,495,746	£15,651,219
Mid Locality	£2,005,024	£1,993,017	£1,852,423	£1,987,995	£1,987,995	£2,159,350	£2,203,931	£2,231,485	£2,159,261
North Locality	£3,076,528	£3,493,425	£3,291,024	£2,961,399	£2,961,400	£3,352,864	£3,468,913	£3,445,587	£3,503,954
South Locality	£2,183,357	£2,336,292	£2,108,420	£1,964,432	£1,964,432	£1,939,397	£1,891,006	£1,866,006	£1,863,277
Grand Total	£24,557,455	£26,088,862	£25,875,876	£26,186,487	£26,356,892	£26,668,757	£26,641,782	£26,685,531	£26,983,426

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**Figure 5: CHC Forecast Changes – Clusters, LD & Children**

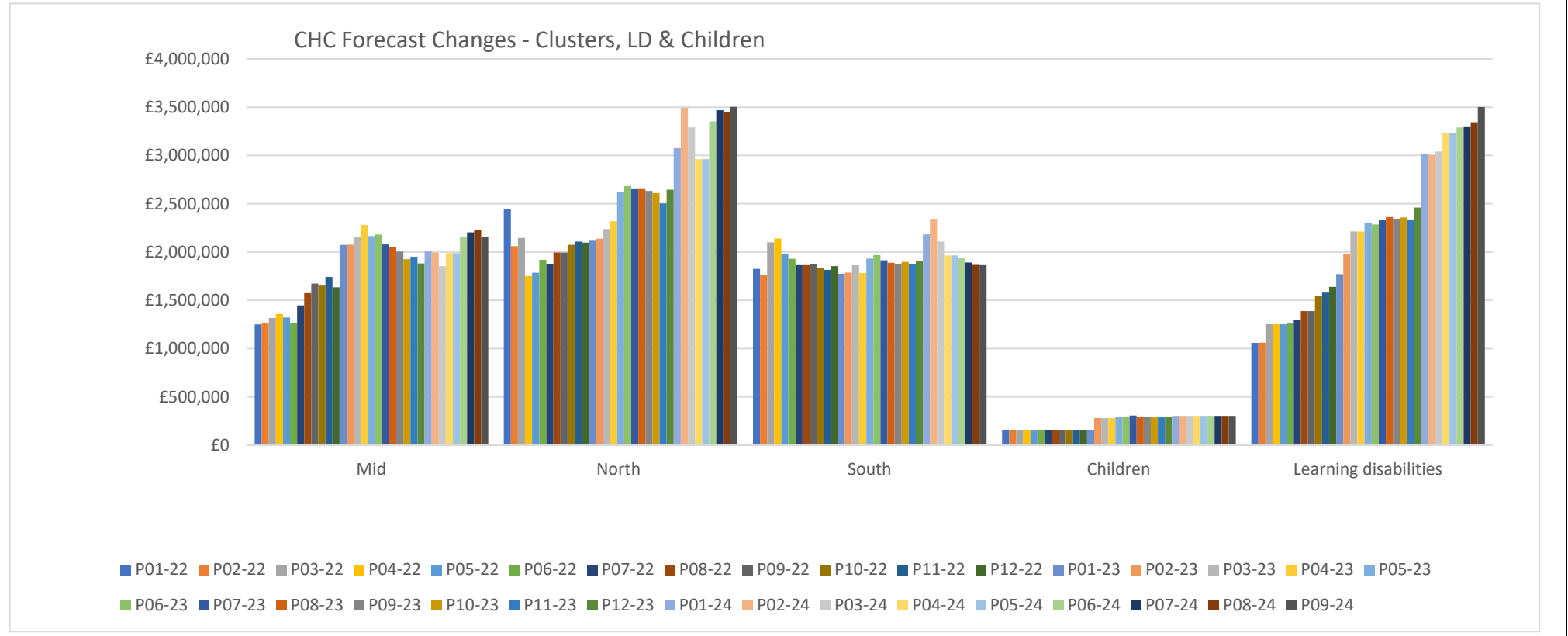


Figure 5 above shows the whole CHC forecast changes, excluding mental health, at month 9. Some increases in the North and with Learning Disabilities. Other areas remain fairly consistent with some movement, as new cases come in and some packages end through discharge or death. Current CHC Full year forecast overspend not including D2A's is £1,056,545. The overall CHC position including D2A's is a full year forecast overspend of £709,478.

**Figure 6: MH&LD Forecast Spend**

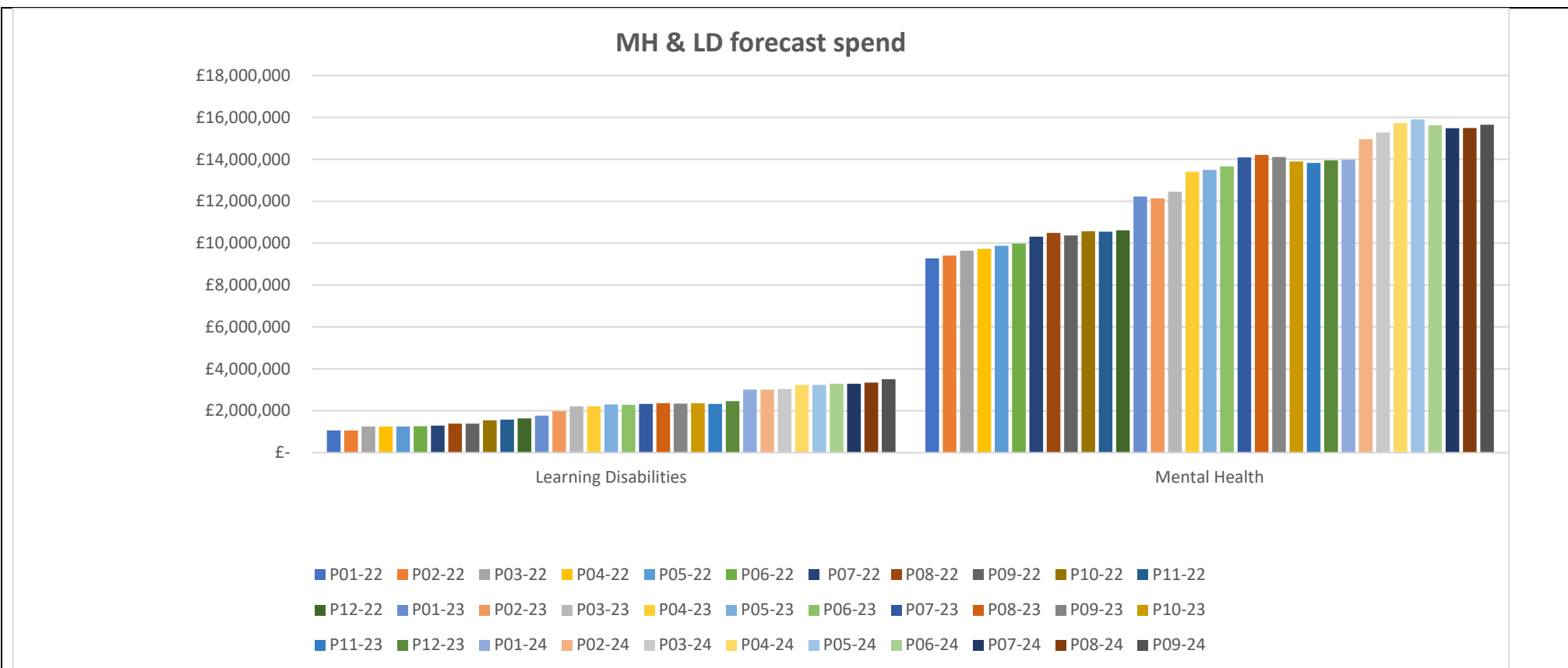


Figure 6 shows the variances over the period. A slight downward picture within mental health. Recent changes are mainly due to thirteen new cases, two change of packages, two deaths and two fee increases. MHLD projected overspend, current month 9 position, £90,000.

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### CHC Dispute Cases

Following the agreement made between the Executive Director of Operations and the Director of Social Services, Powys County Council (PCC), a number of disputes held by the Local Authority have been resolved. There were 12 cases and following joint work, 3 out of this 12 have found that there are some validated financial penalties for the health board. The detail of the amounts is awaited from the Local Authority which will then be reviewed and contrasted with monies already paid by the health board before final settlement is reached, within this financial year. The new Dispute Resolution Procedure is in place and so far, has not required implementation, through a concerted effort to resolve cases promptly while working in partnership with PCC colleagues.



CARE HOME GOVERNANCE

Care Home Governance is a significant area of work for the CCC team. The private care home sector has struggled since the pandemic and there have been home closures across Wales. The quality demands on this sector is significant and they are facing the same recruitment and retention issues as the public sector. A home closure is a significant event, no more so than for the vulnerable residents who are affected. The trauma of an enforced moved can never be taken lightly and on the rare occasions that quality measures are so poor that closure is the only satisfactory response, extremely sensitive management is required.

Currently, the CCC team have allocated Complex Care Nurses for each care home, this ensures that the health board is visible within the care setting and can address any changes in individuals’ conditions or circumstances promptly. Going forward, the health board needs to increasingly work in an openly supportive way, asking what can be done to help, in addition to the monitoring role. These functions may be best, separately delivered through a small, dedicated team, aligned with Quality & Safety and this is an area for future consideration by the Executive Director of Nursing.

COMPLEX CARE GOVERNANCE & REPORTING

The function sits clearly within the Directorate of Operations and reports operationally to the Directorate Management Team.

Given the integrated function which has been established across both Clinical Services Group and Mental Health & Learning Disability, the quality governance is via the Quality, Safety & Experience Group (QSEG) for CHC and FNC. This group was implemented in 2021 and is chaired by the Deputy Director of Nursing (Appendix 2 QSEG Terms of Reference). The overarching purpose of this group is to provide integrated oversight, professional leadership, and guidance in respect of the quality and safety of continuing healthcare provided in any setting, including an individual's own home, or care home. This group implemented an independent review of the functions around CHC and monitored an action plan relating to key areas of performance. The external report was received, and a number of recommendations have been implemented. The most notable change of bringing both Complex Care teams under one strategic leadership is now in place and the evaluation of practices and performance is underway. An interim improvement strategy has been actioned and will be reviewed in March 2024, following the receipt of the Internal Audit Report.

New arrangements to reflect the strategic changes introduces a bi-monthly meeting to provide guidance and, support to the Complex Care teams and ensure that All Wales drivers through the National Director and the National Collaborative Commissioning Unit are considered and actioned where applicable. The latter is currently working across the provider sector reviewing high-cost placements on behalf of all health boards in Wales from that national perspective, reviewed at the NHS Wales Value and Sustainability Board. They will identify opportunities for savings and provide health boards with a weekly summary of their findings, to be reviewed and acted upon. For PTHB, there is no expectations of significant savings, and services are fully engaged with this work with a view to identifying any small saving.

A new governance arrangement, Complex Care Operational Management Group (CCOMG), reporting to QSEG will enable the work of the Complex Care teams to be transparent and accountable. Primarily, the group will facilitate strategic and operational delivery of CHC and Childrens Continuing Care and offer a forum for professional discussion. This will support service development, consistent culture and critically, facilitate the work plan to manage the outcome of the Internal Audit 2023/2024. **Appendix 3** shows the draft terms of reference for the CCOMG.

The continuation of QSEG is a decision for the Executive Director of Nursing and this will be reviewed and reported on by the Deputy Director of Nursing, Chair of QSEG following a reasonable period of bedding-in the new management arrangements. Further discussion to identify the right structure and fit within the Health board will be required over the next twelve months.

Professional Governance and clinical support will continue to be provided through the Nursing structures of the operational directorates, with corporate Nursing leadership provided via the Deputy Director Nursing role.

**SERVICE DEVELOPMENT**

**What Matters to People**

The public are not so much concerned with who provides their care, they want the reassurance that the care is there when they need it. Patient Reported Outcome Measures (PROMs) tell us about what the public value. Waiting for the right care is stressful and comes with risks to safety and wellbeing. As a public body, the health board has a duty to provide the right care at the right time. It also needs to act prudently with the public purse. This provides the health board with a significant challenge and as a commissioning health board with limited local resources and with limited control over the local care sector market place, the health board is not in a position with advantage.

The health board must continue to explore options that enable the proactive development of the market, working in partnership with the care sector and the Local Authority. As a rural health board, we have to be creative, take managed risks and be attractive to new care provider businesses so that they will want to work with us, and for the people of Powys.

The appointment of a Transformation Manager within the Transformation & Value team until March 2025 with the objective to take forward the Mental Health Step Down rehabilitation project through to 'go live' will support service development for this particular patient group. This is a welcome development that will include a role in overseeing the capital funding, building specification, tendering, construction, and leasing of the property; overseeing staffing establishments, recruitment and retention in the facility, management, clinical and community support; overseeing the therapy and specialist rehabilitation support for residents at the facility and management of the pathway for processes for selecting and managing referral, review, and end of tenancy arrangements.

ISSUES & RISKS

Complex Care Retrospective Claims

Currently, there are 11 active cases, which have been allocated to the Complex Care Nurses, each in varying stages of completion. There are forty steps to the Retrospective process, which can take more than a year to complete. The Lead Nurse confirms that all cases have breached timescale, and this may result in a budgetary impact on the Health board if historic eligibility for CHC is identified following completion of the process. The ending of covid measures with national de-prioritisation, a considerable number of claims are now outside the timescale.

To improve the management of the Retrospective claims, the team has one delegated Band 7 Nurse to oversee the process and manage cases. This has consequently removed the nurse from general duties within the team. It does ensure that the Retrospectives are continually monitored as required and expected by Welsh Government (WG). A database is maintained with all positions for each case, which is reported to WG on a bi-monthly basis.

With the aim of improving the management of the Retrospective claims within the expectations of WG, and one nurse dedicated to the completion of Retrospective claims, this further depletes the CCC team and has had a detrimental impact on other work areas.

Additionally, there is a reciprocal obligation for health boards to support each other with peer review and to sit on Independent Review Panels (IRP), further reducing capacity for complex care team nurses away from their core function.

PTHB is the only health board in Wales without a dedicated Retrospective team. Typically, this would include Band 4 administrators to support with administrative duties, such as correspondence, database completion, arranging IRP's, liaising with independent chairs, claimants, and solicitors. A Band 4 paralegal to support with completion of a chronology and Band 6 clinicians to complete Nursing Needs Assessment (NNA) and peer reviews, with an overall Band 7 Retrospective Team leader. The lack of this resource within the CCC team, this work has to be combined within the team core functions including reviews and QA processes. The Committee will recall from the previous report, that practices during the pandemic have created an overall increase in Retrospective claims. Retrospective claims do come with a financial risk in that the review process identifying that the claim is valid, cannot be known until the process is complete.

**CONCLUSION AND NEXT STEPS**

The current focus is on fully understanding the system we have and how that system can be improved upon. Data management remains significant, and risks remain across the Continuing Health Care function. Some of the key drivers contributing to the financial situation across Wales have been widely identified as lack of a sustainable workforce; inflation; underlying deficits from 2022-23 and the Covid-19 legacy. The health board experiences these issues in the same way as larger health boards, where there are more resources to redirect and change focus while continuing business as usual.

Over the next Quarter, progression on the following matters will start to develop as part of the Assistant Director, Complex Care workplan:

- Section 117 of the Mental Health Act (1983) requires all agencies to work together with eligible patients, to support aftercare arrangements following hospital discharge. Building on the good partnership work around historical CHC Disputes, a piece of work to formalise how we can improve joint work with both 117 cases and Learning Disabilities

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where section 117 is not usually in place. We have recognised that as learning from the historic disputes work, that many cases are complex and do not fit well within the CHC Framework.

- Strengthening of commissioning & contracting - Regional Partnership Board (RPB) has now appointed to a role.
- Learning from the outcome of the Internal Audit report expected early March 2024.
- Standardising a team approach: a workshop on February 8th to share best practice and learning across both complex care teams to create a workplan with key performance targets which will set a standard to be measured against.
- Reviewing Officer role: potential to build a business case for this role as an addition to both teams.
- Broadcare software platform for managing CHC data collection: PTHB were well advanced with the negotiations on the procurement process, however, in line with the national work ongoing, the health board is now moving forward with an all-Wales approach to this system through the National Collaborative Commissioning Unit(NCCU) and the pending decision from the NHS Wales Value and Sustainability Board – CHC
- Care Home Governance – improving the support to the care home sector through exploring with the Director of Nursing and Deputy Director of Nursing what the health board can achieve and where this is best situated.

The NHS is currently facing a period of significant financial challenge. One outcome of the Covid-19 pandemic resulted in a more complicated set of demands for health and social care. We know that the NHS is facing substantial increases in its everyday costs due to workforce recruitment and the subsequent use of agency staff to fill the gaps despite the pay award; inflation, the elective care backlog, and provider services wanting price increases to offset their own financial challenges. Patient acuity adds to requests for enhanced care at significant additional cost, subsequently passed on to the health board. Public expectations are incredibly high, creating more pressures through concerns raised, which present the health board with another element of tasks for staff, to be managed and delivered within a timeframe. It is clear that the system simply cannot keep absorbing increased demand without working in a different way and this provides an exciting challenge for the teams with accountability to deliver the best commissioned services possible on behalf of the health board.

REFERENCES

References

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National framework for Continuing NHS Healthcare accessed at: [National framework for Continuing NHS Healthcare | GOV.WALES](http://National%20framework%20for%20Continuing%20NHS%20Healthcare%20%7C%20GOV.WALES)

Patient Reported Outcome Measures (PROMs) accessed at; [Home | Patient Reported Outcome Measures \(nhs.wales\)](http://Home%20%7C%20Patient%20Reported%20Outcome%20Measures%20(nhs.wales))

GLOSSARY

Continuing Health Care (CHC)

NHS Continuing Healthcare (NHS CHC) is a package of care for adults aged 18 or over which is arranged and funded solely by the NHS. In order to receive NHS CHC funding individuals, have to be assessed by Health boards (HBs) according to a legally prescribed decision-making process to determine whether the individual has a 'primary health need'.

**Childrens CHC**

NHS continuing healthcare is for adults. Children and young people may receive a "continuing care package" if they have needs arising from disability, accident or illness that cannot be met by existing universal or specialist services alone.

**Funded Nursing Care (FNC)**

NHS-funded nursing care is when the NHS pays for the nursing care component of nursing home fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.

**NCCD**

The National Complex Case Database

**NNA**

Nursing Needs Assessment required for each patient so that their nursing needs are identified fully.

**APPENDICES**

Appendix 1 (attached as paper 2.4a) - Overdue Review Improvement Plan

The Quality, Safety & Experience Group and Complex Care Operational Management Group terms of reference are both available on request – both have been provided to the Executive Committee. TOR



## Improvement Plan: Reduction of Overdue Reviews January 2024

Action	Impact	Timescale	Outcome
Revised QA process for FNC	Succinct and seamless process to create capacity within team	Quarter 4	<b>Capacity to undertake reviews. Currently 4 WTE Band 6 staff in post. Expectation that each will complete 1 review per working, non-duty day. Each 4-week period 48 reviews completed to reach target of 85% completion by year end.</b>
Duty will not be covered by Band 7	CHC applications are Quality Assured in timescale	Quarter 4	<b>Quality is reviewed and documented</b>
Each band 6 will undertake a minimum of one review per day when not covering duty	Team activity will address backlog	Quarter 4	<b>On average, up to 12 reviews per week, with the current staff cohort who are in work. Each 4-week period 48 reviews completed to reach target of 85% completion by year end.</b>
Band 6 will QA the FNC while covering duty	Team activity will maintain quality process	Quarter 4	<b>Creation of further backlog is avoided</b>
Reviews which are due, but not overdue in Care Home's will be brought forward	Reviews complete in a timely manner	Quarter 4	<b>Creation of further backlog is avoided</b>
CHC reviews prioritised over FNC	Positive impact on both clinical and financial safeguards	Quarter 4	<b>Knowledge that the most vulnerable patients are having their needs met</b>
Community reviews undertaken by the District Nursing Teams escalated to Clinical Services Manager/ Head of Nursing	DN's aware of overdue reviews and the number of days breaching	Quarter 4	<b>Patients are safeguarded; number of overdue reviews is reduced within target range of 85%</b>