


Planning, Partnerships and Population Health Committee

Thu 14 November 2024, 10:00 - 12:30

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

 Agenda_PPPH_14Nov2024..pdf (2 pages)

1.1. Welcome and Apologies

Verbal *Chair*

1.2. Declarations of Interest

Verbal *All*

10:00 - 10:00 2. CONSENT AGENDA BUSINESS

0 min

The Chair will ask if there are any items from the consent agenda (item 7) that Committee Members wish to bring forward to the main agenda.

10:00 - 10:00 3. ITEMS FOR APPROVAL/DECISION/RATIFICATION

0 min

3.1. Minutes of the previous meeting held, 13 August 2024.

Attached *Chair*

 PPPH_3.1_PPPHMinutes_13August2024.pdf (9 pages)

3.2. Committee action log

Attached *Director of Corporate Governance*

 PPPH_3.2_Action Log 2024-25.pdf (1 pages)

10:00 - 10:00 4. ESCALATED ITEMS

0 min

There are no items for inclusion within section


10:00 - 10:00 5. ITEMS FOR ASSURANCE


0 min

5.1. Strategic Change Report & Engagement Report

Attached *Executive Director of Commissioning, Performance and Planning*

 PPPH_5.1_Strategic Change Cover.pdf (4 pages)

 PPPH_5.1a_Strategic Change Stocktake.pdf (41 pages)

 PPPH_5.1b.Q2 24 Service Change Engagement.pdf (17 pages)

5.2. Integrated Plan 2025/2026 Development and Draft Maturity Matrix

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Attached *Executive Director of Commissioning, Performance and Planning*

📎 PPPH_5.2_IMTP_Planning_Approach.pdf (21 pages)

5.3. Transformation and Change

To Follow *Executive Director of People and Culture*

5.4. Winter Plan 2024-2025 and Winter Respiratory Vaccination Campaign

Attached *Executive Director of Commissioning, Performance and Planning*

📎 PPPH_5.4_Winter Plan_RPB SystemResilience.pdf (5 pages)

📎 PPPH_5.4a_RPB System Resilience Pla.pdf (27 pages)

5.4.1. COMFORT BREAK (10mins)

5.5. Oral Health - Design to Smile Programme

Presentation *Executive Director of Public Health and Executive Director of Primary, Community Care and Mental Health*

📎 PPPH_5.5_Children's Dental Health.pdf (15 pages)

5.6. Child Immunisation Annual Report

Attached *Executive Director of Public Health*

📎 PPPH_5.6_Childhood Immunisations Report.pdf (12 pages)

5.7. Local and National Civil contingency arrangements

To follow *Executive Director of Public Health*

📎 PPPH_5.7_National&Local_Civil_Contingency_Update.pdf (28 pages)

5.8. Committee Risk Register

Attached *Director of Corporate Governance*

📎 PPPH_5.8_CommitteeRiskRegister_Nov24.pdf (6 pages)

📎 PPPH_5.8a_CRR007 (Primary Care).pdf (4 pages)

📎 PPPH_5.8b_CRR010(Public Health Emergency).pdf (4 pages)

10:00 - 10:00 6. ITEMS FOR DISCUSSION

0 min

There are no items for inclusion within this section

10:00 - 10:00 7. CONSENT AGENDA

0 min

7.1. NWSSP Mid-Year Performance Report (assurance)

Attached *Deputy Chief Executive/Executive Director of Finance, Capital and Support Services*

📎 PPPH_7.1_Powys Q4 NWSSP Performance Repor.pdf (3 pages)

📎 PPPH_7.1a_Powys Q1 24-25.pdf (20 pages)

7.2. Internal Audit Report: Integrated Plan Development Report (for information)

Attached *Director of Corporate Governance*

📎 PPPH_7.2_Integrated plan development repor.pdf (10 pages)

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7.3. Work Programme

Attached *Director of Corporate Governance*

 PPPH_7.3_PPPH Work programme 24-25.pdf (1 pages)

10:00 - 10:00

0 min

8. OTHER MATTERS

8.1. Any other urgent business

Verbal *Chair*

8.2. Items to be brought to the attention of the Board and/or other Committees

Verbal *Chair*

8.3. Committee reflections

Verbal *All*

8.4. Date of the next meeting: 04 February 2025 at 0:00 via Microsoft Teams

Powell Bethan
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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

**THURSDAY 14 NOVEMBER 2024,
10:00– 12:30
VIA MICROSOFT TEAMS
CHAIR: Rhobert Lewis**



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Powys Teaching
Health Board

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest	Verbal	All
	2	CONSENT AGENDA BUSINESS		
The Chair will ask if there are any items from the Consent Agenda (Item 7) that Committee Members wish to bring forward to the main agenda.				
	3	ITEMS FOR APPROVAL / DECISION / RATIFICATION		
	3.1	Minutes of the previous meeting held, 13 August 2024	Attached	Chair
	3.2	Committee action log	Attached	Director of Corporate Governance
	4	ESCALATED ITEMS*		
There are no items for inclusion within this section.				
	5	ITEMS FOR ASSURANCE		
10:10	5.1	Strategic Change Report Service Change <ul style="list-style-type: none"> Engagement report 	Attached	Executive Director of Commissioning, Performance & Planning
10:25	5.2	Integrated Plan 2025/2026 Development and Draft Maturity Matrix	Attached	Executive Director of Commissioning, Performance & Planning
10:45	5.3	Transformation and Change	Presentation to follow	Executive Director of People and Culture
11:00	5.4	Winter Plan 2024/25 <ul style="list-style-type: none"> Winter Respiratory Vaccination Campaign 	Attached	Executive Director of Commissioning, Performance & Planning & Executive Director of Public Health
11:15	COMFORT BREAK (10 mins)			
11:25	5.5	Oral Health – Design to Smile Programme	Presentation	Executive Director of Public Health
11:35	5.6	Child Immunisation Annual Report	Attached	Executive Director of Public Health
11:45	5.7	Local and National Civil contingency arrangements	Attached	Executive Director of Public Health
11:55	5.8	Committee Risk Register	Attached	Director of Corporate Governance

	6	ITEMS FOR DISCUSSION		
<i>There are no items for inclusion within this section</i>				
	7	CONSENT AGENDA		
	7.1	NWSSP Mid-Year Performance Report (For assurance)	Attached	Deputy Chief Executive/ Executive Director of Finance, Capital, and Support Services
	7.2	Internal Audit Report: <ul style="list-style-type: none"> • Integrated Plan Development Report (For information)	Attached	Director of Corporate Governance
	7.3	Work programme (For information)	Attached	Director of Corporate Governance
	8	OTHER MATTERS		
12:20	8.1	Any other urgent business	Verbal	Chair
	8.2	Items to be brought to the attention of the Board and/or other Committees	Verbal	Chair
12:25	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 04 February 2025 at 10:00 via Microsoft Teams		

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 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.

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

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**POWYS TEACHING HEALTH BOARD
PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE**

**UNCONFIRMED MINUTES OF THE MEETING HELD ON TUESDAY 13
AUGUST 2024 VIA MICROSOFT TEAMS**

Present:		
Rhobert Lewis	RL	Independent Member (Committee Chair)
Ronnie Alexander	RA	Independent Member (General)
Kirsty Williams	KW	Independent Member (PTHB Vice Chair)
Jennifer Owen-Adams	JO-A	Independent Member (Third Sector)
In Attendance:		
Mererid Bowley	MB	Executive Director of Public Health
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Stephen Powell	SP	Executive Director of Planning, Performance and Commissioning
Hywel Pullen	HP	Deputy Director of Finance
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Tracey Deacon	TD	Head of Public Health
Amanda Edwards	AE	Assistant Director of Innovation and Improvement
John Morgan	JM	Transformation and Value Programme Manager
Sim Foreman	SF	Deputy Board Secretary
Will King	WK	Consultant in Public Health Medicine
Carl Cooper	CC	PTHB Chair (Observing)
Toboline Mupita	TB	Shadowing Independent Member
Andrea Blayney	AB	Llais
Beth Powell	BP	Corporate Governance Business Officer (Committee Support)
Apologies for absence:		
Hayley Thomas	HT	PTHB Chief Executive Officer
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Ian Phillips	IP	Independent Member (Digital)
Simon Wright	SW	Independent Member (General)
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT

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PRELIMINARY MATTERS	
PPPH/24/021	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Committee Chair welcomed Members and attendees to the Committee meeting and CONFIRMED a quorum was present. Apologies for absence were NOTED as recorded above.</p>
PPPH/24/022	<p>UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 16 MAY 2024</p> <p>The Committee APPROVED the minutes of the meeting held on 16 May 2024, as being a true and accurate record.</p>
PPPH/24/023	<p>COMMITTEE ACTION LOG</p> <p>The Committee Action Log was received, and ongoing actions were discussed. Four items were recommended for closure:</p> <p>PPPH/24/006 – Strategic Change Report.</p> <p>SP explained that work is ongoing to improve the Health Board’s financial position and remains an iterative process; should service delivery be impacted, an update would be provided to Committee. Members queried whether meeting quarterly was frequent enough, should services be impacted, and members be made aware. SP confirmed the quarterly committee cycle would cover any changes and that any significant escalation would be brought forward to the Board on an urgent basis.</p> <p>PPPH/24/012 – Antibiotic Resistance</p> <p>SF confirmed that due to Executive’s absence, a briefing note would be circulated to committee members on the position of antibiotic resistance. Members queried the timescales of expectancy, to which it was confirmed this would be circulated by the end of the week.</p> <p>The Committee AGREED the updates provided for implementation to the Action Log for closure.</p>
ITEMS FOR ASSURANCE	
PPPH/24/024	<p>STRATEGIC CHANGE REPORT</p> <p>SP highlighted the importance of the updated stocktake of Strategic Change programmes which may impact on Powys Teaching Health Board (PTHB) services and patients. Key actions within the Plan are collated under the five priority objectives that the Health Board uses for special measures. SP explained that Powys had increased the alignment of planning and special measures response to allow to focus on areas that are most likely to lead to greatest improvement.</p> <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Given the reconfiguration of services, is the volume of change accelerating and does the Organisation have the capacity to manage this?</i></p> <p>SP explained that further changes with capacity expansion had been developed across England and Wales. England had expanded services to improve diagnostic access and day surgery alongside regional working to expand capacity. Challenges remain across a limited workforce and</p>

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<p>Powell Bethan 13/11/2024 12:12:22</p>	<p>whilst there are plans to improve regional working and bring organisation collaboration, staffing remains a priority area.</p>
	<p><i>Can a briefing note be circulated to members to convey where Powys patients currently receive Radiotherapy and whether the new Radiotherapy satellite in Nevill Hall Hospital would support Chemotherapy treatment?</i></p> <p>SP confirmed that this would be actioned in due course. Action: Executive Director of Planning, Performance and Commissioning</p>
	<p><i>Do we know the reasons that Welsh Ambulance Service NHS Trust (WAST) and Velindre Hospital remain in routine monitoring?</i></p> <p>SP confirmed the main driver is the ability to deliver a balanced Integrated Medium-Term Plan (IMTP), both WAST and Velindre had been successful in this delivery given their status. Key tests of escalation status also measure against performance and quality of services being provided.</p>
	<p><i>Noting that three of the four main English NHS providers commissioned for Powys residents require improvement, the Committee sought to understand what this meant for PTHB.</i></p> <p>SP explained that whilst no organisations wished to be in these escalation and oversight regimes, they worked hard to improve and actively exit them, which could mean that some Powys residents have better service or a shorter wait. The Committee heard that the required improvement status often applied to specific services and examples were provided i.e. maternity at Shrewsbury and Telford and Emergency Departments at Hereford and SAF</p>
	<p><i>What are implications for Powys and how does learning influence planning and commitments?</i></p> <p>SP explained that this informs planning as PTHB seeks to develop access and outcomes for Powys residents. Activity is reviewed to understand the impact on patients and what this means for the Health Board's financial position. Plans to build intelligence around current capacity and to seek further opportunities to repatriate services and expand capacity.</p>
	<p><i>Is Powys experiencing anything different from the Integrated Care Boards and systems and how would learning be built into the Better Together Programme?</i></p> <p>Little change is evident in terms of commissioner/provider relationships; however, service developments are being mobilised quicker working as a collective. It was noted that system cohesion had conveyed the expansion of community diagnostic hubs and day care services. Powys had undertaken a recent review of the Diagnostic Centre at Telford Hospital as part of learning and opportunities to build new services into Powys. Orthopaedic surgical procedures within an Outpatient setting at Robert Jones Agnes Hunt (RJA) Hospital had also been reviewed to act on innovation within the North of Powys.</p>
	<p><i>Is Powys experiencing any beneficial impact of the introduction of NHS Wales Executive?</i></p> <p>Yes, PTHB is experiencing beneficial impact of the introduction of the NHS Wales Executive's purpose to drive improvements in quality and safety, use of resources and improve outcomes.</p>

	<p><i>What is Health Education and Improvement Wales (HEIW) interaction with the Organisation, and can further support be provided in terms of the workforce challenges?</i></p> <p>SP explained HEIW are a key component to the Organisation as they assess current and future workforce challenges. Executive colleagues have a strong working relationship with HEIW to work through significant challenges, recognising that staff move cross Border out of Wales.</p>
	<p>Service Change Engagement Report</p> <p>AO presented the item and provided an overview of current and forthcoming NHS Service Change engagement and consultation activity with potential impact for Powys residents, patients, and services. Key highlights included:</p> <ul style="list-style-type: none"> • Engagement on temporary changes to PTHB services including MIU and community hospital inpatient wards began shortly after the end of the quarter • Further detail is outstanding from neighbouring Health Boards regarding the potential for service change engagement and/or consultation arising from their Annual Plans for 2024/25. Should change programmes be confirmed, these may have potential impacts for Powys residents and for PTHB that are not currently set out within the programme.
	<p>Independent Members sought assurance by asking the following questions:</p>
	<p><i>What is the trajectory of providing a new surgery at Llanfair Caereinion?</i></p> <p>AO explained that due to the confidential and sensitive nature of this matter, an update would be provided outside of the meeting. Action: Assistant Director of Communications and Engagement</p>
	<p><i>Does the closure of Llanidloes Pharmacy during Saturday afternoon hours impact Pharmacy assessment?</i></p> <p>Issues regarding Saturday afternoon hours were supplementary and not core hours. The Organisation had undertaken a Pharmaceutical Needs Assessment process which aimed to identify services to commission through the Pharmacy Contract. This process would be kept under review, should any impact be identified, this would be suggested to remain within the core hours process.</p>
	<p>The Committee:</p> <ul style="list-style-type: none"> • NOTED the update within the Strategic Change Report and ASSURANCE was provided that the organisation has the appropriate processes in place to monitor and review Strategic Change programmes across Wales. • RECEIVED the Service Change Engagement report and ASSURANCE was provided in terms of the delivery of engagement and consultation programmes. <p><i>AO left the meeting. DWL, AE, TD and JM joined the meeting.</i></p>
<p>PPPH/24/025 Bethan 11/2024 12:12:22</p>	<p>WINTER RESPIRATORY VACCINATION UPDATE</p> <p>MB verbally updated on the Winter Respiratory Vaccination Programme and highlighted the following key changes:</p> <ul style="list-style-type: none"> • Adults over 65 years of age, Flu and Covid vaccinations would begin from early October 2024.

	<ul style="list-style-type: none"> • Two-Three year olds vaccination rollout from early September 2024 via General Practices. • Joint Committee on Vaccination and Immunisation (JCVI) had published guidance on vaccination for eligible cohorts. • Respiratory Syncytial Virus (RSV) had introduced a new programme for three target groups: <ul style="list-style-type: none"> - Pregnant women at 28 weeks, delivered by Midwives from early September 2024, work was underway to review procurement of vaccine by Welsh Government. - Adults over 75 years of age would be offered vaccination with 12 weeks of turning 75 years. • A one-off catch-up programme would be delivered by the Health Board from February to September 2025 for those Adults over 75-80 years. <p>Independent Members sought assurance by asking the following questions:</p> <p><i>Is the Maternity Vaccination and Adults over 75 years of age Vaccination part of a second Phase Programme?</i> The RSV is a new Programme agreed by JCVI and planned for delivery from 1 September 2024. The second phase programme is the targeted one-off catchup for 75-80 year olds commencing Spring 2025.</p> <p><i>Are there sufficient vaccine supplies available for the rollout of the RSV Programme?</i> The rollout of vaccine delivery had been provided by Welsh Government and the Health Board are unaware of any supply shortage at a local level. The guidance states an ongoing vaccine would be recommended for those individuals that turn 75 with a Catch-up programme for 75-79 years of age.</p> <p><i>What are the arrangements to increase staff uptake of vaccinations?</i> A review had been undertaken of last year's data to seek to improve vaccination uptake and the emphasis remains on both Flu Vaccinations for staff. The Health Board is seeking to increase the number of Champions to begin the rollout with invitations for staff to attend at Vaccination centres across Powys.</p> <p>The Committee RECEIVED the verbal update on the Winter Respiratory Vaccination Programme NOTED the key changes.</p>
<p>PPPH/24/026</p> <p>Powell Bethan 13/11/2024 12:12:22</p>	<p>TRANSFORMATION-BETTER TOGETHER</p> <p>DWL updated on the newly established Directorate of Improvement and Transformation which had been formed to lead a development strategy of the following key programmes:</p> <ul style="list-style-type: none"> • Temporary Service Change • Innovation and Business efficiencies • Value • North Powys Programme • Sustainable Powys, Better Together • Organisation wide deployment of improvement skills • Routemap to sustainability. <p>A detailed update was provided on the achievements delivered against the transformation team in Q1 which align with PTHB Integrated Medium</p>

Term Plan (IMTP). Temporary Service change proposals had been recognised as areas for development. Two of these proposals are at public engagement stages with ongoing discussions with Llais also underway. Assessments are planned to take place to ensure improvement and transformation of service change towards an improved future model. Members noted that communications and engagement with staff and the public would need to be worked through.

The Committee recognised the potential impact of the service change suggestions and noted that historically, specific projects suggested, looked at the intervention and benefits of change. Members suggested the opportunity for updates against specific projects to be brought back to committee for assurance and look at the financial innovation and transformation. **Action: Executive Director of People and Culture**

Independent Members sought assurance by asking the following questions:

Can further detail be provided on Slide 11 and what does this tell us?
JM advised it outlined areas that “shone under a value spotlight”. It was recognised that next steps to enable delivery would be provided to Committee members and shared with members of the Delivery and Performance Committee given the remit of its committee. **Action: Transformation and Value Programme Manager**

To what extent is the current state of the digital infrastructure and do the innovations drive the improvements needed?
AE confirmed that connectivity remains a challenge across the Health Board and wider Powys. To drive digital innovation the Organisation needs to understand what will help to improve connectivity. An evaluation assessment had been carried out using the OKKO Health App to gather innovation and individual experiences. The Committee recognised the need for alignment of the IT and Infrastructure with a twostep plan when the Transformation Director has been recruited to. The Committee noted the importance of providing live feedback to Welsh Government in order to make better changes for the Powys population.

How transformative are the options and are they more improvements rather than transformative?
DWL explained that it was felt too many options are currently on go and the team plan to review the benefits in order to make the necessary arrangements to speed up and/or delay programmes. Given the financial position it was recognised the importance to choose the right model going forward ahead of the recruitment to the Director of Transformation and Value position.

Do you think this is a coherent plan and patient future model, and is evaluation being implemented to capture citizens and patients voices as a driver for change?
DWL explained that this is not currently a coherent set of activities and priority areas would need to be reviewed recognising further work is required to implement an improvement and transformation strategy. Evaluation was recognised as a priority area to demonstrate what is being achieved. It was noted that dialogue with patient coproduction is essential for future models.

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	<p><i>Can you provide assurance that staff voices are incorporated into service change delivery and are not being missed out?</i></p> <p>Regular staff briefings take place across the Organisation, specifically around service change to ensure staff have the opportunity to engage in transformation and influence plans. Work is underway with Trade Unions to launch a cascade brief through management structures as it was recognised not all staff have intranet access. Transformation tools are under development for all staff to enable better understanding of change processes and emphasis to ensure are staff engaged and sighted remains a priority.</p> <p><i>Are there any potential risks with the use of Avastin for Age-related Macular Degeneration and is this on or off-license?</i></p> <p>JM confirmed that further detail would be provided outside of the meeting. Action: Transformation and Value Programme Manager</p> <p><i>How does the Organisation know it is operating efficiently and where is this reported across the Health Boards Governance arrangements to ensure the Board is effectively sighted on waste identification?</i></p> <p>SF confirmed a programme to identify waste had been initiated and the Executive lead would manage reporting mechanisms. The Business efficiency team had implemented a two-year automation plan which focuses on building team resources and eliminating the number of waste products across the Trust. This would determine which programmes would be accelerated with a series of choices to be brought to a future Board meeting. Members agreed that the Chair’s Committee forum would receive further updates on Waste identification to provide greater assurance. Action: Deputy Board Secretary</p> <p>The Committee RECEIVED the update on the Transformation – Better Together Programme and NOTED the key changes.</p>
<p>PPPH/24/027</p>	<p>TOBACCO CONTROL</p> <p>MB updated on the delivery of actions towards achieving PTHB’s smoking cessation targets and the ambition of a smoke free Powys by 2030. Data analysis of smoking rates across General Practices had been completed with telephone follow-up and online support provided. The Just Be Prevention programme sets out a three-phased plan which had been delivered across six comprehensive schools across Wales.</p> <p>The following themes were discussed:</p> <ul style="list-style-type: none"> • A Smoke-Free Powys Strategy and Action Plan 2025-2027 had been drafted. Awaiting publication of the updated Welsh Government Delivery Plan (due to be published in the Autumn 2024) to ensure the Powys plan aligns. • A maternity dashboard had been developed to capture data which enables targeted public health action. • Planning is underway to develop a project in 2024/25 to provide a personal CO monitor to pregnant women who wish to become smoke-free. • Engagement with Primary Care to support people to quit smoking had shown to be effective to reach the target of treating 5% of smokers during 2023/24.

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	<ul style="list-style-type: none"> • Achieved the Health Board target of treating 5% of smokers for the first time in Powys. • Led a proactive 'call to action' amongst partners to address the increase in use of vapes in young people. • Developed resources for educational systems to support teachers to respond, and new referral pathways across organisations in partnership to meet needs. • Effective partnership work and system leadership by the Public Health Team on tobacco control and vaping.
	<p>Independent Members sought assurance by asking the following questions:</p>
	<p><i>Who leads the coordination and review of substance consumption?</i> MB explained that substance misuse is overseen by the Area Planning Board (APB) and Governance is represented under Community and Mental Health Directorate. Powys is working with Public Health Wales to review evidence-based programmes for alcohol misuse in young people to identify evidence based interventions.</p>
	<p><i>What is the detail of the increased hospital admissions in 2022/23 across Wales that are attributable to smoking?</i> MB explained that pre pandemic approximately 22% of individuals who required medical intervention were related to tobacco smoking. It was stated this remains an area of concern and would continue to be supported.</p>
	<p><i>Is an Audit being undertaken across Maternity Services of smoke free training to support pregnant women?</i> A Maternity Service dashboard had been developed with Womens and Childrens Services to review smoking rates in pregnancy. It was recognised the dashboard is at planning stages with further work still to be done. This would be shared with Committee members to monitor progress. Action: Consultant in Public Health</p>
	<p>Independent Members congratulated the Public Health Team on the success of achieving the Health Board target of 5% and referenced the importance of the work undertaken.</p>
	<p>The Committee NOTED the report and took ASSURANCE on the progress towards a smoke-free Powys.</p>
<p>ITEMS FOR DISCUSSION</p>	
<p>PPPH/24/028</p>	<p>DEEP DIVE-DIABETES The Committee received the report as read; the Consultant in Public Health invited questions from members.</p> <p><i>The Chair questioned the reasoning behind scenario four of the Health Board finance model and why it is different to the other scenarios?</i> WK explained that historic data had been used to project current scenarios although the exact method was unknown. Contact details would be shared with the Chair to source further information as requested. Discussion around financial impacts moving forwards was recognised as a priority, specifically across childhood obesity Type 2 Diabetes with a focus on Women, Children and families to plan for long term success in tackling health issues within the first 0-5 years.</p>

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	<p>The Committee:</p> <ul style="list-style-type: none"> • RECEIVED the report and took ASSURANCE that work had been completed. • NOTED the key findings and recommendations. • APPROVED the recommendations from the report <p><i>CM left the meeting</i></p>
OTHER MATTERS	
PPPH/24/029	<p>COMMITTEE RISK REGISTER</p> <p>SF noted that the Committee Risk Register had been in development and now provides an actioned based Register inclusive of two risks that fell within the Committee’s remit. All corporate risks continue to be reviewed by the relevant lead Directors prior to the next iteration of updates. The Committee RECEIVED the July 2024 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee.</p>
PPPH/24/030	<p>COMMITTEE WORK PROGRAMME</p> <p>SF presented the 2024/2025 work programme based upon the scope with the Terms of Reference. An agile approach would be followed to respond to changes as required and the programme would be adapted throughout the year. The Committee NOTED the Work programme and took ASSURANCE that the relevant items would be available.</p>
PPPH/24/031	<p>ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES</p> <p>SF confirmed the Committee Chair would provide a verbal update to the Board In-Committee on 21 August 2024 to support the discussions and agreed actions of the North Powys Wellbeing Programme. It was AGREED that the Maternity Dashboard to look at smoking rates in pregnancy would be added to a future Board Briefing agenda for further discussion.</p>
PPPH/24/032	<p>ANY OTHER URGENT BUSINESS</p> <p>There was no urgent business.</p>
PPPH/24/033	<p>COMMITTEE REFLECTIONS</p> <p>The following summary of business and reflections were provided by Committee members:</p> <ul style="list-style-type: none"> • Strong detailed discussions • Good, varied range of Executive Director voices. • Strong focus on Health Board staff • Pragmatic with reflective and relevant topics • Quality and planning of papers well received • Independent Member contribution was well received • Selective balance and perceptive questions posed; • Chaired very well given timing structure.
PPPH/24/034	<p>DATE OF THE NEXT MEETING</p> <p>14 November 2024 at 10:00, via Microsoft Teams.</p>

Meeting ended: 12:13

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Beth Powell									
RAG Status:									
At risk	Red - action date passed or revised date needed								
On track	Yellow - action on target to be completed by agreed/revised date								
Completed	Green - action complete								
No longer needed	Blue - action to be removed and/or replaced by new action								
Transferred	Grey - Transferred to another group								
Planning, Partnerships and Population Health 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 - 14 November 2024									
13-Aug-24	PPPH/24/024	DPP&C	Strategic Change Report	A briefing note be circulated to members to convey where Powys patients receive Radiotherapy currently and to confirm whether the new Radiotherapy satellite in Nevill Hall Hospital would support Chemotherapy treatment	14.11.24 update - briefing in development, timescale to be confirmed during action log update at next meeting in November			On track	
13-Aug-24	PPPH/24/024a	ADC&E	Strategic Change Report	The trajectory of providing a new surgery at Llanfair Caereinion would be circulated to members due to the confidential content.	14.11.24 update - briefing produced, will be circulated to Committee members ahead of the next meeting in November			On track	
OPEN ACTIONS - IN PROGRESS BUT NOT YET DUE (14 DECEMBER 2024)									
13-Aug-24	PPPH/24/027	Consultant in PH-Will King	Tobacco Control	The Maternity Services dashboard that had developed to review smoking rates in pregnancy would be shared with Committee members to monitor progress at a future Board briefing.	14.11.24 update - Maternity Dashboard has been scheduled at a Board Briefing in 2025.		Mar-25	On track	
ACTIONS RECOMMENDED FOR CLOSURE (14 November 2024)									
13-Aug-24	PPPH/24/026	DP&C	Transformation-Better Together	Specific projects from the Transformation programme to be brought back to future meetings to look at financial innovation and transformation.	14.11.24 update: An example of one of the ongoing projects was shared with colleagues on 10.10.24. Further updates would form part of future Transformation agenda items.			Completed	
13-Aug-24	PPPH/24/026a	Transformation & Value Programme Manager-John Morgan	Transformation-Better Together	To provide detail of next steps to enable delivery of the areas that "shone under a value spotlight" would be shared with members and to be presented to Delivery and Performance given the remit of its Committee.	14.11.24 update: D&P will receive the Q2 updates against the Delivery Plan on 22 October 2024 which covers the transformational areas and these are part of the value approach. Next steps around detail would then be the Route Map work under development and the route for this through the governance structure to be confirmed.			Completed	
13-Aug-24	PPPH/24/026aii	DCG	Transformation-Better Together	'Waste Identification' to be added to a future Chairs Committee meeting agenda.	Update 16.09.24: Item added to next Chairs forum in October 2024.			Completed	
13-Aug-24	PPPH/24/026ai	Transformation & Value Programme Manager-John Morgan	Transformation-Better Together	Detail of the potential risks of the use of Avastin for Age-related Macular Degeneration would be shared outside of the meeting.	02.09.2024 Update: Jacqui Seaton, PTHB Chief Pharmacist, met Ronnie Alexander on 03/09/24 to discuss the situation with bevacizumab (Avastin®) and why PTHB is not using it.			Completed	
24-Sep-24	PTHBIC/24/78	DPH	Emergency Response and Planning Self Assessment	Presentation to PPPH on local and national civil contingency arrangements	14.11.24 update - Item scheduled for the November Committee.		Nov-24	Completed	
16-May-24	PPPH/24/012	DoNQW&FH	Antibiotic Resistance	To provide an update on the position regarding antibiotic resistance following receipt of Englands delivery plan and how Powys plan to implement a local action plan for delivery.	14.11.2024 Update: A briefing was circulated to members on 4 November 2024		Aug-24	Completed	



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Powys Teaching
Health Board

Agenda item: 5.1

Planning, Partnerships and Population Health Committee **14 November 2024**

Subject:	Strategic Change Report
Approved and presented by:	Director of Performance and Commissioning
Prepared by:	Assistant Director of Planning, Planning Managers, Deputy Director (Engagement, Communication and Corporate Governance)
Other Committees and meetings considered at:	Executive Committee - 30 October 2024

PURPOSE:

This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which individually or cumulatively may have an impact on healthcare for Powys residents.

This provides a broad, whole system view which assists the organisation in understanding the evolving context across both Wales and England. Information that is additional in this quarter has been highlighted in red font.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to:

- **NOTE** the report and **DISCUSS** the content.
- Take **ASSURANCE** that mechanisms are in place to ensure strategic change programmes are captured that do or may impact on Powys.

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

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y/N	This report provides the Committee with an updated stocktake of Strategic Change programmes around Wales and England which may have an impact on Powys Teaching Health Board services and patients.
2. Provide Early Help and Support	Y/N	
3. Tackle the Big Four	Y/N	
4. Enable Joined up Care	Y/N	
5. Develop Workforce Futures	Y/N	
6. Promote Innovative Environments	Y/N	
7. Put Digital First	Y/N	
8. Transforming in Partnership	Y/N	

EXECUTIVE SUMMARY:

This report provides the Committee with an updated stocktake of Strategic Change programmes which may have an impact on Powys residents.

This report provides an update of the broad, whole system view of each area's strategic change ambitions and plans. It should be noted that the majority of health board plans in NHS Wales remain unsupported by Welsh Government at the time of publishing this report.

This stocktake should therefore be read with the caveat that it is based on intelligence at the time of producing the report and is subject to change.

The report also includes the more detailed Service Change Engagement Report as an appendix, as this provides updates on live engagement activity. These are not always directly related to Strategic Change programmes (as they are sometimes related to operational and urgent service change issues).

BACKGROUND:

The Strategic Change Stocktake provides an overview of the key programmes, as far as information is available at the time of producing the report. Updates are gathered through various sources including Planning and Communications peer networks; Commissioning team intelligence particularly updates shared through 'CQPRM' meetings, and regular searches of key websites including neighbouring health board transformation programmes / key documents and board papers.

This report provides an update on the broad, whole system view of each areas strategic change ambitions and plans. These are subject to change and the majority of health board plans in NHS Wales remain unsupported by Welsh Government at the time of publishing this report. Therefore, this stocktake should be read with the caveat that it is based on intelligence at the time of producing the report.

The most recent Escalation and Intervention status for each organisation in NHS Wales has been included along with the Care Quality Commission ratings for English providers.

It should be noted that this is a changing picture and unlikely to be fully complete at any one time, as it remains a challenging environment for engagement and delivery on transformation programmes.

The report also includes the more detailed Service Change Engagement Report as an appendix, as this provides updates on live engagement activity. These are not always directly related to Strategic Change programmes (as they are sometimes related to operational and urgent service change issues).

NEXT STEPS:

- The report will be shared with other key stakeholders including Welsh Government and the Llais.
- The report is updated on a quarterly cycle.

IMPACT ASSESSMENT

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

QUALITY:

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

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

EQUALITY:

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

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

RISK ASSESSMENT:

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

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

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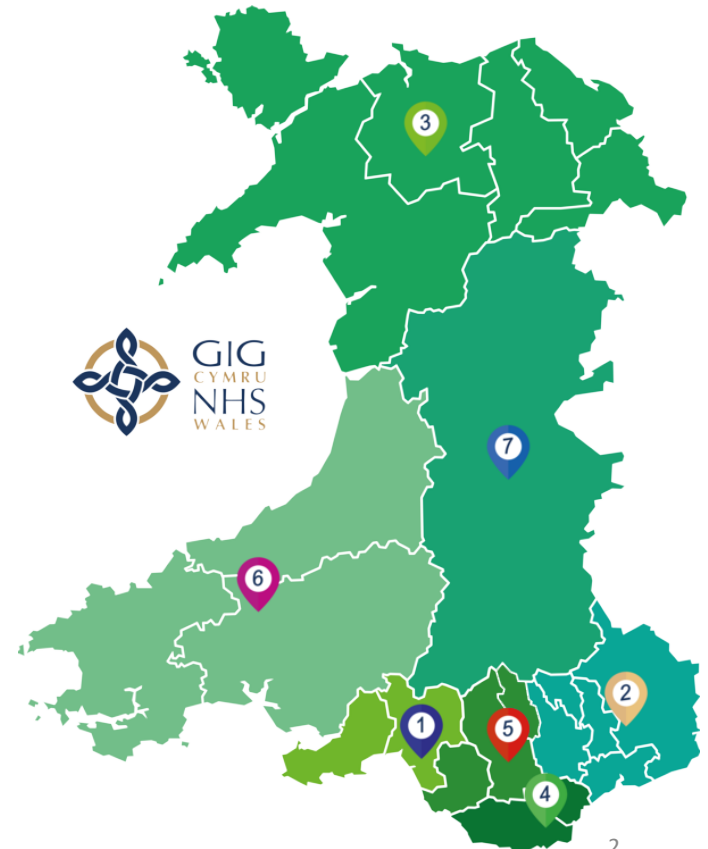
Strategic Change Update

Planning, Partnerships and Population Health Committee
14th November 2024

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13/11/2024 12:12:22

Purpose

- This report provides a broad, whole system view of each area's strategic change ambitions as recently published in their plans submitted to Welsh Government in March 2024. (Additional information and updates are included in red font).
- This assists the organisation in understanding the context and potential for existing and planned strategic changes across both Wales and England, which may individually or cumulatively impact on the provision of healthcare for Powys residents.



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Overview

The PTHB Integrated Plan 2024-29, aligned to the Ten Year Health and Care Strategy 'A Healthy Powys' sets out the Vision, Objectives and Strategic Priorities for this five year period.

The Mid Wales Joint Committee for Health and Care have annual priorities and programmes of work in the context of a Strategic Intent.

HDUHB have developed a one-year Annual Plan for 2024-25.

ARCH programme includes regional centre of excellence / regional services.

South West Wales Cancer Centre programme in place.

SBUHB have developed a one-year Annual Plan for 2024-25.

CTMUHB and CAVUHB are engaging on Stroke services in South Central Wales (as part of wider National Stroke Programme).

CTMUHB IMTP 2024-2027 is set in the context of "CTM 2030" and informed by work on the acute clinical services plan (ACSP).

South East Wales Regional Portfolio Board in place; update included in this Stocktake.

Velindre 'Transforming Cancer Services' in South East Wales Programme includes Radiotherapy Satellite Centre at NHH.

BCUHB submitted a 3 Year Plan, with a specific focus on the 2024/25 year. Key actions within the Plan are collated under the five priority objectives for Special Measures.

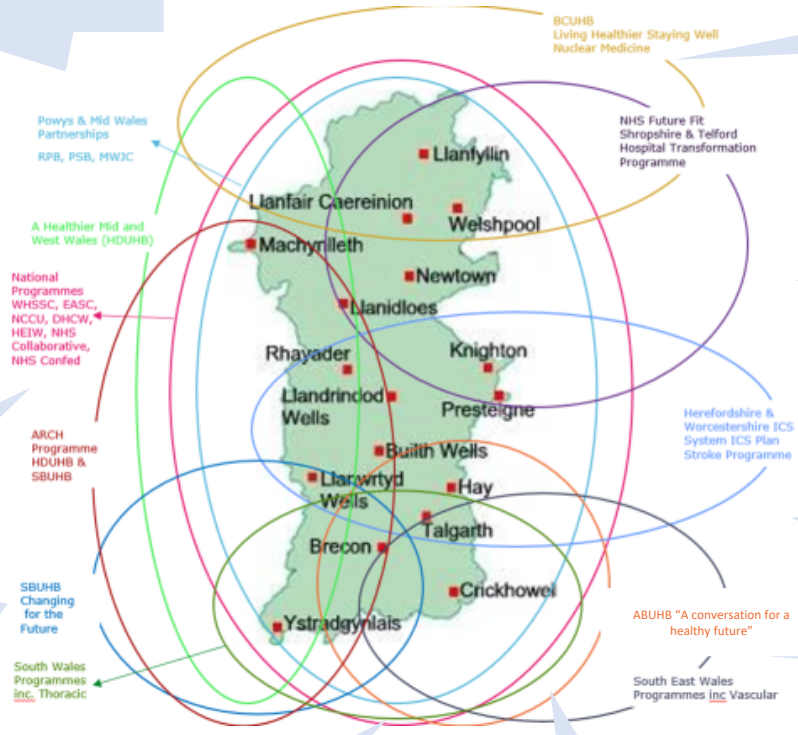
All organisations in Wales submitted Plans to Welsh Government 31st March 2024.

Robert Jones and Agnes Hunt Orthopaedic Hospital have developed a 5 year Trust strategy.

Shropshire and Telford & Wrekin Integrated Care System have produced an Integrated Care Strategy; Hospital Transformation Programme being implemented in line with outcomes of 'Future Fit' consultation.

Hereford & Worcestershire Integrated Care System have produced an Integrated Care Strategy; Stroke Programme ongoing with further engagement / consultation expected on the clinical model and pathways in 2024.

ABUHB have developed an Annual Plan 2024-25.

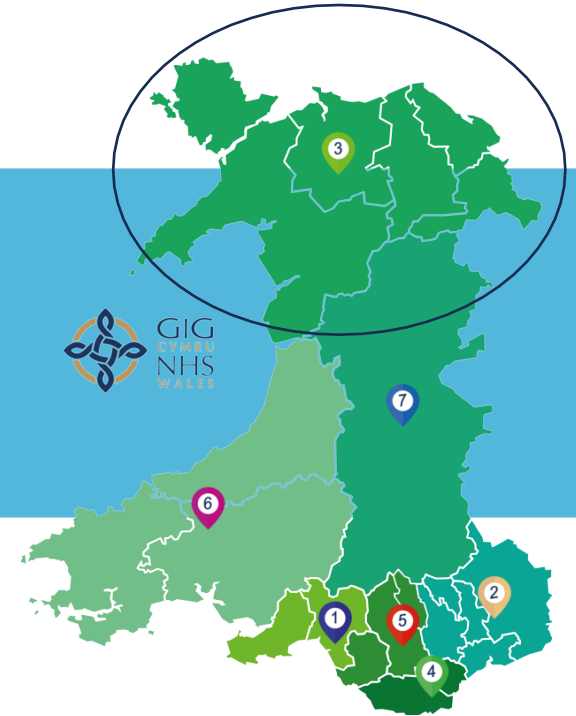


Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 15th July 2024)

Organisation	Current Status
Aneurin Bevan University Health Board	Level 4 - Targeted intervention for finance, strategy and planning Level 3 - Enhanced monitoring for performance and outcomes relating to urgent and emergency care at the Grange University Hospital
Betsi Cadwaladr University Health Board	Level 5 - Special measures
Cardiff and Vale University Health Board	Level 3 - Enhanced monitoring for finance, strategy and planning
Cwm Taf Morgannwg University Health Board	Level 4 - Targeted intervention for performance and outcomes Level 3 - Enhanced monitoring for finance, strategy and planning
Hywel Dda University Health Board	Level 4 - Targeted intervention
Powys Teaching Health Board	Level 3 - Enhanced monitoring for finance, strategy and planning
Swansea Bay University Health Board	Level 4 - Targeted intervention for performance and outcomes Level 3 - Enhanced monitoring for finance, strategy and planning, Enhanced monitoring for maternity and neonatal services
Public Health Wales NHS Trust	Level 1 - Routine arrangements
Velindre University NHS Trust	Level 1 - Routine arrangements
Welsh Ambulance Services University NHS Trust	Level 1 - Routine arrangements
Digital Health and Care Wales	Level 1 - Routine arrangements
Health Education and Improvement Wales	Level 1 - Routine arrangements

North Wales



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Betsi Cadwaladr University Health Board



Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

Strategy / Plan	Key Points
<p>Betsi Cadwaladr University Health Board special measures: progress report April to June 2024</p>	<p>This report sets out the progress the health board has made over the last quarter (April to June 2024) against the agreed special measures priorities. The focus over this period has been the health board’s response to the serious issues that resulted in its escalation to special measures, developing and building the board, rebuilding trust and confidence and putting in place firm foundations for the future.</p> <ul style="list-style-type: none"> • Governance - The health board now has a full complement of independent members, and will provide the leadership capacity and capability required to strengthen corporate governance across the organisation • Quality of care - The health board is making good progress in developing its quality governance process and systems whilst dealing with serious legacy issues that must be addressed at pace. • Performance and outcomes - There has been a reduction in the number of long waiting times for patients, at both the outpatient and treatment stage since February 2023. Cancer performance remains variable, impacted by challenges in services such as urology and dermatology. There is a real focus within the health board on eliminating long waits for planned care with a commitment to treat in turn, implement efficiency measures and improve productivity. • Leadership, capability and culture - Work around culture and developing compassionate leadership is progressing across the health board. • Financial governance and management - Significant progress has been achieved in addressing issues raised. The health board’s year-end out-turn position for the 2023 to 2024 financial year was a deficit of £24.347m. This was £4.347m higher than the target control total of £20m set in 2023 to 2024. The health board made progress in-year against its original plan, but it was one of three health boards that did not deliver on the target control total set by Welsh Government. • Planning and service transformation - An independent review of integrated planning in the health board, has been completed. The health board has reported many elements of its action plan are already underway, including stakeholder engagement to support planning process redesign, access to diploma level education to support and develop planning capability, and an initial review of corporate planning capacity and capability.
<p>Finance</p>	<p>The health board was unable to submit a balanced integrated medium-term plan (IMTP) for 2024 to 2027 and submitted an annual plan for 2024 to 2025. This is the first plan developed by the health board under the leadership of the new chair and chief executive, supported by a substantial change in board membership and signals a clear ambition to move beyond the challenges that have led to special measures escalation to a position where the health board can operate sustainably to deliver high quality services. The health board has committed to initiating and progressing development of its Clinical Services Strategy and Clinical Plan in 2024 to 2025.</p>
<p>Fragile Services</p>	<ul style="list-style-type: none"> • Child and Adolescent Mental Health Services (CAMHS) - CAMHS and neurodevelopment improvement plans have been agreed by the health board’s executive team. An initial draft service model proposal for neurodevelopment has been developed to support the move from a diagnosis-focused model towards a needs-led model, to better meet the needs of families and children. • Mental health inpatient safety - The final report from a joint safety assessment of mental health inpatient settings, undertaken by the National Collaborative Commissioning Unit (NCCU) and the NHS Executive has been published, along with its management response. An NCCU post action plan report is being developed, capturing the work that has been delivered as part of the review. • Vascular services - A progress report on the improvements being undertaken in vascular services in North Wales was prepared for consideration by the board at its meeting in July 2024.

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Mid and West Wales



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Powys has a 'co-terminous' health board and local authority, with one Powys Regional Partnership Board (and one Area Plan) and one Public Services Board (with one Wellbeing Plan).

Strategy / Plan	Key Points
A Healthy Caring Powys – 10 year Health and Care Strategy 2017 – 2027 (Powys Area Plan)	<ul style="list-style-type: none"> Overseen by the Powys Regional Partnership Board (RPB). Shared health and care strategy formally approved by the RPB, PTHB, PCC in March 2018 and reviewed 2021/2022 to inform the refresh of the Area Plan. Area Plan submitted April 2023.
The Powys Well-being Plan – Towards 2040	<ul style="list-style-type: none"> Overseen by the Powys Public Services Board (PSB); sets out ambitions for very long term 'inter-generational' sustainable development of Wellbeing in Powys
PTHB Integrated Plan 2024-29	<ul style="list-style-type: none"> The plan sets out the Vision, Objectives and Strategic Priorities for this five year period. There is a firm level of detail for Year 1 in relation to key areas of delivery and quarterly milestones. It is also agile and dynamic enough to enable the health board to engage with its communities and adapt its approach. This year, as in the previous year, it has not been possible to produce a fully compliant plan in relation to the financial breakeven duty across a three year period. Instead, the Plan sets out how this will be achieved over the period of the plan during which we will work with communities, staff and stakeholders to build a sustainable future for the County's health services. The Board approved Integrated Plan was submitted to Welsh Government on 28th March 2024 and responds to the NHS Wales Planning Framework including the refreshed Ministerial Priorities. At time of publication, our plan remains unsupported by Welsh Government given the deficit position planned for the year, dialogue is ongoing with Welsh Government.
Powys County Council – Corporate Plan 'Stronger Fairer Greener'	<ul style="list-style-type: none"> The County Council have published 'Stronger Fairer Greener' which brings together their Corporate and Strategic Equality plan; available at https://en.powys.gov.uk/article/14174/Our-Corporate-and-Strategic-Equality-Plan
Powys County Council – 'Sustainable Powys'	<ul style="list-style-type: none"> 'Sustainable Powys' is an approach which has been developed by the Council to review what services are provided and how, whilst working with communities to explore innovative solutions.
North Powys Wellbeing Programme	<ul style="list-style-type: none"> As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Work is under way to develop Outline Business Case for submission to Welsh Government. North Powys has progressed design development and master planning along with Target Operating Model.
Accelerated Sustainable Model of Care (ASM Programme) – Better Together	<ul style="list-style-type: none"> Progress in 2023/2024 has included frailty, community and urgent care; planned care and diagnostics; mental health; and major conditions – together with the priorities for delivery over the next 5 years; using data/evidence around health needs to develop an accelerated sustainable model (Better Together). There will be regular updates to the Executive Committee on the progress of the programmes, risks scoring 15 or more and the mitigation for these risks.

Powys – Plan on a Page



GIG
THRU
NHS

Santod Iechyd
Ardyngu Powys
Powys Teaching
Health Board

Plan on a page 2024 - 2029



OUR FUTURE VISION
TO 2027 AND BEYOND
TO IMPROVE HEALTH AND WELLBEING
WE WILL PUT THE PEOPLE OF POWYS FIRST



Better Together for a Sustainable Model of Care

Whole System Approach to Wellbeing & Prevention

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

Faster, effective diagnosis and treatment

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

Working together across Major Conditions, Physical and Mental Health

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

Home first and back home fitter and faster

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

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



Quality is the golden thread across the whole plan

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



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Mid Wales Joint Committee for Health and Social Care (MWJC)

Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).



Strategy / Plan	Key Points
Strategic Intent	<p>The Mid Wales Joint Committee, as a formally designated regional planning area within Wales, supports this direction of travel. The Strategic Intent sets out how the Joint Committee intends to ensure there is a joined up approach to the planning and delivery of health and care services across Mid Wales. It outlines how the Joint Committee’s partner organisations will work together to address the current health and care needs of the Mid Wales population as well as the challenges for the future. It also explains the overarching aims and objectives and describes what the Joint Committee intends to do and achieve across Mid Wales.</p>
Vision - The population of mid Wales has access to safe, sustainable, bilingual and high quality integrated health and care services	<p><u>Aim 1: Wellbeing</u> - Improve the wellbeing of the Mid Wales population.</p> <p><u>Aim 2: Enable people live their best lives</u> - Create a sustainable health and social care system for the population of Mid Wales which has greater focus on care in the right place.</p> <p><u>Aim 3: Rural Health and Care Workforce</u> - Create a flexible and sustainable rural health and care workforce for the delivery of high quality health and care services.</p> <p><u>Aim 4: Hospital Based Care and Treatment</u> - Create an effective, efficient, sustainable and accessible Hospital Based Care and Treatment service for the population of Mid Wales with robust outreach services and clinical networks.</p> <p><u>Aim 5: Communications, Involvement and Engagement</u> - Ensure there is continuous and effective communication, involvement and engagement with the population of Mid Wales, staff and partners.</p>
Mid Wales priorities for 2024/25 <i>Powell Bethan 13/11/2024 12:12:22</i>	<p>The Joint Committee’s agreed priorities for 2024/25 are Urology, Ophthalmology, Cancer and Chemotherapy Outreach, Dental, Clinical Strategy for Hospital Based Care and Treatment and regional solutions and Cross Border workforce arrangements</p> <p>For 2024/25 the top 3 clinical priorities are the same as for 2023/24 and are being taken forward as follows:</p> <ol style="list-style-type: none"> 1. Urology: Mid Wales Urology group established and led by the Lead Clinical Executive Director for the Joint Committee. 2. Palliative Care: This was previously under the Cancer priority but is now being taken forward separately. 3. Rheumatology: Mid Wales priority for ‘Clinical Strategy for Hospital Based Care and Treatment and regional solutions’ includes the Bronglais General Hospital Strategy for which the action plan for Acute Medicine includes Rheumatology. <p>The Mid Wales Social Care Group have developed an agreed set of top 3 priorities to focus with future meetings/workshops to focus on one priority area. The top 3 social care priorities are:</p> <ol style="list-style-type: none"> 1. Residential Children’s Accommodation with links to eliminating profit on small homes (Childrens’ Services) 2. Trusted Assessor along with Delayed Pathways of Care 3. Welsh Community Care Information System (WCCIS)

Mid Wales Joint Committee for Health and Social Care (MWJC)

Mid Wales is formally designated as a Regional Planning Area; MWJC membership is made up of the statutory health and care organisations in the region (PTHB, HDUHB, BCUHB, WAST, Ceredigion County Council, Gwynedd Council and Powys County Council).



Strategy / Plan

Key Points

Mid Wales Joint Committee Priorities and Plan 2024/25 - including barriers and enablers to achieving the plan

- **Urology** – National work is ongoing and the Mid Wales Urology Group have had discussions regarding how to align with this. A meeting of the clinical leads for Hywel Dda and Betsi along with Primary Care representatives is arranged for mid August to discuss PSA monitoring. The second Urology priority is Trial Without Catheter and this work is being led by a GP/Cluster Lead in North Ceredigion. **Ophthalmology** – This priority is not moving forward rapidly in terms of securing an overarching clinical lead in mid Wales but instead they are working through using the wider MDT team. A meeting of the Mid Wales Ophthalmology Group has been arranged for the beginning of August.
- **Chemotherapy** – The new unit at BGH is under construction and progressing well with completion early next year.
- **Radiotherapy** – The SWWCC Radiotherapy Modernisation Group have considered the draft business case for a second permanent CT 3 sim . The group are to consider the needs of the mid Wales patient in terms of transport and, if siting all services in Swansea with no satellite service in Hywel Dda, the need to look at expanding accommodation for patients travelling from afar.
- **Palliative Care** - The national work in relation to palliative care is due to be published soon in terms of a draft standard which will confirm the specification for palliative care.
- **Dental** – Progress is being made and discussions are back in place. The two leads from HDdUHB and PTHB are in discussion about providing a Paediatric General Anaesthetic service at BGH
- **BGH Strategy** – This is paused pending some of the outcomes from the HDdUHB Clinical Services Plan to ensure alignment.
- **Colorectal** – Outreach clinics into Newtown are going well and the feedback from staff and patients is positive. The next step is for a discussion about where commissioning and the waiting list sits in the future but for now it will remain as it is within HDdUHB. There has been a request from the Consultants for them to attend a GP Cluster meeting to provide information on the clinics but at present that is being held pending internal discussions about how to switch on referrals.
- **Workforce** – Attendance has been a problem in the Mid Wales workforce group so work has been slower than expected due to postponed meetings.
- **Dermatology pilot** – Clinical advice is being provided on government arrangements.
- **Cardiology** – A service in Bro Ddyfi Hospital has been mentioned and a discussion needs to be had as to what can be provided there and what PTHB may want from BGH.

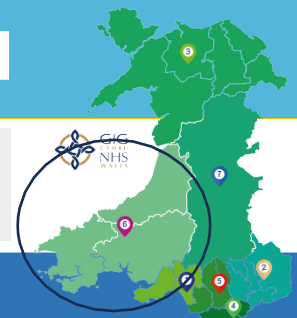
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Mid and South West Wales



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Hywel Dda University Health Board

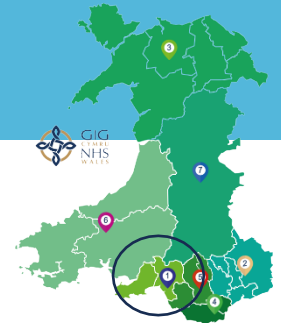


HDUHB has a footprint spanning the three Local Authority areas of Ceredigion, Carmarthenshire and Pembrokeshire in Mid West and West Wales.

Strategy / Plan	Key Points
Annual Plan 2024-25	<ul style="list-style-type: none"> A one-year Annual Plan has been developed for 2024/25. "This plan is our initial step towards realising these aspirations, describing the key objectives and deliverables for the next 12 months and laying the foundations for further progress beyond that. It is however acknowledged that the in-year financial deficit, in particular, remains unacceptable and further work will be required during the year, with clear progress expected in the first quarter."
Clinical Services Plan	<ul style="list-style-type: none"> The aim is to develop a series of options for delivery of the Clinical Services Plan programme in response to service fragilities or unsustainability based on the principles of care that is safe, sustainable, accessible, and kind. It is also an action within the Targeted Intervention requirements of Welsh Government. Objectives: Respond to Critical Care service fragility, Respond to Emergency General Surgery service fragility, Sustainably improve access and reduce waiting times for patients for Planned Care (Ophthalmology, Dermatology, Urology, and Orthopaedics) and Diagnostics (Endoscopy and Radiology), Improve standards and respond to service fragility within the Stroke service. A more detailed update is to be presented at November Board.
Hywel Dda and Swansea Bay Joint Committee	<ul style="list-style-type: none"> An announcement was made in March regarding the establishment between Hywel Dda and Swansea Bay to work together to deliver services for their populations.
September Board meeting update	<ul style="list-style-type: none"> Temporary Reduction in paediatric beds - At the September 2024 Board meeting, it was agreed that Bronglais hospital's Angharad Ward in Aberystwyth will reduce the amount of available beds on 1 November, which it said could last up to six months. Capacity at a children's ward will be cut from nine beds to five because of a "temporary reduction in availability of children's nurses". The majority of children who need care for up to 24 hours would still be treated in Bronglais, but very sick children would be transferred to Glangwili in Carmarthen. According to a report presented to the board, the ward had been "operating at risk" since the beginning of 2024 because of "shortfalls in the availability of paediatric nurses". Temporary Closure of Prince Philip MIU overnight - The health board also approved the recommendation to close the minor injuries unit (MIU) at Prince Philip Hospital in Llanelli, Carmarthenshire, overnight for a six-month period overnight from 8pm to 8am for six months from 1 November. The board heard the reason for the overnight closure was "due to a significant and continued lack of medical cover", which had led to concerns about the safety of patients and about staff welfare. Closure of Tregaron hospital beds - Hywel Dda health board also approved the decision to close nine beds at Tregaron Hospital in Ceredigion after reducing the amount from 15 last year. It said the decision was made in order to release staff to care for patients in their homes or in the community. A community-focused model of care planned for the area, known as the Cylch Caron Model, will include a new GP surgery, pharmacy, outpatient clinics and extra care flats in Tregaron.

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Swansea Bay University Health Board



Swansea Bay University Health Board was created on 1 April 2019 after responsibility for healthcare in the Bridgend County Borough Council area passed to the new Cwm Taf Morgannwg University Health Board; it spans the Local Authority areas of Swansea and Neath Port Talbot.

Strategy / Plan	Key Points
Annual Plan 2024-25	<ul style="list-style-type: none"> The focus of the Annual Plan 2024/25 is the ambition to become a High-Quality Organisation, delivering the best outcomes for the population, preventing illness and maintaining wellbeing; being a centre of excellence for research and innovation and for teaching and training; and being a great place to work, where staff feel valued and work together towards a common goal. Areas of focus - to become a High-Quality Organisation; building and accelerating changes already made as part of 'Changing for the Future'; best possible integrated health and care system and outcomes for the population; adopting a Population Health approach; a more central role for healthcare in the community, more services closer to where people live, greater use of digital technology will allow for more remote monitoring of conditions and empower patients and their carers to self-manage their health, care and wellbeing.
Finance	<ul style="list-style-type: none"> The Plan presented to the Board at the Briefing session on the 13th March 2024 reported a deficit Annual Plan for 2024/25 of £50.1m, with identification of thematic opportunities to reduce this over a 3 year period.
Hywel Dda and Swansea Bay Joint Committee	<ul style="list-style-type: none"> An announcement was made in March regarding the establishment between Hywel Dda and Swansea Bay to work together to deliver services for their populations.
Independent review into Maternity and Neonatal services in Swansea Bay	<ul style="list-style-type: none"> Singleton Hospital's maternity and neonatal service was placed into enhanced monitoring by Welsh Government in December following a report by Healthcare Inspectorate Wales (HIW) and an Independent Review into Maternity and Neonatal Services. The Review considers three areas: clinical outcomes; patient and staff experience; and leadership and governance. Dr Denise Chaffer is Chair of the independent review into maternity and neonatal services, on an interim basis. The health board describe her as "an experienced leader in maternity and patient safety" with no previous involvement with Swansea Bay. The midwife-led Birth Centre at Neath Port Talbot Hospital is re-opening on 16th September, after a three-year pause in service. Swansea Bay UHB is also re-introducing its Home Birth Service from 21st October. Work is being done to understand if there are any immediate issues relating to the safety of the service 'today'. This additional step has been built into the Terms of Reference to provide an early understanding of service safety. Through this early-stage review, the review will make any urgent recommendations around safety, so that any risks to women and families today – and while the review is ongoing - are minimised. A detailed timeline about the review key phases is also being developed. The self-referral process has also gone live on the review web pages to allow feedback on experiences via a dedicated form, families can also use this facility to self-refer their cases to the review team. https://www.nicheconsult.co.uk/swansea-maternity-and-neonatal-review/#latest-news

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South West Wales Cancer Centre



South West Wales Cancer Centre (SWWCC) based in Singleton Hospital, Swansea provides non surgical oncology services (cancer treatment) predominantly for the population of Swansea Bay University Health Board (SBUHB) and Hywel Dda University Health Board (H DUHB). SWWCC serves nearly one-third of the population of Wales. Due to historic flow of patients, some tumour sites for the Bridgend population, including Gynaecology, continue to flow into the SWWCC for treatment rather than into the Velindre Centre. The SWWCC serves a small catchment area on the South West Powys border, due to geographical location.

Programme

Key Points

South West Wales Cancer Centre (SWWCC) Regional Strategic Programme

SWWCC Strategic Programme Case (SPC) being developed to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34).

A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales. The strategic objectives are:

- ✓ To provide a fit for purpose SWWCC service for the South West Wales population
- ✓ To improve the quality of the SWWCC and local cancer services
- ✓ To increase the capacity of cancer services to meet local demands and improve access and outcomes
- ✓ To improve the economy of the SWWCC and local cancer services
- ✓ To improve the efficiency of the SWWCC and local cancer services
- ✓ To improve the effectiveness of the SWWCC and local cancer services


- Deliver a Transformational Programme Business Case (PBC) to support the delivery of regional cancer services in South West Wales, including Radiotherapy, and Oncology-Specific Outpatients.
- Strategic Programme Case shared with Welsh Government July 2023 – no changes impacting Powys residents in short / medium term. In longer term, South Powys residents currently using Singleton Hospital may have the option of receiving radiotherapy from a site in the Hywel Dda area.
- There is a Oncology Outpatients Working Group and a Radiotherapy Modernisation Group as part of this programme updates are being provided to PTHB as part of regular Contract Quality Performance Review Meetings (CQPRM).
- There are 2 key service changes expected that will affect south Powys border patients:
 - 2nd CT SIM (permanent) in Singleton – Business Justification Case to be submitted to Welsh Government in Summer 2024, indicatively operational in April 2025.
 - 5th linac options appraisal - preferred option tbc but indicatively would be located in Singleton. Aim is to get this to Boards in September, for approval to go to WG to formally launch the capital Business Case process.

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ARCH Programme



ARCH is a regional collaboration for health between three strategic partners; Swansea Bay University Health Board, Hywel Dda University Health Board and Swansea University. It spans the local authority areas of Ceredigion, Pembrokeshire, Carmarthenshire, Neath Port Talbot and Swansea.

Programme	Key Points
 <p>Powell Bethan 13/11/2024 12:12:22</p>	<ul style="list-style-type: none"> Hywel Dda and Swansea Bay UHBs continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally. The approach is to consider regional partnerships and regional solutions, a core principle of a whole system approach to the planning and delivery of services. In addition to the NHS transformational priorities below we will also prioritise Workforce, Education, & Skill, Research, Enterprise, & Innovation. Our vision is to deliver outstanding patient outcomes through the provision of high quality and effective specialised healthcare, and to work collaboratively across the region deliver meaningful change to improve the health, wealth and wellbeing of the population, whilst creating a vibrant and sustainable environment for people to live, learn and work. Regional Stroke Programme aims to enhance and progress Stroke Services throughout the region. This programme covers the entire service pathways: pre-acute stroke care, Comprehensive Regional Stroke Centres, acute stroke services, to post-acute stroke services such as rehabilitation, early supported discharge, and life after-stroke support. The programme aims to provide the best possible care to stroke survivors. Regional Diagnostics Programme is leading the transformation of a broad range of diagnostic services focusing on Endoscopy, Radiology and Pathology, with an aim to increase overall capacity, reduce pressure on accurate sites, regionalise provision, utilise community settings, develop the workforce and minimise inequity of access. Regional Eye Care Programme is being scoped for prioritisation in the ARCH portfolio. It aims to explore opportunities which will standardise and stabilise the South West Wales Eye Care Services to ensure overall sustainability. Regional Pathology Programme is establishing new Regional Pathology Service via a new Operational Delivery Network and developing an Outline Business Case for a Regional Pathology Centre of Excellence at Morriston hospital. Regional Orthopaedic Programme aims to deliver high quality, equitable care across the region whilst balancing orthopaedic demand and capacity in a sustainable way. Regional Cancer Centre Programme which is aligning the strategic vision for regional non-surgical oncology services.

RSSPP Forum



The Regional and Specialised Services Provider Planning Forum has been established as a partnership between Swansea Bay UHB and Cardiff and Vale UHB to support the development of a collaborative approach to deliver and develop safe, sustainable, and effective specialised services across the two tertiary centres in South and West Wales in future and deliver the best quality and outcomes of care possible to patients.

Programme	Key Points
Regional and Specialised Services Provider Planning Forum	<ul style="list-style-type: none">• The partnership will progress the following workstreams in 2024/25:<ul style="list-style-type: none">• Development of a Specialised Services Partnership Board – building upon the outcomes of the partnerships workshops held in 2022/23 and 2023/24.• Development of a Hepato-Pancreato-Biliary Shared Delivery Network for South and West Wales to:<ul style="list-style-type: none">• develop and manage a supraregional approach to manage Severe Acute Pancreatitis;• address other specific gaps within the patient pathway through the development of service specifications, clinical guidelines, etc.;• provide a transition from current models to a Shared Delivery Service; and• maintain project momentum.• Development and implementation of a sustainable service model for Oesophago-Gastric Cancer Surgery in South and West Wales.• Development of options for Cardiac Surgery service delivery in South and West Wales.• Development of options for Gynaecologic Oncology Surgery service delivery Development of implementation plan for Specialised Infectious Diseases Services for South and West Wales, subject to approval of the service specification by NHS Wales Chief Executive Management Team.

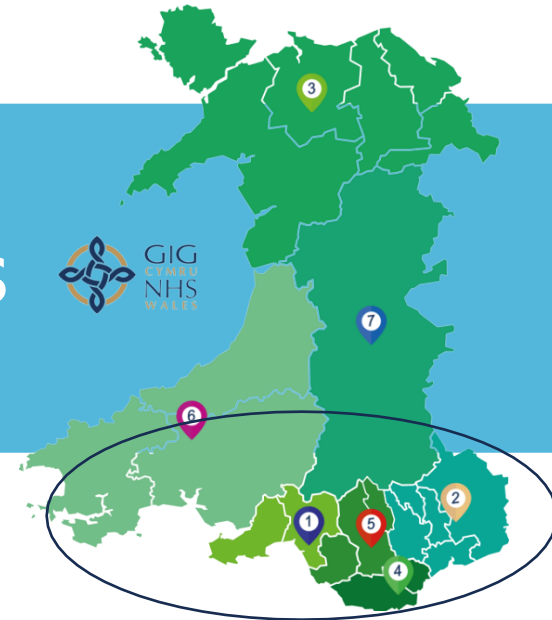
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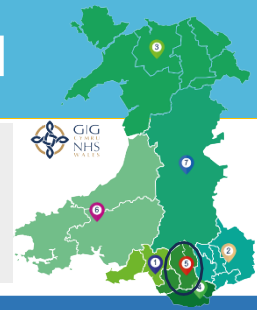
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South / South East Wales



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Cwm Taf Morgannwg University Health Board



Cwm Taf Morgannwg University Health Board was created on 1 April 2019, expanding the responsibility of the former organisation with responsibility for healthcare in the Bridgend area; it also spans the Merthyr Tydfil and Rhondda Cynon Taf local authority areas.

Strategy / Plan	Key Points
<p>IMTP 2024-27</p>	<ul style="list-style-type: none"> The 2024-2027 IMTP is set in the context of CTM 2030 and informed by work on the acute clinical services plan (ACSP) which includes services that are currently delivered from hospital sites, including community hospitals and acute mental health facilities. It will change and improve the way NHS services are provided in Cwm Taf Morgannwg, making use of resources, expertise and support to staff to provide safe, effective care to meet the needs of all those in the communities in the future. The IMTP is founded on the principle of seeking to balance service performance and improvement, quality and safety and financial improvement. The intention is to provide a full three-year plan, with the expectation that the plan for the first of the three years will provide more detailed milestones with broader objectives and high-level milestones set for the remaining two years of the plan. The ability to achieve an approved three-year plan is reliant on also delivering financial balance. “We continue to develop annual work programmes with SBUHB as a legacy of the boundary change. We are currently still confirming the 24-25 requirements and will share information regarding any potential changes that may have impact, once the work plan is confirmed. The work programme will be focused on service review rather than repatriation although this may be an option for some services, however a full range of service options will be considered.”
<p>Finance</p>	<ul style="list-style-type: none"> It is the Health Board’s ambition to seek to achieve a financially sustainable position over the period of the IMTP. However, the financial position moving into 2024/2025 remains subject to material financial pressures, including energy costs and inflationary pressures and risks to delivery are highlighted in the plan.
<p>Performance</p>	<ul style="list-style-type: none"> The potential areas of performance pressure include the achievement of delivery of referral to treatment time (RTT) of 52 weeks across all specialities by June 2025 and the delivery of all diagnostic tests within eight weeks. Plans will continue to be reviewed in light of the requirements set out in the performance framework. Diagnostic delivery plans for 2024-2027 include key development of community diagnostic hubs across the South East Wales region. These will increase capacity for radiology services and will work to provide new pathways of care to add value to both diagnostic and treatment pathways. A business case is in development and will be presented to boards across the SE Wales region early in 2024-25. In the meantime, interim plans are in place to increase capacity and will be kept under review and reassessment.
<p>Temporary closure of maternity and neonatal services at Princess of Wales Hospital</p>	<p>From September 2024, urgent and essential improvement works are taking place to neonatal and maternity units at Princess of Wales Hospital. This investment in the future of both units will ensure that they can continue to offer safe and effective care for our families. During the 12 weeks period in which the work will be undertaken, business continuity cannot be maintained across the site, and so both the maternity and neonatal teams will be relocated for a short period of time, away from Princess of Wales Hospital. No direct impact has been identified for Powys residents.</p>

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ABUHB in South East Wales covers the local authority areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen and also provides some healthcare services for residents in South Powys.

Strategy / Plan

Key Points

Annual Plan 2024-25

- The Annual Plan is presented in the context of significant financial and operational challenges, reflected in the recent heightened escalation arrangements that the Health Board are now subject to. Alongside the targeted action the Health Board is taking to deliver in year improvements is the clear and emerging priorities for the strategic and tactical planning and reconfigurations required for services and estates to achieve sustainable services and financial balance in three years' time.

Finance

- The stated ambition of the plan is to be in financial balance by 2026/27. The Health Board submitted an Annual Plan with a three-year intent to balance the immediate system sustainability challenges with the population health and care needs.

Performance

- The plan contains performance ambitions for the first year underpinned by quarterly trajectories which will be monitored through the performance and accountability framework and embedded programme management articulated in the Delivery framework as the final section of the plan.

Investment in the Grange Emergency Department

- More than £14 million is being invested by the Welsh Government to extend and reconfigure parts of the Grange University Hospital emergency department. The funding will improve the quality of patient and staff experience and ensure the right facilities are in place to consistently deliver safe and timely care to those who need to use the service. It will see the main waiting area significantly extended and the current waiting area reconfigured into a rapid assessment area, where patients can receive examinations and investigations quickly and be monitored for short periods. The Grange Hospital has seen unprecedented demand at its emergency department since its opening in November 2020. Current attendances are around 263 patients per day on average. Original plans were for 100-170 attendances per day. The new design of the emergency department will double the current waiting area capacity, increase triage capacity, offer greater visibility of the waiting room to support monitoring of patients and add more space for ambulance handovers and for clinical assessment and treatment.

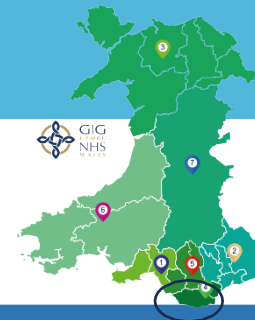
A Conversation for a healthy future – the next 10 years

- The Health Board is currently engaging on a long term strategy “We are currently starting to develop a 10-year plan for healthcare in Gwent. We recognise we don’t have all the solutions to improve our healthcare system – and we need your help and input to understand what areas we need to focus on. As part of this conversation we would like to explore our values and behaviours as an essential part of how we provide services.” [A conversation for a healthy future - Aneurin Bevan University Health Board \(nhs.wales\)](#)

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Cardiff & Vale University Health Board

CVUHB in South Wales covers the Local Authority areas of Cardiff and the Vale of Glamorgan; both areas also come together in the Cardiff and Vale Integrated Health and Social Care Partnership (RPB) footprint.



Strategy / Plan	Key Points
Annual Plan 2024-25	<ul style="list-style-type: none"> Cardiff and Vale UHB submitted an annual plan within a three-year context, “because we were unable to deliver the level of recurrent savings that we set out in our 2022/2023 plan, or mitigate escalating cost pressures. “ Delivery priorities for 2024/2025 include - enable people with urgent or emergency care needs to access safe and high-quality care at the right time, in the right place, delivered by the right team, transform planned care, cancer and diagnostic services, improving outcomes and reducing waiting times, deliver exceptional specialist and tertiary services for our local, regional and national population, ensure that every child has the opportunity for the best start in life and to provide high quality, safe and patient centred women’s services and continue our mental health transformation with a focus on the principles of home first, integration, safe hospital care and improving access to psychological support and specialist teams.
Finance	<ul style="list-style-type: none"> Delivery of the 2024/2025 Annual Plan will see a continuation of our drive to deliver a robust financial sustainability programme in what continues to be a very difficult operational and financial environment. It is this position that is included within the Annual Plan with key priorities alongside an ambitious cost improvement programme with a trajectory to financial balance over the medium term.
Performance Shaping Our Future Clinical Services	<ul style="list-style-type: none"> “Achieving our statutory duty and a breakeven financial position in year would have a significant impact on patient care and our ability to deliver core services. These would need to include a significant reduction in our bed base over and above plan coupled with a slowing down on core and planned care recovery activity. A number of these actions could not be recurrent due to patient access and impact with future recovery costs exceeding what these actions would save.” “Shaping Our Future Clinical Services” looks to develop new service models that integrate care and deliver outcomes that are significant to the individual by listening to what matters most to the populations we serve. As part of the ambition to improve health outcomes and reduce health inequalities, all programmes need to include prevention and early intervention. As we look to the future of our health care system, the need for change is not an option but a necessity. The traditional model of hospital-centric health care is unsustainable. As a part of this we are looking to develop specifically, a strategic plan for our babies, children and young people and seeking support from partners through completion of a “Paediatric Service Redesign - Shaping our Future Wellbeing” survey launched 8th July 2024.

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South East Wales Region



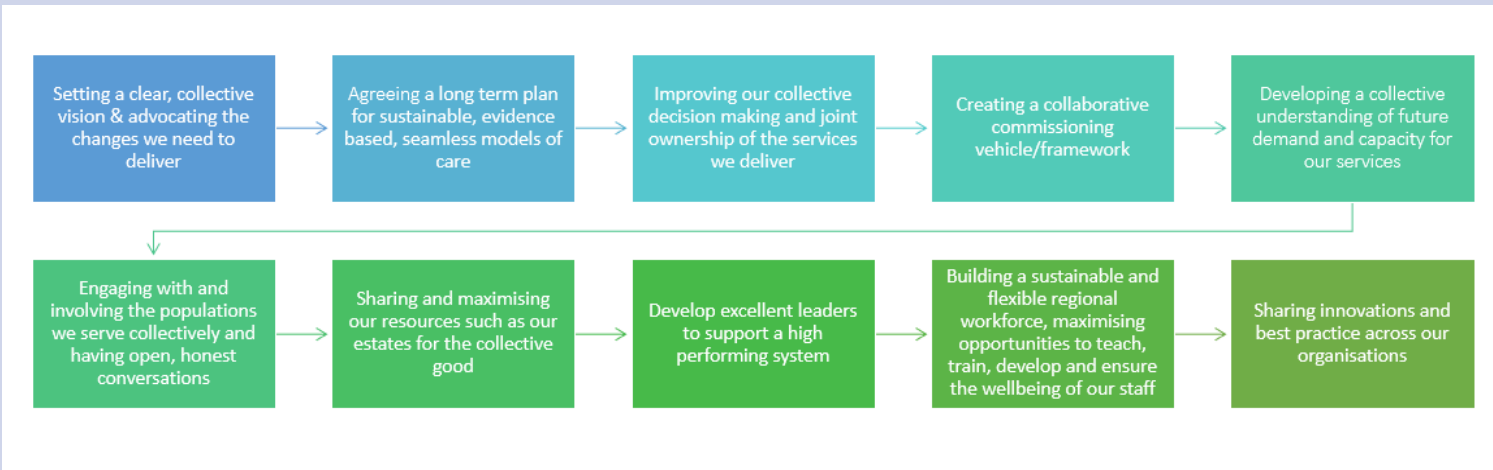
A Portfolio Board is in place for the South East Wales region, the sponsor organisations for regional schemes are CTMUHB, ABUHB and CVUHB and PTHB is an attendee in recognition of the Powys resident flows into the South East Wales footprint.

Strategy / Plan

South East Wales Regional Portfolio

The Regional Portfolio is overseen and tracked via a Delivery Board. It comprises several programmes of work:

- **Orthopaedics** - To deliver high quality, equitable care and interventions with the best outcomes and experience for patients, whilst balancing orthopaedic demand, capacity, productivity and efficiency.
- **Diagnostics** - To enact a collaborative regional approach to radiology and diagnostic care and provide additional regional capacity for patients requiring radiology treatment and improve access to such services in areas of social deprivation. To oversee the identification, development and implementation of regional pathology solutions in South East Wales to create a robust, sustainable, future proofed and patient focussed service.
- **Stroke** - To transform stroke outcomes for our population, by working in partnership to deliver evidence-based, innovative and sustainable care, that is best-in-class at all stages of our pathways.
- **Cancer** - Design, develop and articulate the desired future state for the cancer system for SE Wales - a whole system vision from public health to living with and beyond cancer and end-of-life



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All Wales

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NHS Wales Executive

Strategy

Key Points

The NHS Wales Executive is a new, national support function, operational from 1 April, 2023.

Key purpose is to:

- Drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.
- The NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing NHS Wales to transform clinical services in line with national priorities and standards.
- The NHS Executive is a hybrid function bringing together Delivery Unit, Finance Delivery Unit, Improvement Cymru and Health Collaborative.
- Improvement Cymru will retain their name and brand for now. From 1 April 2023, the Improvement Cymru brand will be used alongside the NHS Wales Executive brand where relevant.
- Welsh Government have commissioned Allan Wardhaugh to review the NHS clinical system to identify those services that could be considered as fragile services or unsustainable in their current configuration.

Phase 2 Update

There are additional functions joining the NHS Wales Executive on 1 April 2024

- Improvement Cymru will become fully integrated into the NHS Wales Executive structure as part of a new **Quality, Safety and Improvement Directorate** and incorporated within the formal Hosting Agreement with PHW. The Quality, Safety and Improvement Directorate will continue to drive work with NHS Wales on the design, development, and delivery of system level improvements to quality and safety as set out in national policies and standards to meet the needs of the service.
- **Digital, Technology, Innovation and Value** will be a new directorate within the NHS Wales Executive structure. The directorate comprises a new team, bringing together staff from the Welsh Value in Health Centre as well as staff from Technology Enabled Care (TEC) Cymru (with the latter joining the NHS Wales Executive in September 2024).
- **The Strategic Programme for Primary Care (SPPC)** is the all-Wales primary care response to A Healthier Wales and will be a new directorate within the current NHS Wales Executive structure. This national strategic programme focuses on the actions required to implement the Primary Care Model for Wales with a focus on providing care closer to home via sustainable primary and community care services. The Strategic Programme for Primary Care team is comprised of national lead roles and a Programme Management Office, which collectively support its portfolio of national work.
- **The National Programme for Urgent and Emergency Care (UEC)** oversees delivery of the six policy goals that span the urgent and emergency care pathway. These six goals reflect 11 the priorities in the Programme for Government 2021-2026 to provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration. The UEC (Six Goals) team comprises national clinical and professional leads and a Programme Management Office, which collectively supports its portfolio of national work. The team will be a new directorate within the current NHS Wales Executive structure.
- **Emergency Planning and Response**

The Executive Emergency Planning and Response function will provide a national focus for co-ordination in NHS Wales contingency arrangements, monitoring and assurance of emergency preparedness activities, as well as providing a mechanism for briefing and information flow across NHS Wales on behalf of Welsh Government (in accordance with the mandate and remit letter).

NHS Wales Executive - National Stroke Programme

With the establishment of the NHS Wales Executive in April 2023, the National Stroke Programme Board was subsumed within the Cardiovascular Strategic Network as a Stroke Implementation Network, with the work to develop a comprehensive stroke model forming a key part of the Network's portfolio of work. The programme of work looks at services across the whole pathway, from prevention of stroke, through to living well beyond a stroke and will focus on developing innovative solutions using digital technologies. This reflects the national Quality Statement for Stroke which indicates the following high level aims:

- A continued system-level focus on transforming pathways in line with evidence base and clinical guidance to enable recovery and reset of services to pre-pandemic levels
- Support a new model of provision of stroke services through comprehensive stroke centres and a networked approach to cross boundary working that seeks to improve the whole patient pathway including access to diagnostics, interventions, rehabilitation, including early supported discharge and psychological support services
- Services will be reconfigured to produce the outcomes expected in high quality, patient focused services and to ensure national standards can be met consistently and sustainably
- Ensure that innovations and targeted interventions are available across the stroke pathway to all stroke survivors in Wales
- Rapid access to confirm stroke and provide evidence-based interventions, treatments and care in the most appropriate setting are routinely available.

The Stroke Implementation Network's Leadership Board currently oversees the following workstreams:

- Capacity and Demand Modelling
- Service Specifications and Pathways
- Cardiovascular Disease Prevention and Awareness
- Innovation and Improvement (including research)
- Rehabilitation and Recovery
- Workforce and Education
- Communication and Engagement
- Hyper Acute Services Group

The groups are supported by a range of advisory groups including:

- Clinical Advisory Group
- Allied Health Professionals Advisory Group
- Nursing Advisory Group
- Third Sector and Policy Group
- Stroke Association Locality Voices Group.

North Wales (BCUHB)

Review and development of stroke services is under way to reflect the Quality Statement.

West Wales (SBUHB and HDdUHB)

Development of a regional model, implementation of a centralised hyper acute stroke unit (HASU) for SBUHB and HDUHB in Morriston Hospital.

South Central (CTMUHB and CAVUHB)

Developing HASU in CAVUHB and CTMUHB. Approach and timeline being reconsidered whilst recruitment under way to programme and clinical leadership.

South East (ABUHB)

Review and development of stroke services is under way to reflect the Quality Statement – HASU at Grange Hospital, review of stroke rehabilitation.

The impact for Powys also needs to be considered in the context of stroke programmes in England:

- **Herefordshire and Worcestershire:** Stroke programme under way. Engagement in 2022 identified preferred option as including options for HASU at Worcester (triage –treat-transfer at Hereford). **Further information included in the Hereford and Worcester slide**
- **Shropshire and Telford & Wrekin:** Hospitals Transformation Programme includes relocation of HASU from Telford to Shrewsbury.

NHS Wales Joint Commissioning Committee

Strategy











Key Points

Integrated Commissioning Plan (ICP) 2024/5

(Welsh Health Specialised Services Committee (WHSSC) Legacy)

- Working on behalf of the 7 Welsh Health Boards, WHSSC has the delegated responsibility to commission high quality specialised services for the Welsh population from providers that have the appropriate experience and expertise; are able to provide a robust, safe, high quality and sustainable services and are cost effective for NHS Wales.
- WHSSC was required to develop an ICP for specialised services on behalf of Health Boards (HBs) that must be agreed by the NHS Wales Joint Commissioning Committee (JCC) and align with the NHS Wales Planning Framework and Commissioner Integrated Medium Term Plans (IMTPs). The Plan has been developed within the context of the difficult financial environment and the transition to the new Joint Commissioning Committee (JCC). The new Committee will need to develop its strategic vision and undertake further work on the opportunities of bringing the national commissioning functions together early in its formation. This ICP is an important part of the legacy statement for WHSSC and its delivery will be monitored through the new JCC structures.
- In the current financial context the Framework places a strong emphasis on the themes of the Value and Sustainability Board and the Duty of Quality. These have been reflected in WHSSC's planning throughout the ICP development cycle and the ICP 2024-2025 includes our strategic commissioning approach to quality, value and efficiency.
- It is the final plan as the Welsh Health Specialised Services Committee (WHSSC), as, from 1st April 2024, they will become part of the new national commissioning arrangements in NHS Wales. "We embrace this opportunity to strengthen all-Wales commissioning and will continue to work towards:
 - Improving quality, outcomes and reducing inequalities
 - Adding further value to the NHS system in Wales
 - Strengthening and streamlining of commissioning functions, and associated decision making
 - Building on evidence of good practice
 - Supporting the development of commissioning expertise within the NHS in Wales
 - Maximising national commissioning capacity and capabilities
 - Ensuring minimal disruption to the system.

Commissioning Priorities 2024/25:

COMMISSIONED SERVICES					COMMISSIONING/COMMISSIONED NETWORKS				
Cancer & Blood	Cardiac	Mental Health & Vulnerable Groups	Neurosciences	Women & Children	Welsh Kidney Network	Neonatal Transport Network (under review)	Major Trauma Network	Spinal Services Network	Traumatic Stress Wales (TSW)
									
CROSS CUTTING THEMES									

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NHS Wales Joint Commissioning Committee

EASC & NCCU became part of the new arrangements for NHS Wales Joint Commissioning Committee from 1 April 2024 when these were implemented.

Strategy / Plan	Key Points – from review of recently published Plan(s)
<p>EMRTS / Air Ambulance Service</p> <p>Update on Emergency Medical Retrieval and Transfer Service (EMRTS) Review</p>	<ul style="list-style-type: none"> • Powys Teaching Health Board met on Thursday 11 April to discuss and consider updated recommendations from the NHS Wales Emergency Medical Retrieval and Transfer Service (EMRTS) Review. The Board accepted the case for change and recognised the critical importance of addressing the level of unmet need identified by the review, and also to ensure that the proposed approach sufficiently addressed the concerns that had been raised by residents and stakeholders including by Llais. The Board agreed that further detail was needed in relation to Recommendation 4 and that they were not currently in a position to support the recommendations. All seven health boards met to consider the EMRTS review, and their respective views were considered at a meeting in public of the NHS Wales Joint Commissioning Committee on 23 April 2024. The Committee approved the following recommendations by majority decision: • Recommendation 1 – EMRTS Service Model. The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review. • Recommendation 2 – Implementation. To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review). • Recommendation 3 – Implementation. The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan 14/18 EMRTS Service Review Page 15 of 18 Joint Commissioning Committee Agenda Item 2.3 23/04/2024 will be reflected in the Committee’s future commissioning arrangements with EMRTS and the Charity. • Recommendation 4 – Additional service provision. The Committee approves the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It is recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group will work in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. Following conclusion of this work, and agreement of the way forward, the implementation plan will be updated. <p>In July 2024, an EMRTS stakeholder A Task and Finish Group was established for Recommendation 4, with representation from the health board as well as non-voting status for a representative on behalf of Llais, with the Powys Regional Director representing Llais nationally on this group. A final proposal from this work is to be presented to JCC in October. Alongside this, the Charity is pursuing its work to secure the new operational base. The Health Board received a Letter Before Action on the 5 July 2024 in relation to a potential Judicial Review of the decision related to the EMRTS Service Review. The Letter Before Action was sent to all Health Boards and other interested parties in Wales. Later in July, a Claim form was lodged with the Court and sent to a number of organisations including Powys Teaching Health Board bringing a Judicial Review (JR). The relevant response was sent from the Health Board in August and the Claimants response received in September. We now await for the legal process to confirm the next steps.</p>

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Welsh Ambulance Services University NHS Trust (WAST)

Strategy	Key Points
IMTP 2024-2027	<ul style="list-style-type: none"> WAST have submitted an Integrated Medium Term Plan (IMTP) predicated on providing the right care and advice, in the right place, every time by delivering quality driven, clinically led and value focussed services. Key priorities will be transforming the way in which we deliver care with health board partners by developing, agreeing and implementing a new clinical response model that will provide patients with the right advice and care, in the right place, every time and reducing harm; Doing everything in our gift to improve our people’s workplace experience, enabling them to be the best they can be, Delivering exceptional value and sustainability, in the context of finance, the environment and Value Based Health Care. Delivering this plan will see a greater emphasis on remote and community-based assessment and care, closing cases remotely and in the community safely and without onward travel to Emergency Departments unless absolutely necessary. We will also deliver on our statutory obligations including financial balance.
WAST Transformation : Evolving our Clinical Service Model	<ul style="list-style-type: none"> “The IMTP further describes our evolving thinking as we look to transform the ambulance model of care. To date our service transformation ambitions have been visualised through the concept of ‘Inverting the Triangle’. This concept focussed primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance, to a future where the majority of care needs are met and resolved remotely or in the patients home. The principles of this concept still hold true. But working across such a complex and interconnected health and care system, in order to maximise the impact and benefits for our patients, we want to broaden our thinking and adopt a more holistic and integrated approach, considering how all of our services (999, NHS 111 and NEPTs) contribute to the transformation of care. We are starting to describe and develop a more integrated clinical response model by maximising the opportunities by bringing our core services closer together to best the needs of our service users and supporting the wider system. “
Pre-alert for maternity emergencies	<ul style="list-style-type: none"> The Welsh Ambulance Service has launched a new system to pre-alert hospital staff about maternity emergencies. The ‘red phone’ initiative allows ambulance crews to forewarn maternity units about time-critical obstetric emergencies so that receiving teams are prepared for the patient’s arrival. The clinician-to-clinician conversations – via a dedicated phone line – are designed to streamline communication between ambulance crews and hospital staff and further improve the patient’s care. Cardiff and Vale University Health Board is the fourth Welsh health board to join the initiative, joining Hywel Dda, Aneurin Bevan and Cwm Taf Morgannwg University Health Boards.

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Welsh Ambulance Services University NHS Trust (WAST)

The map below provides an overview of the main service change programmes of work where WAST are working collaboratively with partner organisations. For effective planning it is important to have timely and meaningful communication, and will be focussing resources to co-ordinate the role in local, regional and national planning across health board areas and NHS networks.

Development of Diagnostic and Treatment services at BCUHB removed

3 **BCUHB**

- Development of **Diagnostic & Treatment services**
- Llandudno **orthopaedic** support surgical hub
- Modernising **Nuclear Medicine** and PET/CT services

6 **HDUHB**

- **Transforming Clinical Services**; supporting the delivery phase for **Urgent Critical Care Centre**
- **APP** integrated hub models

1 **SBUHB**

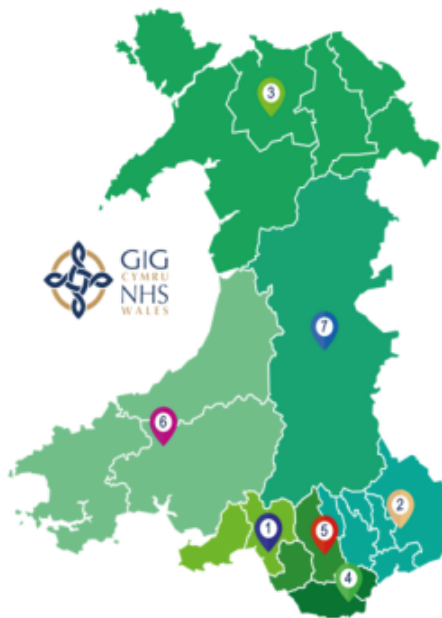
- Implementation of SBUHBs **Clinical Strategy & acute services redesign** work – UEC program
- Centralised **orthopaedic** surgery & rehab

1 **WEST & MID WALES**

- South-West Wales **Cancer** Centre
- Regional **Orthopaedics**
- **Regional Diagnostic Centre**
- **Cardiology** Regional Services
- **MWPDEG** – Urology & Ophthalmology

1 **NATIONAL**

- **Stroke services reconfiguration**, underpinned by regional developments in **stroke** services:
 - 3** • BCUHB - Review & development of stroke services
 - 1 6** • Development of a regional model, implementation of a centralised hyper acute stroke unit (**HASU**) for SBUHB & HDUHB in Morriston Hospital
 - 4 5** • Developing **HASU** in C&VUHB & CTMUHB
- **Cardiac Arrest Centres**
- Road based **enhanced/critical care** services in **rural & remote areas**



7 **PTHB**

- **ASM programme** & Cellulitis network
- **Integrated Care Strategy; Hospital Reconfiguration** (Shropshire, Telford & Wrekin Integrated Care System)
- Reconfiguration of **stroke services** in Hereford & Worcester (ICS).

2 **ABUHB**

- Continued implementation of the **Clinical Futures Strategy**
- Reconfiguration of **stroke rehab services**
- **Midwifery led unit** locations
- **Outpatient** strategy development

5 **CTMUHB**

- Reconfiguration of services including critical care services, trauma & orthopaedics as part of wider long term strategy

4 **C&VUHB**

- Engaging with C&VUHB on their **Future Clinical Services Programme**

1 **SOUTH WALES**

- Implementation of a new integrated service for **Adult Thoracic Surgery** including single centre for surgery at Morriston Hospital
- Development of a Neonatal ODN and commissioning of a **neonatal transport service**
- Go live of **Spinal Network** Sep 23.
- Development of **acute aortic dissection** services
- Development of **Velindre Cancer Centre**
- **Interventional Radiology**
- **Thrombotic TTP**
- **Renal Units**

2 **SOUTH EAST WALES**

- **Centralised vascular surgery and network**
- Regional **oncology** and **satellite radiotherapy centre** at NHH
- Regional **ophthalmology, diagnostics, pathology, endoscopy** and **orthopaedic planned services**
- Development of **Llantrisant Health Park**

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Digital Health and Care Wales (DHCW)

Strategy	Key Points
IMTP 2024-27	DHCW IMTP (2024-27) shows roadmaps for key national services: a new national critical care system, maternity system, community solution, the Welsh Patient Administration System, and expanding the use and content of the digital health and care record, particularly through the Welsh Clinical Portal and Welsh Nursing Care Record.

Our Strategic Framework

Our Vision

To provide world leading digital services, empowering people to live healthier lives

Our Purpose

To make digital a force for good in health and care

Our Principles

- PRINCIPLE 1** Put people first
- PRINCIPLE 2** Simplify everything we do
- PRINCIPLE 3** Design for more data, more digital
- PRINCIPLE 4** Find more value
- PRINCIPLE 5** Learn from the past, embrace the future

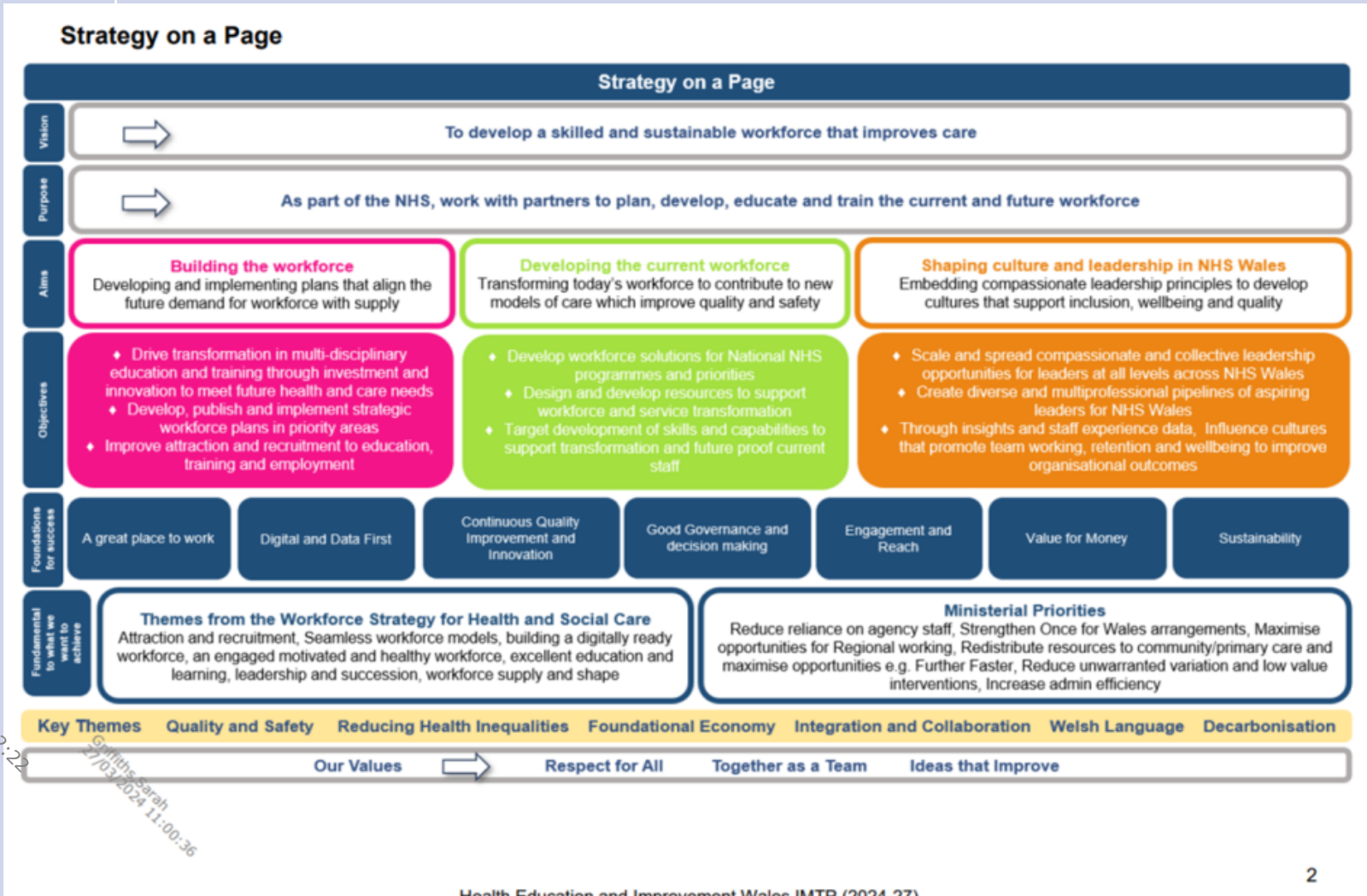
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Strategic Objectives 2030

- MISSION 1** **Provide a platform for enabling digital transformation**
 - Move all our data stores and services to the NDR platform to create a single national Clinical Data Repository
 - Redesign our applications and services to a clean architecture which is secure by design and is based on open standards
 - Extend data standards and data components to social care and other partners
 - Establish an all-Wales framework for sharing health and social care data
 - Move all our live services to the cloud and close our datacentres
- MISSION 2** **Deliver high quality digital products and services**
 - All prescribing and medicines management in Wales is digitally enabled
 - All our digital health systems and major social care systems flow data to and from the NDR platform
 - Our core health services are consolidated into a single all-Wales Electronic Health Record application
 - Our core social care services are consolidated into a single all-Wales Electronic Social Care Record application
- MISSION 3** **Expand the digital health and care record and the use of digital to improve health and care**
 - A comprehensive single digital health and care record is used across all settings throughout Wales
 - The NHS Wales App is used regularly by over a million people
 - Users report a top-quartile satisfaction for our products and services
- MISSION 4** **Drive better values and outcomes through innovation**
 - An NDR Secure Data Environment which provides access for research while protecting privacy
 - A national information and data insights service which demonstrates net benefit and value
 - Deploy AI and automation, safely and ethically, to deliver year-on-year productivity improvements across NHS Wales
- MISSION 5** **Be the trusted strategic partner and a high quality, inclusive and ambitious organisation**
 - An academy approach to developing people through talent and leadership development programmes, aligned to Digital and Data Profession Capability Framework
 - A secure, long-term financially stable position
 - At least a 34% lower carbon footprint with a clear route to achieving net-zero
 - Work with partners and stakeholders to deliver a prioritised pipeline of future programmes and projects
 - Top quartile staff and stakeholder engagement

Health Education and Improvement Wales (HEIW)

Strategy	Key Points
IMTP 2024-27	HEIW have published a three year Integrated Medium Term Plan. The plan builds on the previous year with newly identified and simplified strategic aims.



Public Health Wales

Strategy/ Plan

Key Points – from review of recently published Plan(s)

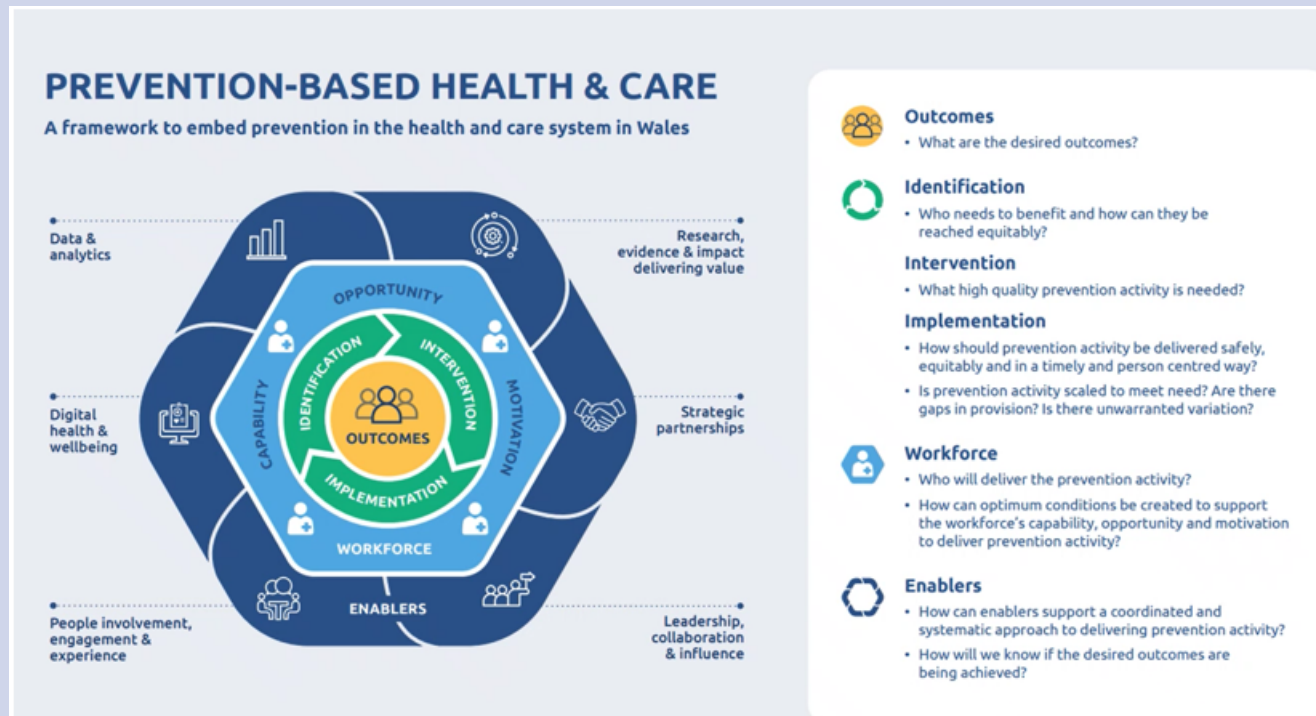
Strategic Plan (IMTP) 2024-27

The Strategic Plan sets out, by six strategic priorities, the actions that they will deliver over the next three years. It includes action around several emerging areas for 2024/25:

- Implementation of the Tackling Diabetes Together Programme and action around child poverty
- Development of a business case for National Lung Cancer Screening and implementation of a new service delivery model for DESW
- Development of a climate change surveillance system and implementation of our new Decarbonisation Action Plan
- Implementation of our Digital Route map, including data migration, systems developments, and automation/AI
- Implementation of Duty of Quality and Quality as an Organisational Strategy

Prevention Based Health and Care: (launched May 2024)

“Embedding prevention is relevant to all who work in the health and care system in Wales – from the boardroom all the way through to delivering care in a persons home – those involved in strategic and operational planning, designing and implementing service pathways, improving the quality and delivery of frontline care, leading service transformation and delivery”



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NHS Wales Shared Services Partnership IMTP 2024-27

NWSSP Strategy Map

Delivering Value, Innovation and Excellence through Partnership

Our Values



Our Strategic Objectives

Our People
Working together to be the best that we can be

Outcomes

- We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.
- We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.
- We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.
- We will listen and learn from our staff to co-produce innovative solutions with our partners.

Our Services
Driving the pace of innovation and consistently providing high quality services

Outcomes

- We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.
- We will drive innovation, setting the standard for good practice, and enhance our processes through automation.
- We will cultivate partnerships with industry leaders and academic institutions and seek University status.
- We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners

Outcomes

- We will make bold investment decisions that drive transformation and add value.
- We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.
- We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.
- We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Year 1 Plan on a Page

Aligned with our strategic objectives and outcomes



Our People

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

Implement a Learning and Development Strategy to address the learning needs of staff across the organisation.

Strengthen our Employee Value Proposition with branding, marketing, sourcing, and attraction to improve our recruitment and retention of staff.

We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

Work with Welsh Government to extend the All-Wales International Recruitment Programme.

Support clinical trainees to develop and advance their Welsh Language skills training and educational programmes.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

Implement an All-Wales staff benefits programme.

Enable staff to Speak up Safely and have confidence that they will be treated with respect and empathy and concerns will be addressed.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Embed a new approach to employee relations, where our people are at the centre of everything to minimize harm when dealing with investigations.

Up skill staff to support new digital technologies and reinvigorate our Digital Champions network to maximise our investment in Microsoft 365.



Our Services

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

Support the development of a robust and sustainable All-Wales Occupational Health Service across Wales.

Scope out improvements to the Electronic Staff Record and Learning Support to align with other digital workforce systems.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

Lead the development and implementation of the People Portal Transformation Programme.

Evaluate the Recruitment and Payroll Modernisation Programmes to identify streamlining opportunities and ways to reduce time to hire.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

Our Innovation Hub will start to build on emerging partnerships across NHS Wales.

Continuing to commit to widening access by increasing our apprenticeships and exploring opportunities such as internships.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Welsh Risk Pool to work with NHS organisations to embed a culture of improved learning from clinical events across primary and secondary care.

Support Health Boards in the management of supply chain issues through quantifying volumes and complexity of medicines shortages.



Our Value

We will make bold investment decisions that drive transformation and add value.

Complete implementation project to move the Oracle Financial Management System to Oracle Cloud Infrastructure.

Build a radiopharmacy unit within IP5 and add to existing medicines unit medicines licence.

We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.

Delivery of Procurement contribution to the NHS Wales Decarbonisation Strategic Plan.

Explore further wastewater heat recovery and steam recovery systems to increase efficiency across our Laundry Service.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

Introduction of Scan4Safety as part of the modernisation programme for Wales (5 year programme).

Lead on the introduction of the National Ophthalmic contract for Wales.

We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Delivery of agreed Foundational Economy workplan for NHS in respect of Procurement.

Grow the Welsh Language skills of our substantive workforce ensuring we are representative of the communities in which we work.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

England

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Care Quality Commission Rating

(independent regulator of health and social care in England)

Organisation	Current Status
The Shrewsbury and Telford Hospital NHS Trust	Overall : Requires improvement
Wye Valley NHS Trust	Overall: Requires improvement
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	Overall: Good

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Priorities

The Priorities focus on recovery of core services through continuous improvement in access, quality and productivity, whilst transforming the delivery of care and stronger foundations for the future.

Integrated Care Boards (ICBs) and providers to develop impact-assured plans that meet the efficiency target; raise productivity to deliver on the objectives set out in this guidance within allocated resources.

- Quality and Safety particularly maternity and neonatal services and inequalities (Core20Plus5 Approach)
- Ambulance response and A&E Waiting Times (Admission avoidance and discharge; maintaining increased bed/ambulance capacity)
- Reduce elective long waits and improve core cancer/ diagnostic standards
- Access to community and primary care services (general practice & dentistry)
- Access to mental health services – more people receive treatment they need
- Improve staff experience, retention and attendance

Key Performance Requirements

Quality and patient safety

- Implement the Patient Safety Incident Response Framework

Urgent and emergency care

- Improve A&E waiting times
- Improve Category 2 ambulance response times

Primary and community services

- Improve community services waiting times
- Continue to improve the experience of access to primary care
- Increase dental activity; recover and reform NHS dentistry

Elective care

- Eliminate waits of over 65 weeks for elective care
- Deliver (or exceed) the system specific activity targets
- Increase proportion of outpatient attendances for first appointments or follow-up attracting a procedure tariff
- Improve patients' experience of choice at point of referral

Cancer

- Improve performance against 62-day standard
- Improve performance against 28 day Faster Diagnosis Standard
- Increase the percentage of cancers diagnosed at stages 1 and 2

Diagnostics

- Increase % that receive a diagnostic test within six weeks

Maternity, neonatal and women's health

- Three-year delivery plan for maternity and neonatal services
- At least one women's health hub in every ICB by December

Mental health

- Improve patient flow; eliminate inappropriate placements
- Increase number accessing transformed models of adult community/ perinatal mental health and children and young people services
- Increase in treatment for anxiety and depression
- Reduce inequalities (annual physical health check)
- Improve quality of life, effectiveness of treatment and care (dementia diagnosis rate)

People with a learning disability and autistic people

- Annual health check
- Reduce reliance on mental health inpatient care

Prevention and health inequalities

- Increase % with hypertension treated according to NICE guidance
- Increase % with a CVD risk score on lipid lowering therapies
- Increase vaccination for children and young people
- Deliver on the Core20PLUS5 approach

Workforce

- Improve working lives; staff retention and attendance (People Promise)
- Improve the working lives of doctors in training; choice and flexibility in rotas, reducing duplicative inductions and payroll errors
- Clinical placements and apprenticeship pathways (NHS Long Term Workforce Plan)

Use of resources

- Deliver a balanced net system financial position for 2024/25
- Reduce agency spending

Shropshire, Telford and Wrekin

NHS Shropshire, Telford and Wrekin was created on 1 July 2022, replacing NHS Shropshire, Telford and Wrekin Clinical Commissioning Group (CCG), as part of Shropshire Telford and Wrekin (STW) Integrated Care System.



Strategy	Key Points
Integrated Care System	<p>Integrated Care Systems (ICS) are required to produce an Integrated Care Strategy and a Joint Forward Plan. The Integrated Care Partnership (ICP) is responsible for the development of the strategy, against which the Integrated Care Board (ICB) will reflect and respond. Shropshire, Telford and Wrekin ICS have produced an interim Care Partnership Strategy for 22/23 with 6 focus areas: People First; Prevention and inequalities; Subsidiarity; Joint working; Empowerment; Innovation, evidence and research</p> <p>Further information is available at Integrated Care Strategy and Joint Forward Plan - STWICS</p>
Programme	Key Points
Hospitals Transformation Programme (HTP)	<ul style="list-style-type: none"> The Hospitals Transformation Programme is implementing the outcome of the NHS Future Fit consultation. The HTP Board includes senior level membership from the health and care system across Shropshire, Telford and Wrekin Shrewsbury and Telford Hospitals NHS Trust (SaTH) have taken a prime provider responsibility to lead the delivery of the HTP on behalf of the Integrated Care System. The Strategic Outline Case (SOC) has been approved, by the Department of Health and Social Care and NHS England, with certain conditions, focusing on additional analysis/ information including workforce, demand planning, timescales, delivery sensitivities, contracting and capital. The Programme Board and leads are working with Regional and National teams in NHS England, seeking clarification and responding on these. A Local Care Programme Board has been established to accelerate delivery of the local care services within the health and care system to align with the HTP Work continues to implement the future model of care agreed as part of the NHS Future Fit programme which included extensive consultation with communities and stakeholders in Powys. The Outline Business Case for The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme was approved in January 2024 (Hospitals Transformation Programme takes next step forward towards securing investment to improve hospital services - SaTH) and Integrated Health Projects has been appointed as their design and construction partner (Trust appoints Integrated Health Projects as its design and construction partner for its Hospitals Transformation Programme - SaTH). Full Planning Permission granted for new healthcare facilities at Royal Shrewsbury Hospital and enabling works are under way (Community update on works at Royal Shrewsbury Hospital including the Hospitals Transformation Programme - SaTH). Work is also nearing completion on the new surgical hub at Princess Royal Hospital which is a key step in establishing PRH as the Trust's main Planned Care site (Patients to benefit from thousands more operations when hospital hub opens - SaTH), with the new hub set to open this summer.

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The Shrewsbury and Telford NHS Trust (SATH)

The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin and mid Wales. The main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of activity. Both hospitals provide a wide range of acute hospital services including accident & emergency, outpatients, diagnostics, inpatient medical care and critical care.

Strategy	Key Points
<p data-bbox="63 491 247 586">SATH Trust Strategy 2022-27</p> <p data-bbox="63 943 233 1003">Development works</p> <p data-bbox="137 1036 311 1225">Powell Bethan 13/11/2024 12:12:22</p>	<p data-bbox="305 491 1141 518">Our vision “ To provide excellent carer for the communities we serve”</p> <p data-bbox="305 525 556 552">Six strategic themes:</p> <ul data-bbox="305 559 1856 1353" style="list-style-type: none"><li data-bbox="305 559 871 586">• Improve the quality of care that we provide<li data-bbox="305 594 915 621">• Deliver a better patient journey and experience<li data-bbox="305 628 759 655">• Ensure seamless patient pathways<li data-bbox="305 662 832 689">• Make our organisation more sustainable<li data-bbox="305 696 973 723">• Enhance wider health and wellbeing of communities<li data-bbox="305 731 741 758">• Make SaTH a great place to work <ul data-bbox="305 803 1856 1353" style="list-style-type: none"><li data-bbox="305 803 1856 868">• New Community Diagnostic Centre – opened in October 2023 with teledermatology added from January 2024. Further considerations being made to potentially open a 2nd.<li data-bbox="305 911 1856 1246">• Work to improve hospital care for communities in Shropshire, Telford and Wrekin and mid Wales has taken another step forward, as The Shrewsbury and Telford Hospital NHS Trust (SaTH) signs the design and build contract with Integrated Health Projects (IHP). This marks a key milestone for the county’s largest investment in hospital services, as part of the Hospitals Transformation Programme (HTP). The plans have been developed and supported by clinicians and will see the Princess Royal Hospital (PRH) site in Telford specialise in planned care and the RSH site specialise in emergency care. Enabling works and site preparations are currently underway at the RSH site. The development will see the construction of the new four-storey building near the former Outpatients’ entrance, and the remodelling of the existing Emergency Department at RSH. The building will provide new emergency care, women and children’s and critical care facilities. The Trust’s clinically-led designs will include; modern fit for purpose internal healthcare spaces; external balconies; an internal atrium and single ensuite bedrooms.<li data-bbox="305 1260 1856 1353">• The benefits of the new clinical model for patients include planned care services in PRH which will be available throughout the year, enhanced urgent care services which will be available 24/7 on both hospital sites and improved emergency care services delivered from a new, purpose-built Emergency Department at RSH.

Robert Jones & Agnes Hunt Foundation Trust (RJAH)

The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH) is one of the UK's five Specialist Orthopaedic Centres. It is a leading orthopaedic centre of excellence with a reputation for innovation. The Trust provides both specialist and routine orthopaedic care to its local catchment area and nationally. It is a specialist centre for the treatment of spinal injuries and disorders and also provides specialist treatment for children with musculoskeletal disorders. The hospital has nine inpatient wards including a private patient ward; 12 operating theatres, including a day case surgery unit; and full outpatient and diagnostic facilities. The Trust works with partner organisations to provide specialist treatment for bone tumours and community-based rheumatology & orthotic services. The Trust is based on a single site in Oswestry, close to the border with Wales. The surrounding geographical area includes Shropshire, Wales, Cheshire, and the Midlands. As such, they serve the people of both England and Wales, as well as a wider national catchment and the Trust has contracts with a number of commissioners.

Strategy	Key Points
Trust Strategy 2023-28	<p>New five-year strategy, which sets out how they will deliver an innovative future for patients, colleagues and communities. Five key objectives:</p> <ol style="list-style-type: none">1. Deliver high quality clinical services - recognised for delivering outstanding standards of care for patients, address health inequalities for English and Welsh population and ensure a fair, equal and inclusive culture across the Trust. Develop services through partnership and shared decision making with clinicians, patients and partners. Empower departments to innovate and continuously improve services for patients. Recruit, retain and transform workforce to provide an exemplar experience for staff and patients2. Develop our Veterans Service as a nationally recognised centre of excellence3. Integrate MSK pathways across Shropshire, Telford and Wrekin4. Grow our services and workforce sustainably5. Innovation, education and research at the heart of what we do
Opening of new Theatre building	<p>RJAH is preparing to open its new £10 million Theatre building extension, which offers the opportunity to increase capacity and reduce waiting lists. The development will initially see the addition of one new theatre, giving the capacity to carry out an additional 1,200 surgical procedures a year. RJAH also has plans to build three further new Theatres over the next three years, as well as refurbishing four existing ones. The development plans are evolving in conjunction with co-ordinated recruitment and retention activity to ensure the hospital has the staff and the skills it needs to make the most of the new facilities.</p>

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Herefordshire and Worcestershire Integrated Care System

Herefordshire and Worcestershire Integrated Care system was formally designated in April 2021 and Clinical Commissioning Groups functions transferred to a statutory Integrated Care Board (ICB).

Strategy Key Points

Integrated Care System

An Integrated Care Partnership Assembly has been established, bringing together the NHS, Local authorities, and other partners; a draft integrated care strategy has been published (see below):



Further information is available at [Integrated Care Strategy :: Herefordshire and Worcestershire Integrated Care System \(hwics.org.uk\)](https://www.hwic.org.uk)

Programme

Key Points

Stroke Programme

Herefordshire and Worcestershire Stroke Programme is now undertaking detailed work on service models and options, clinical pathways (Acute and Rehabilitation), demand and capacity modelling, workforce and financial assessment.. At present however no final model has been agreed upon. Options have been modelled and discussed with the preferred model being presented at a Clinical Senate on 27th September 2024. The requirement to hold a Clinical Senate is part of the clinical service change guidance in England. Both the Director of Planning, Performance & Commissioning and the Director of Therapies were in attendance. (Awaiting update from meeting)

Wye Valley Trust (WVT)

Wye Valley NHS Trust is the provider of healthcare services at Hereford County Hospital, along with a number of community services for Herefordshire and its borders including Powys.

Strategy	Key Points
Trust strategic objectives 2024/25	<p>The annual Trust Objectives signal the Board's key priorities for the coming year. These take account of Trust strategy, local priorities and national planning guidance. These objectives will also be used to develop underpinning action plans and measures which will populate our Board Assurance Framework:</p> <ul style="list-style-type: none">• Quality• Digital• Sustainability• Workforce• Productivity• Research
Opening of daycase unit	<p>A new £21m surgical unit specialising in daytime care has opened in Herefordshire to help cut waiting lists. The Daycase Surgical Unit at Hereford County Hospital will offer surgeries in areas including urology, orthopaedic and general care. The stand-alone facility aims to prevent delays to planned surgeries when in the past there was pressure from urgent, emergency cases. The centre includes waiting rooms, assessment rooms, two operating theatres, a recovery suite and a dedicated cataract suite.</p>
New diagnostic centre	<p>Work has began to create a new diagnostic centre for Herefordshire. The Wye Valley Diagnostic Centre, on Holmer Road in Hereford, will provide state-of-the-art MRI, CT, X-ray and ultrasound equipment capable of early cancer diagnosis. The £18m facility will also provide testing for blood, heart and breathing conditions and forms part of a national strategy to bring in community diagnostic centres across England. Planning permission for the two-storey building was secured last month.</p>

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Briefing to PTHB Planning, Performance and Population Health Committee on 14 November 2024

Subject:	NHS Service Change Engagement and Consultation Quarter 2 (July to September 2024)
Approved and Presented by:	Director of Corporate Governance
Prepared by:	Deputy Director (Engagement, Communication and Corporate Governance) Engagement Manager
Purpose:	This paper provides an overview of current and forthcoming NHS Service Change engagement and consultation activity with a potential impact for Powys residents, patients and services.
Recommendations:	<ul style="list-style-type: none">• TAKE ASSURANCE from the report with regards to the delivery of engagement/consultation programmes for which the health board is directly responsible, and our contribution to partnership programmes (e.g. service change led by national committees, or by neighbouring health boards and Trusts)
Executive Summary:	<p>Health boards have key statutory duties to ensure continuous engagement in the planning and delivery of health services for which we are responsible (s183 NHS Wales Act). We must also ensure that we fulfil statutory and mandatory requirements in relation to service change engagement and consultation, including through liaison with Llais in accordance with national guidance on changes to health services (Welsh Government, May 2023).</p> <p>Engagement programmes and requirements are kept under review by the Deputy Director and the Engagement Manager drawing on intelligence from PTHB programmes, and cross-border forums. This includes a six-weekly strategic change review forum that brings together PTHB engagement, planning and commissioning team colleagues.</p> <p>The current priority programmes are summarised on page 3. Key highlights in this report include:</p> <ul style="list-style-type: none">• 24-002 Temporary Service Changes: Engagement on temporary changes to PTHB services including MIU and community hospital inpatient wards closed on 8 September 2024. The proposals were approved by the Board on 10 October and now move to implementation.• 23-010 EMRTS: The next steps in relation to Recommendation 4 of the EMRTS review are due to be discussed at a meeting of the NHS Wales Joint Commissioning Committee in November (deferred from October). The existing 23-010 is being retained to reflect the legacy engagement on EMRTS and Wales Air Ambulance, and a new report 24-004 has been added with a specific focus on planning & delivery of engagement for Recommendation 4.• The Commissioned and Cross-Border Services Watch List has been updated including temporary changes in place in HDUHB and the next steps in developing their clinical services plan.

Review period: 10/11/2024-12/12/24

NHS Service Change Engagement and Consultation Report

Q2 Report (July to September 2024)

Last updated 30 October 2024

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Engagement and Consultation Exception and Highlight Report – Quarter 2 Report

Engagement Under Way	None	
Consultation Under Way	None	
Engagement Planned or Under Consideration	23-002 South Central Wales Stroke Services	TBC
	23-004 North Powys Wellbeing including Newtown Campus OBC	TBC
	23-005 Hepatopancreatobiliary Services in South Wales	TBC
	23-006 National Stroke Review	TBC
	24-001 Accelerated Sustainable Model / Better Together	Expected during 2024/25
	24-004 Engagement on Recommendation 4 following the WAA/EMRTS review (see also 23-010)	TBC
Consultation Planned or Under Consideration	23-007 South Wales Specialist Auditory Hearing Implant Services	Expected during 2024/25
	23-008 Herefordshire and Worcestershire Stroke Services	Expected during 2024/25
Outcome awaited	23-003 South East Wales Cataract Services	Engagement closed 2 Feb
Watch List:	PTHB Primary Care Watch List	See Slide 14
	Commissioned and Cross-Border Services Watch List	See Slide 15
Implementation:	23-010 EMRTS / Welsh Air Ambulance Phase 3 (see also 24-004)	Ongoing
	24-002a PTHB Temporary Changes to health services in Powys (MIUs, community hospital model)	Board approved 10 Oct
Archived:	<p>The following have been archived in previous reports:</p> <ul style="list-style-type: none"> 24-002b PTHB Temporary Change to OAMH Inpatient Services (future work to subsumed into wider development of future model for safe and sustainable services following decision by Executive Committee on 2 October) 23-001 Bevan Commission Conversation – Future of Health and Care (no further updates since Phase 1 report in January 2024) 	Any programmes can be re-opened in future reports if further engagement or consultation actions become apparent.

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Current Status	<ul style="list-style-type: none"> • South East Wales regional planning group is arranging a briefing session with Llais on 27 November 2024 following which we expect further clarification regarding next steps on engagement
Lead Body	<ul style="list-style-type: none"> • CAVUHB and CTMUHB
Overview	<ul style="list-style-type: none"> • Cardiff and Vale University Health Board (UHB) and Cwm Taf Morgannwg UHB are working together, with other partners including the Stroke Association, to take important steps to improve quality and outcomes of stroke care. This work forms part of the wider national stroke review (see 23-006). More information is available from Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales) • Public engagement work has been paused since November 2023 but further updates are expected shortly following the appointment of a new Programme Manager. • A briefing for Llais has been planned for late November to share engagement proposals and seek views ahead of potential launch.
Impact and interdependency	<ul style="list-style-type: none"> • PCH is the main provider of hyperacute and acute stroke services for many communities in south Powys. • There are interdependencies for Powys residents with the review under way on the future shape of stroke services in Herefordshire and Worcestershire (see 23-008) and with the national stroke review for Wales (see 23-006)
Key Dates	<ul style="list-style-type: none"> • A period of engagement on the future of stroke services in south central Wales (CAVUHB and CTMUHB region) was launched in October 2023 but was subsequently paused. • Briefing with Llais regional directors planned for 27 November 2024 via a Teams meeting.
Key Materials	<ul style="list-style-type: none"> • Information about previous engagement is available from Improving Stroke Care Services in South Central Wales: Let's Talk Stroke - Cardiff and Vale University Health Board (nhs.wales) and on the PTHB website https://pthb.nhs.wales/news/health-board-news/stroke-services-in-south-central-wales1 • Information about the next steps on engagement will be added here once confirmed
Engagement Planning	<ul style="list-style-type: none"> • PTHB has been working with CAVUHB and CTMUHB, and as part of the national stroke review in Wales.
Llais Liaison	<ul style="list-style-type: none"> • Regular local touchpoints provide a forum for any updates and escalations.
Last Updated	<ul style="list-style-type: none"> • 25 October 2024

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Current Status	<ul style="list-style-type: none"> • A Strategic Outline Case is currently with Welsh Government for review and decision. Subject to this, plans for the next phase of engagement to contribute to the development of the Outline Business Case will be confirmed.
Lead Body	<ul style="list-style-type: none"> • PTHB / RPB
Overview	<ul style="list-style-type: none"> • As part of the North Powys Wellbeing programme, a new rural regional health centre is proposed in Newtown. Plans for the health and wellbeing campus include a new hospital building for Newtown (including an Urgent Care Centre, in-patient beds, a midwife-led birthing unit, more planned care services as well as improved diagnostic equipment), social care and well-being facilities (working in hand with the voluntary sector), a new Health and Care Academy - working closely with the town's library. • The site will also be an innovative partnership as the location for the new Ysgol Calon y Dderwen building replacing the current primary school facilities on the site.
Impact and interdependency	<ul style="list-style-type: none"> • The aim is to replace and expand on the service currently provided within Newtown, and specifically to transfer services from the current Montgomeryshire County Infirmary site. • There are no plans as part of this scheme to transfer services from other community hospital sites in Powys. • The scheme supports overall mitigation associated with the NHS Future Fit decisions being implemented in Shropshire and Telford & Wrekin through the Hospitals Transformation Programme. The Outline Business Case for that scheme was approved in January 2024 with the aim of establishing Royal Shrewsbury Hospital as the main Emergency Care Centre within The Shrewsbury and Telford Hospital NHS Trust, with Princess Royal Hospital as the main Planned Care Centre. This will bring more emergency care services closer to North Powys but some planned care services for North Powys residents will transfer from RSH to PRH. The North Powys Wellbeing Newtown campus aims to provide more planned care services within Powys to support mitigation.
Key Dates	<ul style="list-style-type: none"> • Strategic Outline Case submitted to Welsh Government. • Subject to this, work will take place to develop an Outline Business Case for submission to Welsh Government. • Next phase of structured engagement to be agreed subject to SOC approval and confirmation of OBC timetable.
Key Materials	<ul style="list-style-type: none"> • Regular Programme Bulletins are issued to stakeholders: POWYS WELLBEING WELLBEING HEALTH.
Engagement Planning	<ul style="list-style-type: none"> • An engagement plan to support the work to develop and submit the Outline Business Case will be developed subject to confirmation of the OBC submission timetable.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoint meetings provide an opportunity to engage with the Llais regional director.
Last Updated	<ul style="list-style-type: none"> • 25 October 2024

Current Status	<ul style="list-style-type: none"> • A period of engagement on the future service model is expected later in 2024/25.
Lead Body	<ul style="list-style-type: none"> • Cardiff and Vale University Health Board and Swansea Bay University Health Board.
Overview	<ul style="list-style-type: none"> • Several factors affect the clinical sustainability of these services, and a programme of work is under way to identify options for a sustainable future with the objective of providing a comprehensive HPB service for the population of South Wales.
Impact and interdependency	<ul style="list-style-type: none"> • These are highly specialist service pathways for which Powys residents are referred to the most appropriate centre, which normally involves travel outside the county to access the appropriate clinical expertise.
Key Dates	<ul style="list-style-type: none"> • Dates will be confirmed as part of detailed engagement planning.
Key Materials	<ul style="list-style-type: none"> • Materials will be confirmed as part of detailed engagement planning.
Engagement Planning	<ul style="list-style-type: none"> • Regular updates are provided to the all-Wales network of engagement leads, where discussions will take regarding engagement planning nearer the time. • Appropriate targeted engagement for Powys patients, residents and stakeholders that is prudent and proportionate to the impact will need to be considered.
Llais Liaison	<ul style="list-style-type: none"> • Regular local touchpoints provide a forum for any updates and escalations.
Last Updated	<ul style="list-style-type: none"> • 25 October 2024

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Current Status	<ul style="list-style-type: none"> • Next meeting of the national engagement and communication workstream meeting awaited.
Lead Body	<ul style="list-style-type: none"> • NHS Wales Executive (National Stroke Programme Board) with four regions: North (BCUHB), South West (HDdUHB and SBUHB), South Central (CAVUHB & CTMUHB), South East (ABUHB) and all seven health boards.
Overview	<ul style="list-style-type: none"> • A number of factors affect the clinical sustainability of these services and there is an opportunity to review the overall model of service delivery to ensure the best outcomes for the people of Wales. A programme of work is under way to identify options for a sustainable future.
Impact and interdependency	<ul style="list-style-type: none"> • Changes to stroke services in any of the four regions may have an impact on pathways for Powys residents. There is a need at a national level to ensure that there is a co-ordinated approach across all four regions, consider impact and interdependency of regional proposals for Powys, and also interface with change programmes in England. (Shropshire and Telford & Wrekin Hospital Transformation Programme, Herefordshire and Worcestershire Stroke Review)
Key Dates	<ul style="list-style-type: none"> • The immediate focus is expected to be on socialisation of the case for change as well as a refreshed FAST campaign.
Key Materials	<ul style="list-style-type: none"> • Next steps to be developed and agreed through re-established national workstream meetings.
Engagement Planning	<ul style="list-style-type: none"> • Next steps to be developed and agreed through re-established national workstream meetings.
Llais Liaison	<ul style="list-style-type: none"> • Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work.
Last Updated	<ul style="list-style-type: none"> • 25 October 2024

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Current Status	<ul style="list-style-type: none"> • Planning is under way towards a period of engagement on the future permanent shape of safe and sustainable health services in Powys, with an update to Board on plans for this work expected in November 2024. In the meantime, engagement has been undertaken on temporary service changes for MIUs / community hospital model (see 24-002).
Lead Body	<ul style="list-style-type: none"> • PTHB
Overview	<ul style="list-style-type: none"> • PTHB is using data/evidence around health needs to develop an accelerated sustainable model (Better Together) to ensure that our residents receive the health care they need, and that data led service improvements are fast tracked where there is clear evidence. • PCC is working with their Cabinet on a Sustainable Powys model looking to find out from residents what a good life looks like for them, what barriers exist and how to move from a delivery to an enabling type of approach where feasible. • An initial period of integrated engagement by PTHB and PCC on Better Together / Sustainable Powys took place in February and March 2024. • The Health Board has appointed to the key role of Director of Improvement and Transformation, with Lucie Cornish due to commence in post from 21 October 2024.
Impact and interdependency	<ul style="list-style-type: none"> • This work potentially affects all residents of Powys who use both health board and council services including those who are registered patients who may live just outside our borders. Powys resident population: 133,000. Registered pop: 140,000. • There are interdependencies with public experience and perception of both council and health services in particular the relationships between social and health care. • We aim for appropriate alignment with the Sustainable Powys programme led by Powys County Council where possible. They current anticipate a period of engagement on the next stage of their proposals from January 2025.
Key Dates	<ul style="list-style-type: none"> • Phase one engagement took place during February and March 2024 • Outputs from Phase 1 were distributed to participants and published on the Have Your Say Powys website in May 2024 • Plans are being developed for the next stage of engagement / consultation, with an update on plans for this work due to be presented to Board in November 2024.
Key Materials	<ul style="list-style-type: none"> • Phase 1 outputs are available from the Have Your Say Powys website at Better Together Engagement - a sustainable approach for Powys Have Your Say Powys • Plans are being developed for the next stage of engagement / consultation
Engagement Planning	<ul style="list-style-type: none"> • Whilst plans for engagement on the longer term are developed, PTHB has undertaken engagement on a number of proposed temporary service changes (see 24-002).
Llais Liaison	<ul style="list-style-type: none"> • Llais continues to be briefed through our regular touchpoints, and have a non-voting seat on Strategic Change Programme Board.
Last Updated	25 October 2024.

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Current Status	<ul style="list-style-type: none"> • Engagement on a proposed new emergency service for remote, rural and coastal communities arising from Recommendation 4 following the EMRTS/WAA review is currently anticipated from Q4.
Lead Body	<ul style="list-style-type: none"> • JCC is co-ordination this engagement on behalf of all health boards, with health boards having key responsibilities for delivery of engagement in their areas.
Overview	<ul style="list-style-type: none"> • Recommendation 4 following the EMRTS/WAA review has led to the establishment of a task and finish group to look at options for an enhanced rural road service. • We currently expect that an update on this work will be presented to a meeting of the JCC on 12 November 2024 (deferred from 15 October 2024) including the proposed engagement approach which we expect to commence in Q4.
Impact and interdependency	<ul style="list-style-type: none"> • Interdependency with EMRTS/WAA outcomes, current judicial review, and wider emergency care system
Key Dates	<ul style="list-style-type: none"> • JCC meeting 12 November 2024 • Engagement approach and timetable TBC
Key Materials	<ul style="list-style-type: none"> • TBC
Engagement Planning	<ul style="list-style-type: none"> • A regular touchpoint meeting is in place with representatives from JCC, health boards, WAST, EMRTS and WAA to support a coordinated approach to engagement.
Llais Liaison	<ul style="list-style-type: none"> • Fortnightly touchpoints with Llais Regional Director provide an opportunity to share updates on this work. • Llais Powys Regional Director attends national Task and Finish Group as observer
Last Updated	<ul style="list-style-type: none"> • 25 October 2024

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Current Status	<ul style="list-style-type: none"> • Formal consultation expected later in 2024/25 (formal engagement took place from 4 January 2023 to 14 February 2023) • No further updates to report
Lead Body	<ul style="list-style-type: none"> • Joint Commissioning Committee (formerly WHSSC)
Overview	<ul style="list-style-type: none"> • Temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unavailable. A commitment was made to undertake engagement in line with NHS Wales guidance on the temporary change and future service model. • Cochlear Implant services in South Wales are currently only provided in Cardiff following this temporary change, but historically South Powys patients would have been referred to Cardiff or Princess of Wales depending on needs/pathway. Bone Conduction Hearing Implant services are currently located at Royal Gwent, Cardiff and Neath Port Talbot. South Powys patients are normally referred to Cardiff or Neath Port Talbot. • Following engagement from 4 January 2023 to 14 February 2023, WHSSC Joint Committee met on 16 May 2023 and agreed the preferred commissioning model of a single implantable device hub for Cochlear Implants and Bone Conduction Hearing Implants for both adults and children with an outreach support model. The intended benefits include a more reliable service that can maintain appropriate staffing and skills, offering a higher number of procedures which is associated with improved outcomes, and with a greater critical mass of patients there is greater scope for adoption of new technological advances to bring more treatment options for more people. • A designated provider process is taking place to identify options and it is currently anticipated that a period of formal consultation will take place following the outcome of that work.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals affect people in south Powys who access specialist auditory services in South Wales. If the preferred option is implemented, then some patients would need to travel further for implant but could continue to receive outreach support closer to home in hub sites. Between 2017 and 2021 there was an average 56 adult and 20 paediatric cochlear implant referrals in South Wales per year leading to 28 adult implants and 16 paediatric implants per year. Between 2017 and 2021 there was an average 42 adult and 2.5 paediatric BCHI referrals in South Wales per year, leading to 17 adult implants and 0 paediatric implants per year. South Powys activity is typically less than 5 referrals per year. Pathways for patients in north and mid Powys to BCUHB and England are not affected.
Key Dates	<ul style="list-style-type: none"> • Next steps anticipated following conclusion of designated provider process.
Key Materials	<ul style="list-style-type: none"> • Next steps anticipated following conclusion of designated provider process.
Engagement Planning	<ul style="list-style-type: none"> • JCC and partner health boards will work together to plan future consultation in liaison with Llais as appropriate.
Llais Liaison	<ul style="list-style-type: none"> • JCC continue to liaise nationally with Llais Tîm Arwain. • Local liaison through fortnightly touchpoints with Llais Regional Director.
Last Updated	<ul style="list-style-type: none"> • 25 October 2024

Current Status	<ul style="list-style-type: none"> • Formal consultation is expected later in 2024/25
Lead Body	<ul style="list-style-type: none"> • Herefordshire and Worcester Integrated Care System Stroke Programme Board. PTHB and WAST are members of the programme board, with Llais Powys region as observers.
Overview	<ul style="list-style-type: none"> • A review of stroke services in Herefordshire and Worcestershire is currently under way. This includes the stroke services provided at County Hospital in Hereford. They are looking at the best way to deliver quality stroke services, including for the patients they serve in Powys. A key driver is the challenge in recruiting and retaining sufficient specialist staff including specialist stroke consultants to meet national clinical standards for hyperacute and acute stroke services on two sites. • Discussions have been ongoing for several years, including previous engagement activities with local stakeholders to raise awareness of the challenges and discuss possible solutions. • A formal period of engagement took place from 20 September 2022 to 11 November 2022. Following engagement, refined proposals are being developed for review through the Clinical Senate process in England. • A Clinical Senate review took place in September 2024 and outcome and next steps are awaited.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals affect people in mid and east Powys for whom Hereford County Hospital is their main acute hospital for hyperacute and acute stroke services. Under the proposals, County Hospital would no longer provide hyperacute and acute stroke services which would be centralised to Worcester. A pathway would be in place for triage, assessment and diagnostics at County Hospital including provision of thrombolysis as needed. • Local rehabilitation and community services in Powys are not directly affected, and nor are stroke pathways for residents of other parts of Powys (e.g. Princess Royal Hospital, Bronglais Hospital, Morryston Hospital, Prince Charles Hospital). However, a review of stroke services in South and West Wales is being established, with a National Stroke Programme Board now established. • Interrelationship with proposals for the future shape of stroke services in Wales (see 23-006)
Key Dates	<ul style="list-style-type: none"> • Further details awaited on the next steps
Key Materials	<ul style="list-style-type: none"> • Website for engagement period: https://pthb.nhs.wales/hereford-stroke
Engagement Planning	<ul style="list-style-type: none"> • A local PTHB engagement plan was delivered to raise awareness of these proposals amongst Powys populations and stakeholders.
Llais Liaison	<ul style="list-style-type: none"> • There has been ongoing liaison with Llais and previously with the CHC. Llais Powys region has observer status on the Herefordshire & Worcestershire Stroke Programme Board.
Last updated	<ul style="list-style-type: none"> • 25 October 2024

Current Status	<ul style="list-style-type: none"> • Engagement ended and outcome awaited: Health Boards in South-East Wales undertook a period of engagement on options to increase the amount of cataract surgery and reduce waiting times which ended on 2 February 2024.
Lead Body	<ul style="list-style-type: none"> • ABUHB, CTMUHB, CAVUHB
Overview	<ul style="list-style-type: none"> • The engagement focused on steps to increase availability of cataract surgery in South East Wales. • An engagement report has been shared with Llais for their consideration, and based on their response a business case is being developed to make use of additional cataract surgery capacity across the southeast region which is expected to include two additional service hubs (Cardiff and Nevill Hall) with some additional travel support with WAST to support access is being planned.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals have low direct impact for Powys: <ul style="list-style-type: none"> • Most cataract surgery for South Powys residents is undertaken in Brecon and Llandrindod theatres by WVT consultants. • 2.5% of cataract surgery activity for Powys residents is undertaken by the south-east Wales health boards. • Additional capacity may support overall reduction in waiting times across Wales including in relation to wider ophthalmology services. • Interdependencies with future role of eLGHs in ABUHB (e.g. Nevill Hall) to be kept under review.
Key Dates	<ul style="list-style-type: none"> • Engagement took place from 13 November 2023 to 2 February 2024.
Key Materials	<ul style="list-style-type: none"> • Engagement information is available from Planning Future Cataracts Services in South East Wales - Aneurin Bevan University Health Board (nhs.wales)
Engagement Planning	<ul style="list-style-type: none"> • Given the low impact for Powys residents and pathways we are taking a reactive approach to engagement rather than proactive publicity.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison.
Last Updated	25 October 2024

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Primary Care Watch List

Issue	Description	Engagement / Communication
Llanfair Caereinion replacement surgery premises	Planning for new premises for Llanfair Caereinion Medical Practice.	Next community newsletter under consideration. Updates on the current position have been provided to Llais via regularly fortnightly touchpoint meetings.
Dental Access Portal	PTHB is a pilot ahead of a national launch of a new national dental access portal as a single waiting list for NHS dental access.	Welsh Government announced the introduction of a new pan-Wales Dental Access Portal which is being piloted in Powys building on our existing local waiting list system with a public-facing launch on 30 September 2024. The portal will provide a means for residents across Wales to register a request for an NHS dental appointment and will support the NHS to understand overall need and demand. Implementation is being led nationally by DHCW who also lead on any communication and engagement requirements.
Montgomery Medical Practice branch surgery relocation	Relocation of Ladywell branch surgery to St David's House –	Montgomery Medical Practice plan to move from their current premises in Ladywell Surgery in Newtown to new premises in St Davids House in Newtown later in 2024/25 subject to planning permission. Llais has been notified of the forthcoming relocation and views sought on communication and/or engagement. No formal engagement requirements have been identified due to the small nature of the move with the potential for improvement in facilities, so it is expected that the focus will primarily be on ongoing engagement and direct communication by the practice to ensure that patients are aware of the forthcoming changes and how to access the new premises.
Belmont Branch Surgery (23-011)	Closure of Crickhowell Medical Practice branch surgery in Gilwern	Following engagement in 2023 the Board endorsed the application from Crickhowell Group Practice to close their branch surgery in Gilwern, Monmouthshire. The branch closed in November 2023. PTHB is working with Llais on a follow up survey to gather patient experience following the closure.

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Commissioned & Cross-Border Services Watch List

Our watch list includes:

- Service changes in neighbouring health board and ICB areas that have not reached the threshold for active public/community engagement planning and activity by PTHB
- Intelligence regarding issues where active engagement and/or communication programmes is not currently underway, but is anticipated in future

ABUHB	<ul style="list-style-type: none"> • ABUHB launched "A conversation for a healthy future" as part of the development of a 10-year plan for healthcare in Gwent: A conversation for a healthy future - Aneurin Bevan University Health Board (nhs.wales) • Work is under way on next steps on Nevill Hall Hospital service model as part of wider ABUHB programme to define the role of LGHs (also in context of RAAC). This includes some work on ward reconfiguration.
CAVUHB	<ul style="list-style-type: none"> • An 8-week engagement on "Paediatric Service Redesign - Shaping Our Future Clinical Services" has concluded: Shaping Our Future Clinical Services - Shaping our Future Wellbeing. Next focus will be on emergency care.
CTMUHB	<ul style="list-style-type: none"> • Next steps on acute clinical services plan • Temporary changes to POW maternity and neonatal services due to estates work have been extended to early 2025 due to roof issues at POW – no direct impact for Powys pathways
Other South East Region	<ul style="list-style-type: none"> • Next steps on South East Wales regional programmes currently under discussion.
HDdUHB	<ul style="list-style-type: none"> • An interim update regarding the next steps on the Hywel Dda clinical services strategy was presented to their Board in July 2024 with a presentation to PTHB Executive Committee on 2 October 2024. • Temporary changes to paediatric inpatient services at Bronglais General Hospital due to staffing challenges. • Decision to close inpatient beds at Tregaron hospital - no direct impact for Powys but shared for wider strategic awareness. • Decision to temporarily close PPH MIU close overnight from 1 Nov as an urgent change – no direct impact for Powys but shared for wider strategic awareness.
SBUHB	<ul style="list-style-type: none"> • Engagement in relation to the future of Cwmllynfell branch surgery took place in 2019 but the process did not reach a conclusion at that time. The branch, which is accessed by some residents of south-east Powys, is temporary closed. Engagement on the future of the branch is expected from Q3 TBC.
Other South & West Region	<ul style="list-style-type: none"> • None identified
Other South Wales	<ul style="list-style-type: none"> • South Wales Oesophagogastric Cancer Surgery – potential for future engagement and/or consultation on sustainable clinical model. • Interventional radiology and vascular services in South Wales.
BCUHB	<ul style="list-style-type: none"> • Nuclear Medicine / PET CT – clarification requested from WHSSC regarding mitigation action if decision is made to locate future PET CT in permanent location in Glan Clwyd rather than current mobile location in Wrexham Maelor.
All-Wales	<ul style="list-style-type: none"> • BCUHB and CAVUHB – cessation of provision of secondary care allergy services from outside Cardiff & Vale. WG has asked for information to map alternative provision.
Herefordshire & Worcestershire	<ul style="list-style-type: none"> • WVT haematology service arrangements.
Shropshire and Telford & Wrekin	<ul style="list-style-type: none"> • We continue to take a watching brief in relation to The Shrewsbury and Telford Hospital NHS Trust Hospitals Transformation Programme which will establish Royal Shrewsbury Hospital as the main centre for emergency care and Princess Royal Hospital as the main centre for planned care. As part of the current enabling works at RSH the outpatient entrance is currently closed and phlebotomy services have temporarily relocated to south side.
Other England	<ul style="list-style-type: none"> • None identified

Current Status	<ul style="list-style-type: none"> • Phase 3 has concluded subject to decisions in relation to request for Judicial Review. Engagement in relation to Recommendation 4 is covered in 24-004
Lead Body	<ul style="list-style-type: none"> • NHS Wales Joint Commissioning Committee (previously EASC) with EMRTS (hosted by SBUHB) and Wales Air Ambulance Charity
Overview	<ul style="list-style-type: none"> • EASC led the service development process to agree the future model for EMRTS/WAA. EASC responsibilities have now transferred to the Joint Commissioning Committee. The first phase focused on: Describing how EMRTS works now; Discussing what must be in place and what are the must haves (constraints); Discussing how we measure the benefits and risks of each option (investment objectives); Discussing how the process reflects that some benefits are most important than others (weightings). The second phase set out updated options for the future shape of services, including their benefits and risks, and sought views. Phase 2 formal engagement took place from 9 October 2023 to 12 November 2023. • Phase 3 engagement set out the final two options agreed following an options appraisal on 12 January 2024. It sought public feedback so that a final decision on the way forward can be made. Initially this was expected at a meeting of EASC on 19 March 2024, but following further work requested by health boards an updated set of recommendations were considered by health boards between 9 and 11 April and then by the new NHS Wales Joint Commissioning Committee on 23 April. • Task and finish group in place to develop implementation plan for Recommendation 4 with proposals being presented to JCC in Q3. • An application has been made for a judicial review into the decisions made in May.
Impact and interdependency	<ul style="list-style-type: none"> • These proposals potentially affect all residents of Wales including all residents of Powys. • There are interdependencies with public experience and perception of the wider emergency care system including emergency ambulance services, emergency department services etc.
Key Dates	<ul style="list-style-type: none"> • Phase 3 engagement took place from 1 to 29 February 2024. • Following phase 3, recommendations were considered by EASC on 19 March 2024 but were not accepted at that point and revised recommendations were put forward from a meeting in-committee of EASC on 28 March 2024 to meetings in public of the seven health boards between 9 and 11 April 2024 (PTHB met on 11 April 2024) • A meeting of the NHS Wales Joint Commissioning Committee on 23 April 2024 approved the revised recommendations by majority decision: April 2024 - NHS Wales Joint Commissioning Committee
Key Materials	<ul style="list-style-type: none"> • Phase 3 engagement information remains available from the EASC website at EMRTS Service Review - Emergency Ambulance Services Committee (nhs.wales) • Regular updates are issued by JCC and are cascaded via the health board's channels.
Engagement Planning	<ul style="list-style-type: none"> • The latest information is available from EMRTS Service Review: Recommendation 4 Task and Finish Group Update - NHS Wales Joint Commissioning Committee • Monthly touchpoints are in place between HB engagement leads, JCC, EMRTS and WAA Charity.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison.
Last updated	<ul style="list-style-type: none"> • 25 October 2024

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Current Status	<ul style="list-style-type: none"> • Proposals were approved by PTHB Board on 10 October following engagement from 29 July to 8 September 2024
Lead Body	<ul style="list-style-type: none"> • PTHB
Overview	<ul style="list-style-type: none"> • A six-week engagement took place on temporary changes to the opening hours of Minor Injury Units in Brecon and Llandrindod Wells and to the PTHB inpatient community bed model (introduction of two "ready to go home" units in Llanidloes and Bronllys, and clinical colocation of inpatient rehabilitation in Brecon and Newtown). • Work is continuing to identify whether further temporary changes may be required to support the safety and stability of health services in Powys. A workstream on older adult mental health has been stood down (24-002b) with work now subsumed within the wider work on long term sustainability (24-001) • Alongside engagement and implementation of temporary changes, planning is beginning for the next phase of engagement and/or consultation on the longer-term permanent shape of health services in Powys (see 24-001)
Impact and interdependency	<ul style="list-style-type: none"> • Primary impact relates to (a) people who may experience a minor injury overnight in the Brecon or Llandrindod Wells areas and (b) people experiencing community hospital admission particularly those assessed as medically fit for discharge and those requiring rehabilitation. • Given the nature of the proposed changes there are minimal interdependencies with neighbouring health boards. Integrated working taking place with key partners including PCC and PAVO to ensure coordinated approach to health and care planning. Potential for additional travel for some families/carers to visit patients in hospital.
Key Dates	<ul style="list-style-type: none"> • Engagement on temporary service changes from 29 July to 8 September 2024. • Board Approval on 10 October 2024 • Work on implementation under way, with aim to implement temporary changes by December 2024
Key Materials	<ul style="list-style-type: none"> • Eng HQ portal hosted all materials - Issues Paper, FAQs, survey, Easy Read, webinar details, links to govDelivery subscription for Engagement News etc. • CEO Staff briefing / Intranet page for staff awareness • Digital Screens, Social Media, govDelivery articles to subscribers, Web article linked to Eng HQ, posters, print copy of survey en/cy, key stakeholder emails
Engagement Planning	<ul style="list-style-type: none"> • Deputy Director attended Programme Board to co-ordinate overall engagement planning. Designated comms/engagement manager allocated to each workstream to provide communications & engagement advice and support at workstream level. • Engagement Plan approved by Executive Committee on 15 July 2024.
Llais Liaison	<ul style="list-style-type: none"> • Llais is invited to the Programme Board as a non-voting member. • Mid point review on 13 August 2024. • Attendance with speaking rights at Board meeting on 10 October 2024.
Last Updated	25 October 2024

Sources of Intelligence

The key sources of intelligence informing this report include:

- Ongoing horizon scanning of commissioned services (e.g. board papers, websites, social media)
- Fortnightly touchpoint meeting with Llais Regional Director and PTHB Directors & Deputy Directors
- Monthly touchpoint meeting with Llais Deputy Regional Director and PTHB Engagement Manager
- Monthly meeting of NHS Wales Directors of Communication
- Six-weekly meeting of NHS Wales Heads of Engagement
- Monthly system meeting with NHS and local authority partners from Shropshire and Telford & Wrekin (monthly strategic communications forum, monthly involvement and insight network)
- Monthly system meeting with NHS and local authority partners from Herefordshire and Worcestershire

Insight is reviewed at a monthly meeting of the PTHB Engagement Team, and at least quarterly in a Strategic Change touchpoint session with colleagues from PTHB Planning and Commissioning teams.

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Powys Teaching
Health Board

Agenda item: 5.2

**Planning, Partnerships and Population
Health Committee**

14 November 2024

Subject:	Integrated Plan (IMTP) 2025/2028 Development and Draft Planning Maturity Matrix
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning
Other Committees and meetings considered at:	Executive Committee - 30 October 2024 who endorsed the plan approach to PPPH and provided feedback which has been included in this set of papers.

PURPOSE:

This report provides the Committee with the proposed approach for the development of the PTHB Integrated Plan (IMTP) 2025 – 2028, which starts in Year Two of the PTHB Five Year Plan 2024 – 2029.

This includes:

1. A recap of the current position and the proposed theme for 2025 – 2028 of 'risk, recovery and sustainability'
2. A recap of national requirements as known at this point in time
3. A recap of the strategic framework, with a refresh of the PESTLE factors (Political, Economic, Social, Technological, Legislative, Environmental) at Appendix 1
4. Timetable relation to Financial Planning
5. An initial proposed set of Draft Strategic Priorities (set out in context in an Initial Draft Plan on a Page in Appendix 2)
6. Feedback and learning from last year's process
7. The process and timeline for plan development
8. A Draft 'Planning Maturity Matrix' for review at Appendix 3

Following consideration at this Committee, this report will be submitted to PTHB Board.

The Planning Maturity Matrix, once finalised through this process, will subsequently be submitted to Welsh Government as required as one of the de-escalation criteria for the enhanced monitoring status currently applied to PTHB for strategy, planning and finance; and in line with the letter sent jointly by Olivia Shorrocks and Samia Edmonds MBE on 28 August 2024.

RECOMMENDATION(S):

The Committee are asked to:

- **NOTE** the current position, the plan theme of 'Risk, Recovery and Sustainability', the recap of the national requirements and context
- **REVIEW** the refreshed PESTLE analysis in Appendix 1, noting any feedback
- **CONSIDER** the Financial Planning Timeline and Initial Draft Strategic Priorities and provide any feedback
- **NOTE** the feedback and learning, and the proposed process this year
- **REVIEW** the Draft Planning Maturity Matrix in Appendix 3 and feedback any amendments to rating / evidence or next steps
- **RECOMMEND** the planning development approach and Planning Maturity Matrix to the Board.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Integrated Plan spans all wellbeing objectives.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This report provides the Committee with the proposed approach for the development of the PTHB Integrated Plan (IMTP) 2025 – 2028, which is Year Two to Four of the PTHB Five Year Plan 2024 – 2029.

This includes:

1. A recap of the current position including the Escalation and Intervention status and criteria and the proposed theme for the Plan 2025 – 2028 of 'risk, recovery and sustainability'
2. A recap of national requirements as known at this point in time
3. A recap of the strategic framework, with a refresh of the PESTLE (Political, Economic, Social, Technological, Environmental) included at Appendix 1
4. Timetable in relation to Financial Planning
5. An initial proposed set of Draft Strategic Priorities
6. Feedback and learning, the process and mechanisms for plan development, communications and support
7. A timeline outlining key governance points (Committee and Board dates)
8. A Draft 'Planning Maturity Matrix' is provided for review and consideration

Following consideration at Committee, this report will be submitted to PTHB Board.

BACKGROUND

1.0 Current Position

PTHB has an **Escalation and Intervention Status** of 'targeted intervention' for strategy, planning and finance. Welsh Government has communicated that the **Plan Approval Status** for the current PTHB Integrated Plan is not approved in the context of non delivery against the statutory duty to breakeven.

PTHB Board have reconsidered the current Integrated Plan twice in year, in response to **correspondences from Welsh Government** in May 2024 and August 2024. An adjustment was made to the financial plan in May 2024 as part of this process. This did not fulfil all the requirements set out by Welsh Government in relation to the financial position and the organisation is therefore currently operating with a plan that is not supported by Welsh Government, but which is approved internally.

The De-Escalation Criteria for Strategy and Planning are:

- Submission of a balanced and **credible three-year** medium-term plan or **acceptable annual plan** in line with the current planning framework.
- Evidence of a clear roadmap and implementation of the health board's **Clinical Services Plan**.
- **Welsh Government's confidence** in delivery based on an assessment against the planning maturity matrix.
- **Delivery of commitments** set out within the annual plan, particularly in relation to the ministerial priorities.

The planning process outlined in this paper seeks to build Board and Welsh Government confidence in all of these areas.

The theme of the 2025/2028 plan is **Risk, Recovery and Sustainability**.

Risk: In order to ensure that the Golden Thread of Quality runs through the Plan an assessment of the highest strategic and service risks using the latest Board Assurance Framework report so that the Health Board is overtly planning to mitigate risk and improve quality.

Recovery: The Board receives quarterly reports on the delivery of the Health Board's Integrated Plan and good progress was reported in Quarter 2. At each meeting the Board also receives reports on the financial position and performance against the Ministerial Priorities. The Health Board is demonstrating progress in its 'grip and control' and savings delivery as well as many of the areas of the national **Value and Sustainability Board**. We are also delivering and developing a Value in Healthcare programme and a Commissioning for Value programme. There is however more work to do to achieve a balanced finance and performance position, along with the development of a methodology for the assessment of demand and capacity in provider and commissioner services. This will be an early focus of the planning process this year.

Sustainability: Significant work has been taken forward in year, as planned, to build on the Accelerated Sustainable Model of Care (Discovery Phase); North Powys

Wellbeing Programme; and the design of 'Better Together' transformation work, based on extensive engagement with stakeholders.

In tandem, there have been important pieces of work taken forward in year to develop and engage on temporary service changes which respond to immediate areas of service risk and fragility, whilst also testing out new ways of working for a more sustainable model of care in Powys.

Based on all of this work there has been good progress on developing a pipeline of schemes to develop a **Routemap to Sustainability** and, where these are firm enough to enable 'early recovery gains' they will be included in the Integrated Plan 2025-28, along with the pipeline of work across the three years.

As laid out in Section 3.0 the Health Board has more work to do to develop and engage upon a **Clinical Services Plan (CSP)**. This will guide an associated **Estates Strategy** and our **Workforce and Digital** enabling plans as well as high-level costed Routemap. The further work required will be described in the Integrated Plan. Best practice will be used to ensure that the CSP is relevant to Powys, engaging with local clinical leaders in community and primary care. This will ensure best fit to the County, which does not have a traditional District General Hospital infrastructure and commissions care from a complex range of providers out of County in both England and Wales. In Powys it will need to be developed in such a way that it drives forward the **sustainable model of care** taking into account rural considerations.

2.0 National Planning Requirements

The **NHS Wales Planning Framework** and **Ministerial Priorities** for 2025 onwards has not yet been released and it is unclear at the time of writing when they will be published. However, informal indications from Welsh Government suggest that it is sensible to use the current Ministerial Priorities and National Strategic Programme areas as a framework as it is likely that there will be a continued emphasis on:

- Quality as a golden thread throughout the plan
- Themes of the Value and Sustainability Board
- Recovery of Planned Care Access
- Urgent Care and the 'Six Goals' Programme
- Primary Care and Accelerated Cluster Development
- Mental Health
- Areas of focus for the NHS Executive and Joint Commissioning Committee (including Specialised Services, Emergency Ambulance Services, Collaborative Programmes/ Strategic Clinical Networks)
- Other significant drivers including the GIRFT (Getting It Right First Time) reviews; Quality Standards and Regional Clinical Programmes
- Collaboration is likely to remain an area of focus including work being led by Regional Partnership Boards (RPBs) on integrated models of care such as Further Faster and System resilience / winter preparedness.

Alongside this there are particular areas which have been communicated nationally across NHS Wales as also being of importance - these include a stronger focus on

Prevention, Diabetes, and Women and Children's Health via the Women's Health Plan which is due to be published in December.

The outcome of the **NHS Wales Planning Review** carried out across the summer 2024 have not yet been published but may also have some influence on the NHS Wales Planning Framework when that is released.

It is expected that in line with the usual national timetable **Financial Allocation Letters** will be issued in late December. It is not yet clear when the **performance targets** for 2025/26 will be published but as highlighted above the expectation is that further improvement in RTT (Referral to Treatment) measures will be expected in NHS Wales, and importantly for PTHB, continued improvement in NHS England.

Due to the importance of aligning our Plan as a commissioner with those of other health Boards and Trusts, our Commissioning Intentions 2025/26 have been issued to providers and will inform the planning and contracting round for next year. We will also influence and align our Plan with that of the Joint Commissioning through the Committee structures and our planning cycle.

Health boards have been asked to submit requirements for **Education and Training** to HEIW by March 2025 and these numbers are aligned to the workforce plan submission in the Integrated Plan.

The **submission date** required by Welsh Government has not been formally confirmed but the working assumption is that this will be in line with precedent in previous years, being the *end of March 2025*.

3.0 Strategic Framework

The **legislative and policy drivers** (the 'PESTLE' factors – political, economic, social, technological, legal and environmental) noted in the current PTHB Integrated Plan largely remain extant. The PESTLE has been refreshed and is included at Appendix 1 for review and feedback.

There have been a number of significant developments in the external environment including the change in UK Government and launch of the 'Change NHS' initiative (applicable to England). It is possible that these changes may have some resulting influence on the NHS Wales Planning framework, particularly in **cross border** considerations. This will be reviewed once it is issued and incorporated into the local approach.

The **Future Generations Act** and '**A Healthier Wales**' remain keystones for NHS Wales. This means there is high certainty that the NHS Wales Planning Framework will have a continued focus on long term strategy focused on population wellbeing, and the wider socio-economic and environmental considerations including climate change and the foundational economy (as reflected in the current PTHB Integrated Plan).

The **Duty of Quality** and **Duty of Candour** and **Socio-Economic Duty**, similarly remain extant and require an ongoing focus on consideration of the impact on service delivery and on populations of strategic decision making in the plan.

Informal **feedback from Welsh Government** on the PTHB Plan has been received verbally, noting that key strengths are the strategic framework and narrative; and emphasising the continued importance of Value and Sustainability themes.

There is a strong Strategic Framework already agreed across the Powys Regional Partnership Board (RPB). All partners have recommitted to the long term health and care strategy, with a vision of **A Healthy Caring Powys**, which forms the basis for the Powys Area Plan, the PTHB Integrated Plan and the Cluster Plans for North, Mid and South Powys. This spans the period 2017- 2027 and the Integrated Plan will signal the intention to refresh it in 2026.

The Strategy pre-dated the development of the RPB and the Area Plan but was based on comprehensive **population needs and wellbeing assessments** which have been refreshed in recent years. Further national work also adds to the insights including the Science Evidence Advice published on the '**NHS in 10 Years**' which set out projected impacts of long-term conditions and risk factors in Wales. This was captured in the context and horizon scanning in the PTHB five year plan and remain important.

A similar redevelopment of the **Powys Wellbeing Plan** has also been led by the Public Services Board which has enabled all parties including the health board to agree the longer term 'inter-generational' strategy for wellbeing in the County.

Further work has also been undertaken through additional involvement and engagement with our **localities** to develop intelligence. This has deepened the understanding of the Powys population and its opportunities and challenges through the 'Better Together' programme. The insights have been enhanced through the Council's work on 'A Sustainable Powys' and further developed through the work on the Routemap to Sustainability and Transformation Programme.

The Integrated Plan will lay out the timeline and high-level process to develop and approve the **Clinical Services Plan** for the organisation in line with the De-Escalation Criteria, building on the planning and engagement undertaken to date as outlined previously. This further planning work will run alongside our Recovery work and the delivery of the Routemap schemes which are identified as being deliverable and achieving the greatest early impacts and value in 2025/26.

Last year, the Board agreed a **five year PTHB Integrated Plan** – therefore the plan development for 2025 – 2028 starts in Year Two of the Board-approved plan. The core Values and Principles, together with the Wellbeing Objectives and Enabling Objectives, remain fundamental and will be carried forward into Year Two. These are included below:

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THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...



WE AIM TO DELIVER THIS VISION THROUGH-OUT THE LIVES OF THE PEOPLE OF POWYS...



WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...



OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...



THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...



4.0 Timetable in relation to Financial Planning

The Finance De-Escalation Criteria are as follows:

- Sustained improvement in minimising the underlying deficit, controlling identified key cost drivers and realising savings
- The development and approval of a deliverable and balanced three-year medium-term plan.
- Delivery of financial balance

It will be necessary to test and confirm the strategic decisions and timescales relating to risk, recovery and sustainability and the related statutory duty of financial break-even (with an interim milestone of the achievement of the £12m deficit 'target control total' set by Welsh Government in 2023/24).

The Board has previously considered these positions and determined that it is important that they are considered in the context of the full suite of legislative and policy requirements placed on the health board, notably quality, meeting population health needs and performance in relation to access and patient care.

Work on forecast expenditure in 2025/26 and options for the Plan has begun. The financial settlement from Welsh Government for the health board in 2025/26 is likely to be known at the end of December following Welsh Government budget setting in November 2024. Opportunities for savings in 2025/26 and the potential financial consequences of the Routemap to Sustainability work will also need to be factored in.

The position will continue to be developed and tested iteratively, with robust oversight and scrutiny via the Executive Committee and PTHB Board.

The plan development will commence based on a proposed **working assumption** that a **draft** position on the expected timescale is agreed by the Executive

Committee and Board by the end of January 2025, given that this is usually required by Welsh Government in the form of an Accountable Officer letter, usually later in the month of February. A **final** position form a key part of the Final Plan submitted to PTHB Board in March 2025.

5.0 Initial DRAFT Strategic Priorities

An initial draft of Strategic Priorities has been produced as below, based on the Health Board’s strategic framework, the refreshed PESTLE analysis, progress on delivery to date including the Routemap to Sustainability, and the intention to build this into a Clinical Services Plan. These are noted below (and a draft of the Plan on a Page is included showing these in context, in Appendix 2).



Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEEP)

<p>A whole system approach to wellbeing & prevention</p> <ul style="list-style-type: none"> • Whole system Prevention across the life course <i>(building on 24/25 priority)</i> • Health Improvement and Protection Plan <i>(cont from 24/25)</i> • Women, Family and Children’s health <i>(new priority requested by DoNM)</i> 	<p>A responsive community based model of care</p> <ul style="list-style-type: none"> • Enhanced Primary & Community Care <i>(building on 24/25, Routemap priority)</i> • Planned Care and Diagnostics <i>(cont from 2024/25)</i> • Complex and Continuing Healthcare <i>(new priority requested by DPCCMH)</i> 	<p>Effective care across the big four</p> <ul style="list-style-type: none"> • Major Conditions <ul style="list-style-type: none"> • Cancer • Respiratory • Circulatory <ul style="list-style-type: none"> - Cardiac - Stroke - Diabetes • Mental Health Transformation <i>(Cont from 24/25)</i> 	<p>Sustainable and resilient health care</p> <ul style="list-style-type: none"> • Community Hospital Model and Rural Regional Centres <i>(building on 24/25; Routemap priority)</i> • Improve System Resilience <i>(cont from 24/25 Six Goals Plan)</i> • Commissioning for Value <i>(risk/recovery/ sustainability)</i>
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Further work is required on the **Enabling Objectives** shown at the bottom of the visual above (Workforce Futures, Digital First, Innovative Environments, Transforming in Partnership) to respond to the Wellbeing Objectives once agreed.

The detail in the **Delivery Plan** will be the focus of attention earlier in the planning process, being Year Two of the Board-approved five-year plan.

This will ensure a focus on those areas that are mission critical for the organisation in delivering its intended strategic position, as well facilitating prioritisation of efforts and associated benefits in relation to all three areas of risk, recovery and sustainability.

6.0 Feedback and Learning

Informal **feedback** from Welsh Government planning colleagues is that the Health Board has a strong strategic framework and needs to ensure the themes of the national Value and Sustainability Board are strong in the forward plan

An **Internal Audit** was undertaken in 2024/25 with the objective of reviewing the processes and assumptions used for developing the 2024/2027 Integrated Plan and Annual Delivery Plan with a focus on the assessment of financial plans. The overall rating was reasonable, with two matters relating to the financial position requiring attention. The other components relating to the planning process and meeting requirements of the Planning Framework were deemed to be of substantial assurance.

A **survey** was carried out by the Planning Team in August 2024 to gather views from colleagues on the planning process. Key themes were:

- When asked what worked, people noted the strong narrative, setting out the challenges and key elements of the solution and there was appreciation for the Planning Team in engaging with teams
- When asked about challenges, people noted the complexity and conflicting requirements and timescales; short notice timescales to return key information or appraise / review drafts were noted as problematic
- There were some criticisms around staff engagement and a desire for more involvement, in priority setting and technical work
- Some commented about achieving a balance between short term work, immediate pressures and the longer term
- Some people would welcome less narrative and a simpler message; 'less is more' on priorities, to have more of a focus on action and impact
- There was a desire to seek out opportunities to improve with some wariness on focusing too much on financial deficit
- There was a desire for collaboration, to see the full organisational planning process, not just team plans in isolation, so that plans can align
- There was support to help the organisation 'shift left' to prevention
- The complexity was recognised, in relation to the balance of financial and workforce sustainability whilst ensuring quality of care

7.0 Process

The planning process will build on the assurance from the audit and the internal and external feedback.

The **Core Planning Group** will be re-established to meet fortnightly for the duration of plan development. This Group will undertake the baseline assessment

and ensure the Plan is integrated. This will be achieved through a collaborative and iterative approach to key technical assumptions, analysis and trajectories. This will test, challenge and tri-angulate assumptions and understand any impacts across the interdependencies of service delivery (provider and commissioning), estates, workforce and finance, performance and quality.

This will be in parallel to **staff engagement** across Directorates to support plan development (noted below) and alignment with further planning and engagement on the **Routemap to Sustainability**.

A key focus for the development of the plan for Year Two will be on a robust **Delivery Plan**, with SMART (specific, measurable, achievable, realistic and timely) Deliverables and Milestones. Further improvements are sought this year in aligning priorities to specific and measurable impacts.

Therefore the technical work on the nationally-mandated **Minimum Data Set** and any **Ministerial Templates** will be brought forward to enable collaborative testing and refinement of trajectories. This will also be crucial in understanding any impacts on the key strategic positions and decisions set out above.

From an external lens the established peer networks for finance, planning and delivery in NHS Wales, will ensure **alignment of plans**. This will avoid duplication of effort whilst also identifying the need for targeted additional inputs as required.

Given the status of enhanced monitoring, it is expected that there will be formal and informal **checkpoints with Welsh Government**, both through the existing mechanisms of IQPD and JET and bespoke sessions to be determined. Liaison at all appropriate levels will also be maintained between PTHB Planning and Finance Teams and Welsh Government teams through the peer network arrangements.

The Plan will be building on extensive **public and stakeholder engagement** to date on the core components of the plan (including that carried out for the Health and Care Strategy and Area Plan, Population Assessments, North Powys Welbeing Programme, Accelerated Sustainable Model and Better Together). Further engagement is planned over the next few months on the Routemap to Sustainability. Intelligence will be drawn from other sources including Llais reviews and patient experience, to test the plan against 'lived experience'.

To support successful planning and delivery there will be more emphasis on ensuring the Plan is developed with **Directorate teams** this year than there has been to-date in the post-Covid period.

Communications to staff via the PTHB channels will be issued to encourage and support staff engagement and ensure that staff are aware of the opportunities to participate through their Directorate planning process or other collective staff side mechanisms such as the Local Partnership Forum.

Executive Leads are asked to disseminate the information in this report and to feed back to the Planning Team individuals who will be named contacts for their planning process in their teams.

This is also an opportunity to flag if there are teams who would benefit from **targeted support** through 'pop up' sessions or attendance at team meeting (by the end of the week if possible, via planning.powys@wales.nhs.uk).

The depth and breadth of **Board Development sessions** were also noted as points of best practice by the Internal auditors in relation to last year and will be helpful in shared understanding of the risks and deliverability of plan positions as they develop, ahead of the formal decision making through the Committee and Board process (timeline below).

Month	Meeting	Key products / decisions
November	12 th – Board Development	<i>Indicative – tbc if strategic planning (or component/s of this) required at this date given consideration taking place at PPPH two days later</i>
	14 th – PPPH Committee	This paper with any amendments from Executive Committee. Consideration of: <ul style="list-style-type: none"> • Review & update of PESTLE • Confirmation of Strategic Framework • <i>Draft Priorities (tbc)</i> • Working Assumptions • Planning Maturity Matrix
	27 th – Board	This paper with any amendments from Executive Committee / PPPH Oversight and scrutiny in relation to: <ul style="list-style-type: none"> • Review & update of PESTLE • AGREEMENT of Strategic Framework • <i>Agreement of Draft Priorities (tbc)</i> • AGREEMENT of Working Assumptions • AGREEMENT Planning Maturity Matrix
December	5 th – D&P Committee	(Updates provided separately on finance and performance positions; noted here as relevant to informing positions on plan)
	17 th – Board Development	<i>Indicative –exact focus for strategic planning component/s tbd in line with progress and emerging positions</i>
January	16 th – Board Development	<i>Indicative –exact focus for strategic planning component/s tbd in line with progress and emerging positions</i>
	29 th – Board	First Draft Plan
February	4 th – PPPH Committee	<i>Indicative – tbc if strategic planning (or component/s of this) required at this date given consideration taking place at Board the previous week (simultaneously in terms of papers)</i>
	6 th – D&P Committee	(Updates provided separately on finance and performance positions; noted here as relevant to informing positions on plan)

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	13 th – Board Development	Consideration of strategic planning assumptions / positions (likely to be in advance of Accountable Officer Letter)
March	6 th - Board Development	<i>Indicative –exact focus for strategic planning component/s tbd in line with progress and emerging positions</i>
	26 th - Board	Final Plan
	End of March – Submission to Welsh Government	FINAL Strategic Plan FINAL DRAFT Delivery Plan FINAL Ministerial Templates (if applicable this year) FINAL Ministerial Templates (if applicable this year) Technical Return 'MDS' Appended Cluster Plans (if required via this route and timescale this year, it may vary)

The following activities will be carried out post Board Approval:

- Finalise all details of Annual Delivery Plan as basis for progress reporting
- Directorate Plans to be finalised in tandem with the above by each lead Executive for their respective areas
- Creation of Everyday / Welsh / Accessible Versions based on Final Plan
- July 2025 – March 2026 Quarterly monitoring against Plan and feedback/review of planning process
- September 2025 – March 2026 Plan Development for Year Three

8.0 Planning Maturity Matrix

As noted earlier in this report, completion of a 'Planning Maturity Matrix' provided by Welsh Government is a requirement for health boards in enhanced levels of Escalation.

A draft is included at Appendix 3, for discussion and agreement. The guidance on criteria provided by Welsh Government, to assist in the self-assessment, is also provided in the appendix.

The agreed Draft will be submitted to PPPH Committee and subsequently PTHB Board. It will then be provided to Welsh Government.

NEXT STEPS:

Following consideration at this Committee, this report will be updated and submitted to PPPH Committee for their meeting on 14 November 2024.

It will subsequently be provided to PTHB Board on 27 November 2024.

The Maturity Matrix once finalised will be submitted to Welsh Government as part of delivery against the requirements of the PTHB Escalation and Intervention 'Enhanced Monitoring' status for strategy, finance and planning.

Appendix 1 PESTLE

The following provides an updated analysis of the Political, Economic, Social, Technological, Legislative and Environment factors which inform the Plan (these include those identified in the PTHB planning process last year; with updates including those from a review of the Joint Commissioning Committee PESTLE analysis carried out earlier this year for their IMTP development). The areas in blue are newer considerations emerging since the analysis carried out last year

Political

- Significant global conflicts continue to have impacts in relation to humanitarian need and refugee support
- The above has also impacted on the supply chain and supply costs, in parallel with changes experienced relating to EU exit
- UK politics has shifted from an election focus to a new government in its early stages; changes also made in the Welsh Government recently in key posts including the First Minister and Minister for Health and Social Care
- Emerging policy relating to NHS and social care – a ‘call to action’ issued as part of ‘Change NHS’ initiative which relates to England but likely to have impacts on cross border / whole UK alignment in these areas
- As noted in previous years, there are inequalities arising from variances in approaches between England and Wales in relation to the pace of health and care backlogs and recovery of access
- Locally, there have also been changes in Powys County Council leadership, portfolios and management arrangements

Economic

- The above factors have impacted on UK fiscal position and ‘cost of living’ in recent years, adding to economic impacts of the Covid-19 pandemic
- Emergence of multiple trade union / industrial actions noted last year, remains a factor this year although with progress made in some sectors to resolve disputes
- Some stabilisation of the UK economic position being seen in inflation, interest rates and growth but situation remains complex and not easily predictable
- Economic policy / budget setting under Labour government underway but also complex and not easy to predict, will influence public purse and allocations
- Challenging public sector financial position in both UK and Wales therefore continues to be a key factor – in healthcare (as in other sectors) this is set against rising costs / demand growth and organisational deficits
- Challenging position noted above impacting on immediate investment for capital development and there is uncertainty with regards to the future availability
- There are challenges in the employment landscape, in health and care sectors, leading to fragility in services and scarcity across workforce and professions

Social

- Some signs of social unrest in the previous year across the UK (and globally) but also greater stability in key parts of societal infrastructure post-Election
- As noted last year, there are global long term trends being reported in relation to life expectancy plateauing / increased excess mortality
- Impacts of the pandemic are also continuing to be seen, adding to the pressures of greater demand in physical and mental health services
- The Covid inquiry is underway and together with media, will have an influence on the public perception of government / public life/ NHS
- The 'Orford report' 'The NHS in 10+ Years' published in September 2023 remains key in terms of population projections, growth in long term conditions and risk factors and the impact on NHS and social care
- The above adds to the existing evidence of growing inequality and health inequalities in Wales (& the wider UK/ Europe and globally to varying degrees)
- Emerging trends for more flexible approaches to work and careers such as 'portfolio' create new challenges and offer new opportunities
- Urban/rural geography is a key consideration across all of the above factors

Technological

- As noted last year, there are both opportunities and challenges associated with new technologies – including Artificial Intelligence (AI), Digital and advancement in medicine (as noted in the 'Orford' report referenced above)
- The barriers also remain relevant as noted last year - including legacy issues with infrastructure and connectivity, exacerbated by increased scale of use
- Plurality of digital platforms in health and care which are not interoperable
- Need to ensure equitable and value based use of high cost resource intensive technologies medicines for greatest benefit and improved outcomes
- There are significant opportunities to improve the quality and pace of healthcare through use of digital solutions and communications
- Continuing medical advances in technology and communications (Artificial Intelligence, Genomics, digital medicine, robotics) will require changes to the roles and functions, education and training of the workforce
- Impact of different levels of digital literacy (how to use digital functions properly) is variable amongst different age groups
- TOPOL Review (2019) carried out for NHS Health Education England outlined recommendations for the NHS to be a world leader in digital
- Locally, PTHB has added a new corporate risk relating to the lack of progress on national Digital programmes as a key barrier to local digital innovation

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Legislative

- New Labour Government with emerging policy changes as noted in 'Political' section above; could influence future legislation in Wales
- Existing legislative and policy requirements remain and require action including – in chronological order - the Equality Act (2010), Welsh Language (Wales) Measure (2011), Social Services and Wellbeing (Wales) Act (2014), Well-being of Future Generations (Wales) Act (2015), Is Wales Fairer? (2018); A Healthier Wales: Long Term Plan for Health and Social Care (2021), National Clinical Framework (Wales) (2021), The Foundational Economy in Health and Social Care Strategy (Wales) (2021), The Duty of Candour (Wales) (2023), The Citizen Voice Body (Wales) (2023),
- Major legislative reform of the NHS in recent years (and continuing) in England with Integrated Care Systems following implementation of The Health and Social Care (Quality and Engagement) Act (2020) followed by the Health and Social Care (Quality and Engagement) (Wales) Act, NHS Quality & Safety Framework (Wales) (2021)
- Breadth of legislation and policy and associated mechanisms for delivery have created a complex system architecture, with Regional Fora, Regional Partnership Boards and Public Service Boards, National Strategic Programmes, National Clinical Networks, Accelerated Cluster Development and the more recent establishment of the NHS Wales Executive
- A review of planning has been underway in NHS Wales in the summer 2024, outputs have not yet been published but are likely to inform the NHS Wales Planning Framework / arrangements and requirements

Environmental

- Urgency on climate change remains a key focus. The Climate Change Act (2008) and The Environment (Wales) Act (2016) introduced a duty on Welsh Government to develop carbon budgets for Wales and reduce carbon emissions, a key contributor to the causes of climate change, by 50% by 2025 and 80% by 2050
- Welsh Government Net Zero Strategic Plan (2022) set out target for 2050
- Growing evidence base in relation to environmental sustainability and high impact changes
- Opportunities and challenges in relation to the above, particularly in the rural setting of Powys, to increase the amount of renewable energy used, limit emissions from transport, agriculture, industry and business
- Infrastructural development and investment needed to support greater scale and pace of environmental changes such as electric vehicle charging

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Appendix 2 – Draft Strategic Priorities set out in the context of a Draft 'Plan on a Page' for 2025 – 2026 (Year Two of Five Year Plan)



INITIAL DRAFT Plan on a Page 2025 – 2026
(Year Two of Five Year Plan 2024 - 2029)

OUR FUTURE VISION BY 2027 AND BEYOND
IMPROVE HEALTH AND WELLBEING
WE TALK FOR THE PEOPLE OF POWYS FIRST



Quality is the golden thread across the whole plan, underpinned by the Quality Standards Of Safe, Timely, Effective, Efficient, Equitable and Person-Centred care (STEEP)

<p>A whole system approach to wellbeing & prevention</p> <ul style="list-style-type: none"> • Whole system Prevention across the life course <i>(building on 24/25 priority)</i> • Health Improvement and Protection Plan <i>(cont from 24/25)</i> • Women, Family and Children's health <i>(new priority requested by DoNM)</i> 	<p>A responsive community based model of care</p> <ul style="list-style-type: none"> • Enhanced Primary & Community Care <i>(building on 24/25, Routemap priority)</i> • Planned Care and Diagnostics <i>(cont from 2024/25)</i> • Complex and Continuing Healthcare <i>(new priority requested by DPCCMH)</i> 	<p>Effective care across the big four</p> <ul style="list-style-type: none"> • Major Conditions <ul style="list-style-type: none"> • Cancer • Respiratory • Circulatory <ul style="list-style-type: none"> - Cardiac - Stroke - Diabetes • Mental Health Transformation <i>(Cont from 24/25)</i> 	<p>Sustainable and resilient health care</p> <ul style="list-style-type: none"> • Community Hospital Model and Rural Regional Centres <i>(building on 24/25; Routemap priority)</i> • Improve System Resilience <i>(cont from 24/25 Six Goals Plan)</i> • Commissioning for Value <i>(risk/recovery/ sustainability)</i>
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Appendix 3 – Draft Planning Maturity Matrix

Completion of the following 'Planning Maturity Matrix' provided by Welsh Government is a requirement for health boards in enhanced levels of Escalation.

The following provides a draft assessment, for discussion and agreement *Guidance on criteria for assessment (provided by Welsh Government) is included on the following pages for reference.*

Key Element	Rating	Justification Evidence	Next steps / actions/ support required
Strategy Development/Clarity of purpose, vision and strategy	Level 4	<ul style="list-style-type: none"> Well established long term health and care strategy across RPB (Area Plan) and PSB based on population and wellbeing needs assessments; Strong alignment to A Healthier Wales Strength of Board engagement noted as best practice in recent IMTP Internal Audit (2024) 	Mapping capabilities across Transformation / I&I Function, Ops and Corporate Teams planned as part of Routemap work and development of Clinical Services Plan
Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP)	Level 3	<ul style="list-style-type: none"> Five year plan (current plan) included prioritisation in line with long term strategy (as above) – and transformation ambitions & intentions 	Further prioritisation to be carried out in this planning cycle to focus on mission critical elements and impacts
Dynamic and engaged planning	Level 3-4	<ul style="list-style-type: none"> Internal Audit opinion overall reasonable assurance (with substantial assurance for planning process and delivery on ministerial priorities) Extensive engagement carried out on health and care strategy framework and more recently, Better Together priorities 	<p>Further engagement planned as part of Routemap work and development of Clinical Services Plan</p> <p>Learning from temporary service change to inform future processes</p>
Operational Planning	Level 2	<ul style="list-style-type: none"> Operational planning is part of operational management (no separate operational planning function as such however outputs are integrated as part of annual Minimum Data Set work underpinning the Integrated Plan) Demand and capacity analysis is service based and relatively basic; however some bespoke work has enhanced operational planning in some areas ie. North Powys Wellbeing Programme; ASM and Routemap work Improvements to performance tracking being implemented, at early stages 	<p>Integrated Plan development process to test and refine technical assumptions and trajectories</p> <p>ASM/ Better Together and Routemap work providing foundations for development of Clinical Services Plan</p>
Best Practice approach to improvement	Level 3	<ul style="list-style-type: none"> Value based healthcare is fundamental to the transformation approach in PTHB Demonstrable improvements have been achieved in pathways / services 	Continue to build approach as part of Routemap work and CSP noted above
Realistic and deliverable	Level 2-3 (Plan is realistic but not approved)	<ul style="list-style-type: none"> Plan set out position agreed by Board as realistic and deliverable – however it is not currently supported by Welsh Government 	Plan development for 2025 – 2028 has clear intention of 'Routemap to Sustainability'; with

		<ul style="list-style-type: none"> However, it is a robust organisational plan enabling delivery and tracking of progress 	realistic and deliverable positions and timescales
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Welsh Government Guidance on completion of Maturity Matrix (page 1 of 3)

Progress Levels ➔	0 - No Progress	1 - Basic Level Principle accepted and commitment to action	2 - Early Progress Early progress in development	3 - Results Initial achievements	4 - Maturity Results consistently achieved	5 - Exemplar Others learning from our consistent achievements
Key Elements						
a. Strategy development /clarity of purpose, vision and strategy: Evidence of a clear purpose, vision and strategy for the organisation. Responds to national, regional, local and partnership priorities, and the wider determinants of health. Translates national policies into local strategy, planning, and delivery.	No	Agreed vision, scope and methodology with clear leadership at a Board and strategy programme level. An understanding of all Wales national, regional, local and partnership priorities. Establishment of a governance structure to provide oversight and direction.	National targets, regional and local priorities agreed with stakeholders. Purpose and vision affirmed in public and internal documents. Development of co-designed long term integrated organisational strategy with evidence of strong stakeholder and public engagement / involvement throughout. Identified leads that own and drive strategic developments. Statutory duties of WBFGA, with health board well-being objectives and principles of A Healthier Wales apparent and embedded. Strategy is embedded into organisational plans and informed by population health / locality needs assessments & patient / carer experience. Duties of quality & engagement act integral to implementation of the strategy.	The strategy reflects national, regional and local health and partnership priorities, is informed by population and health needs assessments and incorporates the wider determinants of health. Board approved organisational strategy with aligned governance process.	Local and regional plans and national policy are aligned showing contribution to the wider local economy, impact on health and well-being and effectiveness. Key enablers such as quality, safety, workforce, finance, digital technology and research are fully aligned. Have regular board debate, at least annually, on organisational purpose, vision and strategy and how in-year achievements or issues impact on this. Translation and implementation of the strategy via the development of an agreed services plan	The strategy is responsive to national /regional/local and partnership priorities with clear links to the Regional Partnership Board and Public Service Boards. At the forefront of new skills and techniques. Strategic achievements and learning for improvement is shared elsewhere via conferences and publications. Capacity to support strategic planning is evident and is not perceived as separate to core business. Demonstrable working across public and third sector with clearly described outcomes and benefits to the local population, those with protected characteristic and socio-economically disadvantaged groups. Success has allowed both the board and the organisation to redefine/extend strategy.

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	0 - No Progress	1 - Basic Level	2 - Early Progress	3 - Results	4 - Maturity	5 - Exemplar
<p>a. Operational planning:</p> <p>Evidence of demand and capacity planning, linking to triangulation of operational plans, workforce and finance.</p> <p>Embedding a culture of reducing unwarranted variation, improved performance and outcomes and evaluation of improvements.</p>	No	<p>Operational plans, basic demand and capacity work is undertaken and contain an appropriate level of detail to support service delivery.</p> <p>Sufficient capability and capacity within the planning team to embed operational planning throughout the organisation.</p>	<p>Operational plans regularly reviewed and remedial action undertaken.</p> <p>Demand and capacity planning at speciality level.</p> <p>Identified clinical leads to drive service & performance improvements.</p> <p>Evidence of triangulation: operational / activity/ workforce and finance.</p> <p>IMTP tested for cost impact & able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity used to inform IMTP development.</p>	<p>Demonstrable improvement in triangulation of plans based on a clear and consistent approach to demand and capacity modelling.</p> <p>Ensuring there is a clear monitoring and tracking process for all.</p> <p>Robust clinical leadership and engagement in operational planning with teams contributing to future direction services in line with clinical services plan.</p> <p>Proactive approach to reducing unwarranted variation and improved outcomes.</p>	<p>Coherent aligned plans, including, with staff owning, adapting, acting on and learning from variation and inequity.</p>	<p>Demand and capacity modelling is at the core of planning processes across the health board.</p> <p>Data driven decision making processes underpinning all operational pathways.</p> <p>A demonstrable correlation associated with the shifting of resources, predicated on the increased equitable deliverability or the non-fulfilment of the original resource allocation.</p>
<p>b. Best Practice approach to improvement:</p> <p>Ambition to deliver best practice levels of equity, efficiency, effectiveness, quality and safety.</p>	No	<p>Published commitment to best practice with training, improvement and innovation strategy. Commitment / engagement with national programmes.</p>	<p>Utilises a value-based healthcare approach to planning.</p> <p>Undertakes benchmarking with other NHS to help deliver improvements.</p>	<p>Demonstrable improvements that can be evidenced and delivered.</p>	<p>Value-based healthcare. Future proofed, based on changes in technology and innovation, clinical excellence and patient experience.</p>	<p>Centres of excellence for clinical and / or teaching services. High performing across non-clinical measures e.g. staff survey, corporate standards.</p>
<p>c. Realistic and deliverable:</p> <p>Sensitivity analyses, risk assessment of deliverability, reference to track record of delivery. Sustainable and affordable.</p>	No	<p>Development of robust plans that builds assurance as a key step towards submission of an approvable IMTP and includes a finance and delivery framework.</p>	<p>Approvable outcomes focused IMTP that reflects strategy & clinical plan priorities & robust 3-year financial plan. To reflect ROI; evidence of impact & key success factors; key risks (quality, service, access, workforce, finance) with controls.</p>	<p>Evidence of plans for delivery and implementation.</p> <p>Clear processes to track progress and delivery of plan and any associated accountability conditions.</p>	<p>Forward look risk assessments anticipate problems to assure resilience.</p>	<p>Ability to modify plans and actions to keep on track is recognised by others via conferences and publications.</p>

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	0 - No Progress	1 - Basic Level	2 - Early Progress	3 - Results	4 - Maturity	5 - Exemplar
<p>a. Strategy alignment and development of a 3-year Integrated Medium Term Plan (IMTP):</p> <p>Evidence of alignment of strategy with components of the plan.</p>	No	<p>Alignment is visible between the annual plan or IMTP and strategy. The organisation plans on a continuous annual cycle.</p> <p>Linked to the business case planning process and informed by local, regional and national evidence base.</p> <p>The Board sets out commissioning intentions.</p>	<p>Evidence of triangulation between services, activity workforce and finance. The IMTP is tested for cost impact and able to support schemes that require longer term funding models. Robust and profiled projections of demand and capacity.</p> <p>Directly linked to performance and accountability and informed by detailed and future facing modelling.</p>	<p>Business case planning informs IMTP development</p> <p>Prioritisation framework agreed and implemented.</p> <p>Governance & accountability framework to underpin IMTP</p> <p>Robust gateway review & prioritisation framework. IMTP tailored to deliver clear service transformation.</p> <p>Impact & prioritisation of commissioned or supporting organisations considered..</p>	<p>Coherent aligned plans, including a commissioning plan are performance managed, with staff owning, adapting, acting on and learning from variation to reduce inequity.</p>	<p>Plan is achieving the quadruple aim (cost, outcomes, clinical and patient experience). Elements of our IMTP are shared and adopted elsewhere across Wales and the UK.</p>
<p>b. Dynamic and engaged planning:</p> <p>Reflecting a dynamic, engaged and ongoing approach to planning. Process is positively influencing outcomes.</p> <p>Organisation identifies fragile services and has plans in place to address / mitigate risks and proposals in place for more robust service models eg via regional solutions, consolidation of services etc.</p>	No	<p>Staff and partners are aware of strategy/plans & engaged in development.</p> <p>Organisational staff respond to corporate requirements but may not 'own' the process.</p> <p>Sufficient capability and capacity within the planning team to embed planning throughout the organisation.</p>	<p>Stakeholders engaged in & co-design priority setting using 'engagement cycle' model & person-centred approach.</p> <p>Engagement at individual/ team /organisational level improving.</p> <p>Strengthened partnership working.</p> <p>Statutory NHS Wales Planning Framework requirements embedded in process.</p> <p>Development of co-designed clinical services plan, evidence of strong clinical, stakeholder and public engagement & involvement throughout. Patient led approach evident.</p>	<p>Joint development & communication of strategy / plans with key partners inc. NHS, local authorities, third sector, patients, carers and public.</p> <p>Organisational engagement is evident in practice and reflected in the strategy/plans.</p> <p>Broad engagement to inform Equality Impact Assessments and Socio-Economic Duty Assessments.</p> <p>Board approved person-centred clinical services plan that delivers sustainable health and well-being outcomes for the local population.</p>	<p>Strategy/plans benefits patients, carers, the public, partners and health communities.</p> <p>Planning embedded & co-ordinated throughout the organisation. Feedback from engagement influences and challenges plan.</p> <p>Track record of continuous engagement w. stakeholders.</p> <p>Robust plans to address / mitigate risks & proposals for more robust service models eg regional solutions, consolidation</p>	<p>Feedback and learning from continuous engagement activities including protected characteristic groups and socio-economic disadvantaged groups informs local priority setting and the development of the strategy/plans.</p>

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IMPACT ASSESSMENT

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

QUALITY:

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

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

EQUALITY:

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

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

RISK ASSESSMENT:

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

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

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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.4

Planning, Partnerships and Population Health Committee **14 November 2024**

Subject:	RPB System Resilience Plan ('Winter Plan') 2024/25
Approved and presented by:	Executive Director of Planning, Performance & Commissioning
Prepared by:	Assistant Director of Planning, Planning Manager
Other Committees and meetings considered at:	RPB Executive PTHB Executive Committee

PURPOSE:
This report provides the Committee with the final draft of the RPB System Resilience Plan ('Winter plan') for 2024/25.

RECOMMENDATION(S):
The Planning, Partnerships and Population Health Committee are asked to:

- Take **ASSURANCE** that arrangements are in place for system resilience planning across the Powys Regional Partnership Board (RPB)
- Take **ASSURANCE** that PTHB has actively contributed to those arrangements ('Winter Plan')
- **CONSIDER** the RPB System Resilience Plan ('Winter Plan') attached to this report, which is the end product of those arrangements across partners
- **RECOMMEND** to PTHB Board that support is given to the final approval of the plan, which will take place at RPB Board in December 2024

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	Use this space to provide a brief narrative explanation of alignment with the health board's wellbeing objectives including reference to our strategic priorities. This can include reference to the Board Assurance Framework.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	
6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The RPB System Resilience Plan ('Winter Plan') has been developed through the Regional Partnership Board arrangements, involving partners across health and care. PTHB has actively contributed to these arrangements.

The Plan responds to organisational, system and national requirements and brings together a number of component parts which collectively represent the system wide preparations and response arrangements over the autumn and winter period in line with the requirements.

The Final Draft of the Plan (as attached) will be provided to PTHB Board to ask that support is given to the final approval which will take place at RPB Board in December 2024.

BACKGROUND

The RPB System Resilience Plan ('Winter Plan') has been developed through the Regional Partnership Board arrangements, involving partners across health and care. PTHB has actively contributed to these arrangements.

This builds on arrangements put in place in previous years, to manage system pressures, set in the context of the shared Health and Care Strategy for Powys. Reflections on successes and challenges from the winter period last year have been gathered as part of the development of the plan and are summarised in the attached on page 5. All partners have noted in particular that system pressures are not just a winter issue and partnership arrangements remain key to supporting system flow and capacity.

The Plan therefore responds to organisational, system and national requirements including:

- Those generated internally within the organisation and across partners in the Regional Partnership Board, in relation to system working and good practice, building on previous years
- Requirements set out by the Cabinet Secretary for Health, Social Care and Welsh Language and the Minister for Social Care in relation to the Care Action Committee as detailed in the attached plan
- Requirements set out by Welsh Government in relation to Winter Preparedness as detailed in the attached plan (a checklist is provided on pages 25 – 27)

The components of the plan, which are set out in detail in the attached, are:

1. Care Action Committee requirements
2. Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)
3. Urgent & Emergency Care 6 Goals Plan
4. Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning

5. Primary Care & Accelerated Cluster Development
6. Communication & Engagement Plan
7. System Surveillance & Co-Ordination
8. Key Dates for Plan production and monitoring
9. System Checklist vs Welsh Government Winter Preparedness Letter

The plan therefore sets out a complex set of activities to provide appropriate and targeted prevention, care and support for the population of Powys across the winter period (and with application at other times of year in relation to system flow).

Importantly, these include the implementation of the temporary service changes which were agreed by PTHB Board, to support and improve system resilience. The changes relating to inpatient community hospital provision have been supported both by PTHB Board and the RPB and are based on reorganising the inpatient care in a number of community hospitals, to enable more effective responses to the specific needs of patients.

Respiratory health is also a key theme in the plan and the National Influenza Immunisation Programme and Covid-19 booster programme have been brought together in 2024 to form a Winter Respiratory Vaccination Programme, with greater targeting of those who are the most vulnerable in the community. The detail of the Winter Respiratory (Covid/flu) and Respiratory Syncytial Virus (RSV) vaccinations plans were approved by the Board in September – this plan provides a summary.

The plan provides an outline of the continuing work of the Six Goals programme for Powys – this is a summary of a complex programme of work which is managed and reported separately but has important interdependencies with the System Resilience Plan.

The capacity plans across sectors are similarly outlined, including those for primary, community, social care and the third sector. This sets out the arrangements in place for operational review and delivery together with the oversight and governance, at organisational and partnership levels.

The Delivery Co-ordination Group (DCG) remains important in this respect and has escalation reporting in place to each partners 'Gold Command' arrangements (which have been operationalised and therefore 'proof-tested' in previous years and which can therefore be stood up at pace as required).

Communications and Engagement remain critical to delivery, however, must be managed efficiently within the available resources. The approach focuses on amplification of national campaigns and localisation of national messaging.

The plan as a whole is in line with the community based model of health and care and good practice principles to provide safe, effective care as close to home as possible.

There are constraints noted in the plan in relation to financial, workforce and estates considerations, and any actions in extremis (such as surge scenarios beyond those anticipated in national or local modelling) would required discussion and agreement in relation to resources and/or reprioritisation of delivery with Welsh Government.

The benefits expected from the plan include:

- a clear focus on patient safety, quality, outcomes and experience
- Progress in reducing length of stay in community hospitals
- System delays to be minimised with timely assessments, discharges and transfers and timely repatriations
- Sustained availability of reablement and home support delivered by partners across all sectors
- Sustained availability of residential and placement based care delivered by partners across all sectors
- Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- Maintaining good overall system flow with optimum community bed utilisation and availability
- Surge bed capacity plans in place but optimally, will not be required, subject to the above

Specific impacts on key performance indicators are also provided in the attached plan, notably those relating to the Care Action Committee including pathways of care delays, weekend nursing capacity and step up/ step down care (page 7).

Whilst there remain risks across the whole system given the scale of known challenges, with particular issues arising across the winter period, this plan aims to provide a coherent and agreed system approach to manage these pressures.

NEXT STEPS:

- The Final Draft of the Plan (as attached) will be provided to PTHB Board to ask that support is given to the final approval which will take place at RPB Board 14th December 2024

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IMPACT ASSESSMENT

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

QUALITY:

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

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

EQUALITY:

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

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

RISK ASSESSMENT:

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

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

Powell Bethan
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System Resilience 'Winter Plan' 2024/25

DRAFT

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Introduction

This plan builds on System Resilience Arrangements put in place in previous years, set in the context of the shared Health and Care Strategy for Powys.

There is a shared commitment across partners to work on further improvements to address pressures in the system, to be prepared for Winter, and ensure Powys residents are supported.

Components of 2024/25 System Resilience Plan

1. Care Action Committee requirements
2. Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)
3. Urgent & Emergency Care 6 Goals Plan
4. Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning
5. Primary Care & Accelerated Cluster Development
6. Communication & Engagement Plan
7. System Surveillance & Co-Ordination
8. Plan Sign-Off Process
9. System Checklist vs Welsh Government Winter Preparedness Letter

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The Need For A Plan - Responding to Organisational, System and National Requirements.

Requirement	Requested From Where?	Date Received	Included Within This Plan
System Resilience / Winter Plan	Internally generated as part of system working, resilience and good practice	N/A – produced annually	Yes – building on plans created in previous years
Care Action Committee	Welsh Government– Cabinet Secretary for Health, Social Care and Welsh Language & Minister for Social Care	26 th July 2024	Yes – incorporated in to this plan
Winter Preparedness (Overall readiness & oversight)	Welsh Government correspondence “Winter Preparedness”	2 nd October 2024	Yes – checklist at the back of this plan

Prepared by Bethan
07/11/2024 12:12:22

Purpose and Principles of this Plan

This is a plan for Powys and its population, to ensure appropriate and targeted support, prevention and care over the winter period.

- In Powys, the winter response is based on **good practice principles** which apply all year, delivering a community based model with safe, effective, care, as close to home as possible.
- There are **concurrent risks** arising from increasing health and care system pressures, industrial action, cold weather and wider socio-economic challenges faced by the population, together with increases in illnesses. This plan therefore has an immediate focus and a longer term view of transformation and sustainability across the whole health and care system.
- **Respiratory health and vaccination** is of particular importance, and this plan responds to the All Wales Winter Respiratory Framework with key actions on surveillance, vaccination, testing, anti-viral treatment, Respiratory viruses, Public Health messages and communication.
- **Infection Prevention and Control** measures remain a key component to reduce transmission in health and care settings and mitigate known and emerging risks including new variants of Covid-19.
- The plan also covers **Unscheduled Care**, focusing on the delivery of evidence based interventions and 'good flow'; a 'home first' approach with timely assessment, discharge and transfers of care.
- There are **constraints** in relation to financial, workforce and estates considerations, any actions needed in extreme / surge scenarios would require agreement with Welsh Government in relation to the resource requirement and/ or reprioritisation of delivery (including the use of the Local Options Framework as appropriate).

Expected Benefits

- ❑ To maintain a clear focus on patient safety, quality, outcomes and experience for patients
- ❑ Progress in reducing length of stay in community hospitals to be maintained
- ❑ System delays to be minimised with timely assessments, discharges and transfers
- ❑ Timely repatriations is a key focus locally
- ❑ Sustained availability of reablement and home support delivered by partners across all sectors
- ❑ Sustained availability of residential and placement based care delivered by partners across all sectors
- ❑ Ability to track and respond to wider system status escalations including primary care, social care, third sector and DGHs/ neighbouring systems
- ❑ Maintaining good overall system flow with optimum community bed utilisation and availability
- ❑ Surge bed capacity plans in place but optimally, will not be required, subject to the above

The RPB Executive Group met 10th October and reflected on successes and challenges from the winter period 2023/ 24 and the RPB System Resilience Plan for that year, to inform this years' plan, key points included :-

- Not just a winter issue, there are whole year pressures and impacts
- Partnership arrangements, particularly regular and focused system meetings to escalate and unblock issues worked well
- Consistent appraisal of situation between partners key to supporting system flow
- Significant work was undertaken to increase capacity in domiciliary care - with significant new hours of capacity added
- Work across partners and sectors helped to increase efficiency in utilisation of care sector provision
- Big pieces of transformation work in domiciliary care beginning to realise benefits
- Vaccination programme successfully delivered, including adapting the offer to outreach to areas where uptake not as good
- However, system flow still a major challenge (and not just over winter as noted above)
- Demand increasing particularly in hospital discharge, meaning the pressures remain on capacity in health and care
- Primary care also seeing significant increases of contacts over winter
- There are areas of inconsistency between known demand and capacity across sectors
- Still a general sense of 'firefighting' post pandemic
- The complexity of work is increasing, limiting the ability to get on the front foot
- There is still a need to plan for system resilience in partnership, to buffer these challenges and make improvements

Required priorities and targets set for action in 2024/25:

1) Reduced pathways of care delays due to assessment

- **Ambition** to reduce Pathways of Care Delays by 15% by end of November 2024 and maintain to March 25
- **Ambition** to reduce Pathways of Care Delays assessment reason code by 20% by end of Dec 2024 and maintain to March 25
- **Ambition** to reduce total Days Delayed in hospital by 20% by end of Dec 2024 and maintain to March 25

2) Increased weekend district nursing and palliative care nursing hours

- **Ambition** for Weekend day capacity of 80% of average weekday day capacity by March 2025 (60% by September 2024)

3) Increased count of people (at home and in care homes) benefiting from 'step up' and 'step down' care

- **Ambition** to increase number of people accessing Enhanced Community Care (Level 4) by 20% by March 2025
- **Ambition** to increase the number of people accessing Reablement by 20% by March 2025

Outcome Data and Monitoring:

- Monthly count of people who have benefited from Enhanced Community Care (home based and bed based) - reported via SPPC
- Monthly count of people who have benefited from Reablement (home based and bed based) - reported via social care Check Point
- Pathways of Care Delays including assessment delays – reported via 6 Goals programme
- Count of people in hospital with LoS > 21 days
- Admission rates > 75 years
- Count of people waiting care or reablement in hospital (via POCD data)
- Count of people waiting care or reablement in community (via checkpoint data)

Care Action Committee – Powys RPB System Reponse

1. Reduced pathways of care delays due to assessment

16 October 2024 Progress of Targeted Reduction Ministerial Priority								
Targeted Reduction Quarterly Monitoring		Targeted Reduction by Regional Breakdown for the Care Action Committee (to 16 October 2024)						
All Wales Ambition Target Reductions (by Nov. 24)	All Wales March 2024 (fixed) to (October 24)	C&V (CVUHB)	CTM (CTMUHB)	Gwent (ABUHB)	North Wales (BCUHB)	Powys (PTHB)	West Glamorgan (SBUHB)	West Wales (HDUHB)
Total Delays Targeted Reduction								
15%	-7%	-21%	-12%	0%	-6%	-22%	12%	-13%
Days Delayed Targeted Reduction								
20%	-0%	-4%	5%	10%	-2%	-6%	-10%	-12%
Assessment Delays Targeted Reduction								
20%	-17%	-35%	-38%	-2%	-11%	-40%	39%	-26%

- Success in reducing delays due to assessment to date, with particular focus on PCC delays.
- Discharge to Recover and Assess and Homefirst models in use
- Greater challenges seen with market responsiveness, including assessment, but work ongoing.
- PTHB approved temporary service changes in October 2024 which will commence December 2024 (see following slide)

2. Increased weekend district nursing and palliative care nursing hours

- Funding received from Regional Investment Fund, Six Goals and Further Faster initiative – to support ongoing capacity and services including winter preparedness. Additional investment has been utilised in:
 - Support to District Nursing teams to increase care provided, including palliative care, together with the standardisation work in relation to the temporary service changes noted overleaf, will result in circa 50% capacity improvement. There is regional variation based on demand and ongoing commissioning discussions are in place with Shropdoc.
 - This is being matched to demand and capacity trends in Powys and therefore combination of weekday and extended times, (low unmet demand which is associated specifically to weekend demand)
 - An increase in therapy staff to provide urgent care and enable people to stay home or transfer home sooner
 - Increase of reablement and rehabilitation service capacity
 - Strengthen virtual ward provision particularly for most frail population
 - Further strengthen Discharge Liaison Team to better facilitate more timely transfers out of hospital

3. Increased count of people (at home and in care homes) benefiting from 'step up' and 'step down' care

- See above for detail of additional investment into key service areas
- Frailty is a priority for delivery for the system, implementation of frailty nurses is underway in Clusters, linked to AHP Frailty posts
- Stratification relies on Clinical Frailty Scale – caseload generally CFS 6/7
- AHPs contribute to Comprehensive Geriatric Assessment
- EMIS to provide access to shared information which will enable greater intelligence in this regard
- At a system level, planning underway to deliver the Early Help and Prevention Collaborative

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Care Action Committee – 50 Day Challenge to 10 best practice initiatives (system response)

<p>1. Refresh focus on embedding the Optimal Hospital Flow Framework to include a proactive emphasis on rehabilitation and reablement across the H&SC system</p>	<p>2. Apply 7-day H&SC working to enable discharge of patients during the weekend</p>	<p>3. Undertake Decision Support Tool (DST)/CHC process in the community</p>	<p>4. Regional collaboration to ensure that 'integrated navigation hubs' exist to facilitate discharge for acute hospital sites and admission avoidance in the community</p>	<p>5. Regional H&SC weekly review of LOS 21-28 days and 20 longest LOS patients with focused actions to progress discharge</p>
<ul style="list-style-type: none"> DigiFLO introduced to all wards – implementing and embedding live system Hospital discharge teams in place - Discharge Liaison Officers (DLO), Care Transfer Co-ordinators (CTC) in place across all hospital sites & SW Hospital discharge team Reablement & Home First service Admission avoidance through Virtual Ward Effective use of Glan Irfon capacity for therapy & reablement 	<ul style="list-style-type: none"> 7 day therapy and nursing model in place Geographical and demand challenges leading to a 50% weekend capacity of DN and palliative care 7 day reablement service in place Work underway with care home providers to understand barriers to admission 	<ul style="list-style-type: none"> More rapid assessment in place in community hospital settings Understanding & recognition of DST at home / in community D2RA pathways in place with focus on residential & nursing home interim placements 	<ul style="list-style-type: none"> Successful DLOs in place reducing assessment delays Hub has been established 7 days a week with Care Transfer Co-ordinator & AHP. Integrated Brokerage system business case being considered. Developing Integrated H&SC performance dashboard Unscheduled care group and patient flow unit that monitors and tracks patients across border 	<ul style="list-style-type: none"> Daily flow calls & targeted system reviews in place 3x per week Weekly review with senior operational colleagues PTHB & PCC & PAVO Focussed actions tracked and followed up
<p>6. Proactive management of identified 0.5% high risk population group by clusters and multiprofessional community teams</p>	<p>7. GP Enhanced Service rollout for care homes and Proactive Care / Urgent Care provision for 'High Risk Cohorts'</p>	<p>8. Trusted Assessor model for all care settings</p>	<p>9. Home First default for all patients clinically optimised – Health and Social Care discharge planning begins on admission</p>	<p>10. Integrated community services to focus on 7 day community-based falls response pathways</p>
<ul style="list-style-type: none"> Community Connectedness - further develop our Prevention and Early Help offer across the county Virtual wards operated through clusters and with AHPs in place Frailty register enacted Review & evaluate impact and improvement opportunities 	<ul style="list-style-type: none"> Rapid step up & down response - ensuring we can step up rapidly to keep someone who may be deteriorating at home 100% coverage via Care Homes Directed Supplementary Service Local quality improvement initiative with GP peer review in place to assess impact AHP frailty model in place and supports wider virtual ward delivery 	<ul style="list-style-type: none"> Wide range of operational pathways in place incorporating the Trusted Assessor model New trial in Cottage View in implementation phase with RIF supported lead for trusted assessors 	<ul style="list-style-type: none"> Front door turnaround - ensuring a systematic process to step in to DGHs at the point of admission DigiFLO, DLOs and CTCs in place Focus on shifting target of review to first 5 days in all hospital settings Community Hospital MDT ensures best practice compliance with discharge planning Review of reablement and Home First models underway 	<p>Multi-professional workstream across all organisations in place</p> <p>New pathway in development with National Team</p> <p>Falls risk assessments undertaken via ASSIST - to extend to include additional prescription of low-level adaptations and increase TECH offer.</p> <p>Lifting equipment within care homes and Home support with I stumble guidance to support.</p>

Temporary Service Changes to support and improve system resilience

Temporary service changes relating to inpatient community hospital provision have been approved by PTHB Board and supported by the Powys Regional Partnership Board, to support and improve system resilience, following a period of public, staff and stakeholder engagement. These will be in place for six months, commencing from December 2024.

The aim is to respond to challenges facing the health and care system and local patients, to improve quality, value and pathways of care and reduce deconditioning in patients in community hospitals.

The changes are based on reorganising the inpatient care provided in a number of community hospitals, to enable more effective clinical cohorting responding to the specific needs of patients. This will stabilise delivery of key services, with more efficient workforce utilisation, and more effective multi-disciplinary team working.

This will enable a different approach to community based inpatient care, with a proactive offer of assessment and brokerage for those who are clinically optimised and ready to go home and a more specialist rehabilitation offer to those with greater needs:

- Two wards in North and South Powys (Llanidloes and Bronllys) will become Ready To Go Home Units
- Two wards in North and South Powys (Newtown and Brecon) will be focused on patients who require more specialised rehabilitation

Temporary service changes are also being applied at the Minor Injuries Units in Brecon and Llandrindod Wells, commencing from mid November 2024. These will open from 8am to 8pm (instead of 24 hours). This is a streamlining of opening hours to match known demand, enabling more efficient capacity planning and stabilising the same day urgent care offer.

An evaluation framework is in place to monitor the outcomes and impacts of these changes. It is intended that the changes will support improvements at both the system level in relation to resilience and flow; and the patient level in relation to quality and outcomes.



Winter Respiratory Vaccination Programme (Flu, Covid19 & RSV)

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For 2024-25 the National Influenza Immunisation Programme and the COVID-19 booster programme have been brought together to form a Winter Respiratory Vaccination Programme, together with the introduction of a new RSV vaccination programme for targeted groups.

This programme is underpinned by the key principles of:

1. Protecting those at greatest risk
2. Protecting children and young people
3. Protecting frontline health and social care workers
4. Protecting the NHS

The programme is based on advice from the Joint Committee on Vaccination and Immunisation (JCVI) regarding persons who will be eligible for a Respiratory Vaccinations in Autumn 2024.

The advice for this autumn is to offer the vaccine to those at high risk of serious disease and who are therefore most likely to benefit from vaccination.

The delivery programme for COVID will commence from 01 October 2024, with blended delivery model. The flu vaccination programme will commence in September for children and young people, pregnant women within midwifery appointments followed by the adult programme from 01 October 2024.

The new RSV vaccination programme will commence in September for pregnant women and adults turning 75 years of age.

It will be delivered through a blended delivery model as outlined in the plan on a page for flu, covid and RSV Vaccination programmes.

The Winter Respiratory programme is also supported by wider Public Health and Population Health support and interventions:

- The work of the Respiratory Health team who provide support and treatment to adults and children in Powys with respiratory conditions
- School Nurse Service – School Flu Vaccination programme commenced in September and will be completed by mid-December.
- The health board Midwives offer Flu Vaccination and RSV vaccination to pregnant Women and offer peer flu vaccination to staff.
- Preventative health measures including the promotion of self care messages over the winter.
- Promotion of national campaigns in relation to winter illnesses, risks and mitigations
- Support for smoking cessation provided by the Public Health Team locally and nationally

Plan on a Page - Influenza Vaccine Programme 2024-25

PTHB Delivery of Influenza Programme 2024/25

Key Information

Eligible Cohorts

- Children aged two and three years on 31 August 2024
- School aged children from reception to year 11 (inclusive)
- People aged 6 months to 64 years in a clinical risk group
- People aged 65 years and older (age on 31 March 2025)
- All adult residents in Welsh prisons
- Pregnant women
- Carers of a person whose health or welfare may be at risk if the carer falls ill
- Frontline health and care workers
- People experiencing homelessness
- Household contacts of the immunocompromised

Flu Targets and Ambition:

- Adults over 65 years to reach at least 75% uptake
- 2- & 3-year-olds and school Campaign- to demonstrate incremental increase in uptake

Primary Care

Adult Flu

Delivered through GP practices & Pharmacies

2- and 3-Years Flu

Delivered through GP practices in September 2024.

Campaign Window:

- Early September - 2 & 3-year-olds, School campaign & Pregnancy
- Early October 2024 to Mid-December - Main Adult Flu Programme, staff flu

Powys Teaching Health Board

Staff Flu

Frontline health and care workers are an eligible cohort within the Adult Flu campaign 2024/25.

The delivery model will be a combination of Peer Vaccination, drop-in clinics (Occupational Health and Vaccination Team) and vaccination staff walkabouts.

Pregnant Women

Delivered through PTHB Maternity service from September 2024.

School Age Flu

Delivered from w/c 16 September to all Primary and Secondary Schools

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PTHB COVID-19 Vaccination Delivery Model

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

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

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Plan on a Page - RSV Programme 2024-25

PTHB Delivery of RSV Programme 202425

Key Information

Eligible Cohorts:

- Older adults as they turn 75 years old
- One-off catch up campaign for those aged between 76-79 years (+364 days) between 01 September 2024 and 31 August 2025.
- Pregnant women offered vaccination at 28 weeks gestation (with a catch up for those already past 28 weeks from 01 Sept that have not given birth)

Age 75 years (Routine Programme)

Delivered through participating GP practices and through the PTHB Vaccination Service from 01 September 2024.

Inviting those that will turn 75 between 01 September 2024 and 31 August 2025.

Vaccination should be given within 12 weeks of person turning 75.

Age 76-79 years (Catch Up)

Delivered through the Vaccination Service Delivery Between February 2025 and August 2025.

Pregnant Women

Delivered through PTHB Maternity service from 01 September 2024 to those at 28 weeks gestation.

With a catch-up programme for those already past 28 weeks gestation, but that have not yet given birth.

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Urgent & Emergency Care 6 Goals Plan

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Urgent and Emergency Care 'Six Goals' Plan

The Urgent and Emergency Care 'Six Goals' plan is being delivered via the Frailty and Community, incorporating the Six Goals for Urgent and Emergency Care Programme Board.



Implementation is tracked in detail through the Programme Board – a high level summary is provided on the right.

Goal (Wgov)	Objective (PTHBs approach)	Impact (expected by PTHB)
Goal 1: Co-ordination, planning and support for populations at greater risk of needing Urgent or Emergency Care	• Implement Frailty Model • Improve coordination in the Last Year of Life • Revised Cellulitis and UTI Pathway(s)	• 123 Comprehensive Geriatric Assessments completed through the AHP Frailty Practitioners • Dedicated End of Life Care Planning Facilitator role recruitment underway • Development of new WCCIS form to record CFS.
Goal 2: Signposting to the right place, first time for people with Urgent Care needs	• Urgent Care pathway development including Crisis Response Triage and Duty & Assessment Model for Mental Health	• New Triage and Assessment model live (16/09/2024) • Improved ease of access to Mental Health Services • Aim to reduce referrals into MH services • Escalation prevention
Goal 3: Clinically safe alternatives to hospital	• Enhance the provision of Point of Care Testing • Implement Enhanced Community Care phase 1 • Ensure access to provision for sanctuary for children • Develop access to provision for sanctuary for adults	• Broadening of the knowledge and skills of MIU staff through increasing non-medical prescribers • CAHMS Crisis Hub to provide Sanctuary space for Children and young people
Goal 4: Rapid response in a physical or mental health crisis	• Reduction in Ambulance Handover delays and safely reduce ambulance conveyances to ED's	• 15% Q1 reduction in WAST calls to care homes for falls related incidents.
Goal 5: Optimal Hospital Care and Discharge practice from the point of admission	• Implement a Digital Patient Flow System • Improved approach to Pathways of Care Delays (POCD) • Expanded Red2Green monitoring • Improved approach to supporting people to leave hospital, fitter and faster	• Aim to reduce the number of service users experiencing Pathways of Care Delays • Aim to reduce the number of super-stranded patients • Aim to reduce average length of stay
Goal 6: Home first approach and reduce risk of readmission.	• Expand Therapy Led Rehabilitation offer • Enhance and expand D2RA Pathway utilisation • Strengthening our approach to Trusted Assessment	• Bed utilisation of Glan Irfon increased from 55% (2023/24 baseline) to 96% (July 24)



Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning

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Capacity Plan, Surge Plan & Discrete Focus On Christmas / New Year Planning

Whole System

- Operational system governance is in place to include:
 - Daily system review of all delays (English / Welsh / PTHB beds)
 - Out of County engagement
 - Daily participation in National Risk Huddle
 - Bi-weekly system review of performance and actions (DCG)
 - Monthly oversight by system Executive group

Health / PTHB

- Operational system governance is in place as above
- Strategic transformation and development plans are in place
- National oversight of development actions (Care Action Committee)
 - POCD actions
 - 6 Goals actions
 - top 0.5% 'high risk' population
- Surge planning is incorporated into Business Continuity planning
 - Winter planning in place
 - Well advanced Bank Holiday planning in support of operational delivery
 - There is a need for discrete additional/ intensive actions post-Christmas moving into the New Year
 - Daily DCG calls
 - Daily attendance at OOC Silver Calls

Adult Social Care / Care Provision / PCC

- Sustainable Accommodation Care and Support for Older people
- Modernising Care At Home – (Domiciliary Care and Direct Payments)
- Creating Day Time Opportunities
- Early Help and Prevention Transformation
- Review of Reablement Model
- Integrated Brokerage Development
- Increase Capacity in Hospital Discharge Team
- Joint Rapid Action Plan
- Integrated Performance Dashboard
- Trusted Assessor Development
- Social Work and Brokerage Presence at Community Hospitals
- Proportionate Assessments
- Dynamic Management of Community Care Home Capacity
- Review of Fare Cost of Care

Community and 3rd Sector/PAVO

- The Welsh Government **Warm Homes programme**, funds energy efficiency improvements to eligible households. **Nest** provides free advice and support and the **Arbed** scheme offers energy efficiency improvements in targeted areas
- Powys Association of Voluntary Organisations (PAVO)** promote key messages and support co-ordination across the third sector
- The **PAVO Befriending Service** matches individuals age 50+ to volunteers to help combat loneliness and isolation
- The **PAVO Mental Health Information service** provides advice on accessing third sector mental health support
- PAVO Community Connectors** attend Virtual Ward, MDT and Patient flow meetings and work with vulnerable individuals to identify and tailor support to needs, connecting them to third sector support
- Targeted support** to help people remain independent at home is provided by British Red Cross, Age Cymru Powys, Credu support for carers



Primary Care & Accelerated Cluster Development

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Primary Care and Accelerated Cluster Development

Primary Care Winter Planning and Escalation Arrangements:

- Tracking of Primary Care GMS escalation status; reporting and escalation arrangements in place
- Targeted sustainability support including additional capacity funding available for 2024/25 as part of contract (Mobilisation is dependent on workforce capacity; uptake in all practices)
- Lessons from the Frailty audit in 2023/24 have been incorporated in the approved North and south cluster projects, currently being mobilised to support the Accelerated Sustainable Model of Care
- Reinforcing PPE arrangements for specific conditions to protect workforce. Senior Practitioner providing individual support to Practices
- GMS Collaborative buddy up arrangements reinforced messaging in preparation for winter
- Extensive flu vaccination campaign in place with general practice and community pharmacy. Internal Practice PLT focus on flu planning and delivery, supported by the Primary & Community Care Academy
- GP Practice participation in COVID and RSV vaccination programme
- Primary & Community Care Academy offers support to General Practice, Pharmacy, optometry and dental providers on education opportunities
- General Medical Services and Dental Out of Hours urgent provision are being progressed and assurance arrangements regarding cover will be confirmed in December. Christmas eve and New Years' Eve are operationalised as normal working days; therefore, normal services will be in place as per contractual requirements for GMS, GDS and WGOS.

Resilience actions being taken forward by Clusters:

- MSK First Contact Practitioners being implemented across all 3 clusters
- Audiology First Contact Practitioners being implemented
- Continued Pharmacy support in 6 of 7 North Cluster practices
- Health Promotion Facilitator implemented in the North Clusters, delivering key national campaign messages and signposting
- All Wales Diabetes Prevention Programme, implemented across all Clusters, nationally funded to April 2025
- Antimicrobial resistance LRTI CRP testing in respiratory tract infections, supporting clinical decision making, improving antimicrobial prescribing, and improving patient education on use of antibiotics in the South Cluster
- North Cluster 6 month proposal being considered to support winter resilience
- Mid Cluster approval of ACCURX to support patient access and care navigation
- Cluster & Collaborative Winter Service Review from 23/24 has informed winter resilience 'plan on a page' including buddy up arrangements for GMS. Full collaborative engagement across contractor groups.
- Continued multi professional awareness of same day services available within in Community Pharmacy, Optometry and 3rd Sector, such as Common Ailment scheme, Emergency eye care access, Sore throat, test and treat, Community Connectors, falls services
- Pain management Practitioner service pilot, South Cluster, for an intervention, support, and medication reduction review service through a Primary Care based Pain Management Practitioner
- Welsh Government Allied Health Professionals funding plan being delivered for AHP Frailty leads.
- Strengthening collaboration across all contractors and third sector via the Accelerated Cluster Development Programme

Communication & Engagement Plan

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Communication and Engagement

Communication and Engagement remain critical elements in the delivery of the Winter Plan. However, our approach to communication and engagement planning for winter 2024/25 continues to assume no funding for people, promotion and products and therefore continues to anticipate a low level programme that is realistic to the resources available with a focus on:

- Utilisation and amplification of national campaigns and resources e.g. Help Us Help You, NHS 111, winter respiratory vaccination
- Localisation of national messaging to support local access to services e.g. how to access COVID, flu and RSV vaccination in Powys
- Sharing urgent service messages e.g. MIU opening, changes to services in adverse weather

There will also be a specific focus on the implementation of the decisions made by the health board on proposals for temporary changes to MIU opening hours, as well as to the impact of the planned x-ray replacement programme across the county.

Our approach is based on four pillars:

PREVENT

Focusing on preventing avoidable health complications by keeping well this winter.

SUPPORT AND SIGNPOST

Reducing pressures on services by signposting alternative services and sources of information, and helping patients to access the right care in the right place at the right time.

FLOW

Promoting calls to action that support flow (e.g. timely discharge from hospital).

PARTNERSHIP AND SYNDICATION

Sharing messages from key partner organisations including Powys County Council and PAVO that will provide support and advice to Powys residents during the winter (e.g. cost of living, befriending, emergency travel advice).

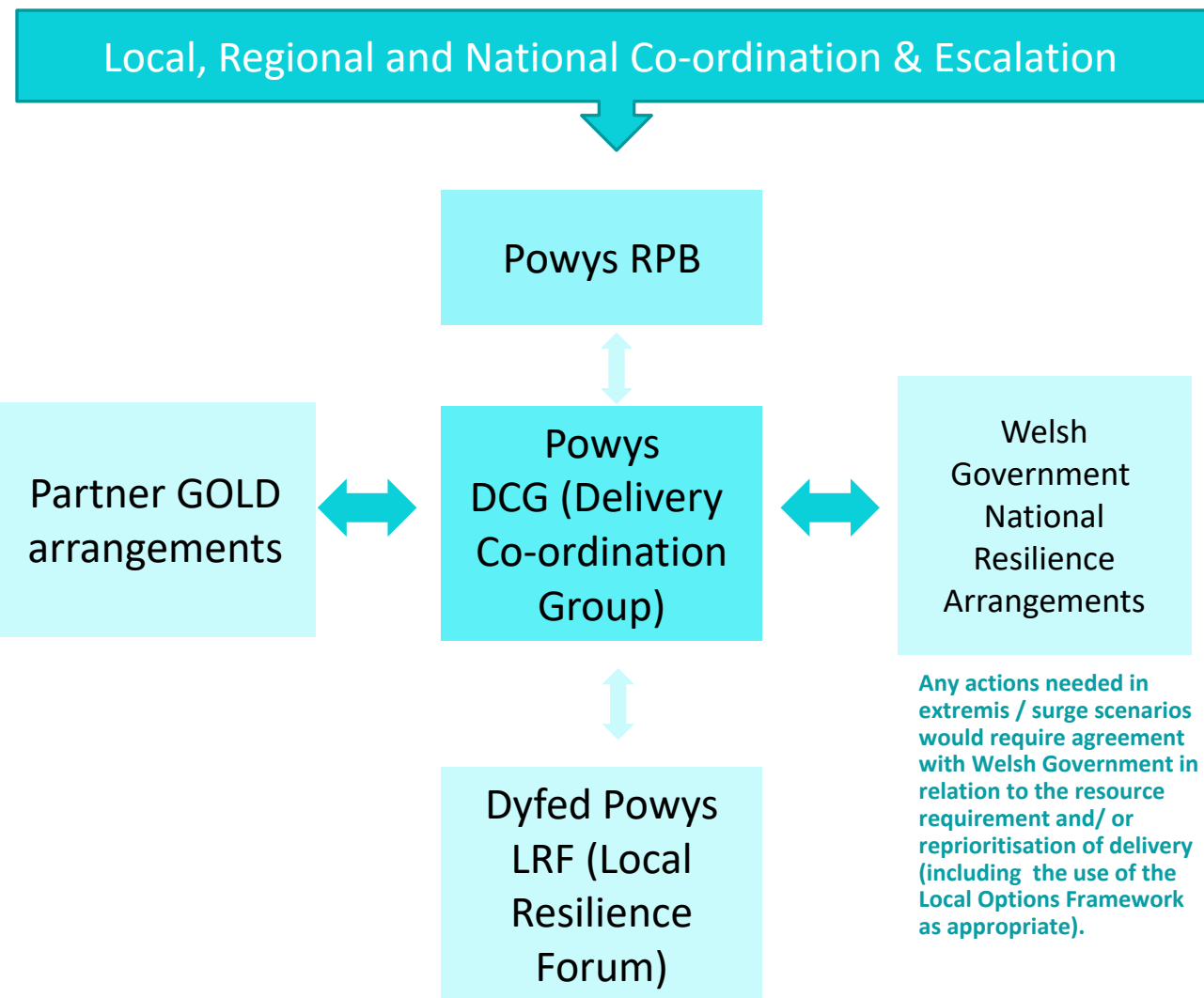


Powys Regional Partnership Board: Delivery Co-ordination Group

The Powys Delivery Coordination Group (DCG) meets to support winter planning arrangements and address current pressures in the system. Core members are: PTHB, Powys County Council and Powys Association of Voluntary Organisations (PAVO).

Wider System Partners

- Welsh Government and NHS Wales Executive
- Welsh Ambulance Service NHS Trust; Welsh Health Boards and other NHS Wales organisations
- Dyfed Powys System Resilience Forum
- NHS England organisations and providers particularly Shropshire, Telford & Wrekin ICS; Wye Valley / Herefordshire & Worcestershire ICS
- Llais are also key stakeholders in relation to public and patient engagement on system responses



Key Dates for Plan Production and Monitoring

Item	Date
Welsh Government due to publish Winter Framework in September 2024	September 2024
System Resilience Winter Plan updated in <u>Draft</u> to share with RPB Partners <i>in readiness for Care Action Committee visit</i>	By End September 2024
Care Action Committee Visit – Draft to be shared for discussion and any outputs / feedback to inform Final Draft	8 October 2024
Final Draft considered at RPB Executive / PTHB Executive Team and PCC / other Partner organisations as required	October/November PTHB Board 27th November 2024
Final Version to RPB Board	16th December
Review and Monitoring	As part of regular cycle of Delivery Co-ordination Group with escalation and review to RPB and System Partners as required
Reporting to Welsh Government via IQPD	As per IQPD Schedule

Powell Bethan
13/11/2024 12:12:30

Overall Checklist To Winter Preparedness Letter Received From Wgov 2nd Oct 2024 (NW & AH)

Priority Area	Actions To Deliver (WG expected action)	System Response	Contained Within Our System Plan
Vaccination	Barriers to vaccination removed where possible.	Vaccination Programme in place	Summary Slides 9 - 13
	Maximise flu vaccine uptake of patient facing staff		
	Continued promotion of the new RSV vaccine		
	Maximise vaccine uptake of pregnant women		
Building primary and community care capacity	Support integration and continuity of key services that relieve pressure on other NHS access points. For example, Clinical Community Pharmacy Service (CCPS), Pharmacist Independent Prescribing Service (PIPS), Sore Throat Test and Treat (STTT)	Delivery via Primary Care and Accelerated Cluster Development	Summary Slide 19
	Have plans in place for public information on how to access services		
	Build the capacity of multi professional community services to deliver on the ambitions for the Care Action Committee's 3 priorities		
	Have systems in place through Clusters to identify those people at greatest risk of urgent care and agree and deliver on future care plans to support each person to stay well and ensure a coordinated response at or close to home if urgent needs do arise		

Powell Bethan
13/11/2024 12:12:22

Overall Checklist

Priority Area	Actions	System Response	Contained Within Our System Plan
Urgent and emergency care	Delivery of a 24 /7 integrated urgent care service to support safe management in the community of people who do not require hospital care, with particular emphasis on supporting people in care homes	Powys Six Goals Plan	Summary Slide 15
	Sustained focus on reducing long ambulance patient handover delays in line with agreed trajectories, in addition to continued focus on both access to timely senior clinical decision makers and reducing long stays in emergency departments (in line with the Quality Statement for Care in Emergency Departments)		
	Continued focus on same day emergency care services, including direct access pathways to enable patients to bypass the 7 emergency department and safely avoid admission with a specific focus on frailty and respiratory		
	Develop and deliver plans in response to the six goals 'community-based falls response framework' as a priority for the remainder of 2024/2025 and into 2025/2026		
Powell Bethan 13/11/2024 12:12:22	Consider how you will flex available capacity to better support, assess and manage people at risk of exacerbation of respiratory complaints from the end of December and the entirety of quarter 4		

Overall Checklist

Priority Area	Actions	System Response	Contained Within Our System Plan
Infection, Prevention and Control	Implement actions set out in Welsh Health Circular 'AMR & HCAI Improvement Goals 2024/25	IPC implemented via PTHB; reported via IQPD	<i>Key Dates for Plan Production and Reporting Slide 25</i>
	Provide progress presentations on winter resilience plans in the IQPD meetings over the winter period	Powys IPQD reporting	
Capacity planning	Assessment of capacity required for periods of surge	Incorporated into this system plan	Slides 17 & 19 (System Capacity & Primary Care)
	Initiate actions to reduce the number of surge beds currently in operation		
	Submission of urgent primary care capacity plans (which should form part of your wider system resilience plans) by 29 November 2024		

Powell Bethan
13/11/2024 12:12:22

Subject:	Children’s Dental Health
Approved and Presented by:	Executive Director of Public Health Executive Director Primary Care, Community & Mental Health
Prepared by:	Locum Consultant in Public Health
Purpose:	The purpose of this paper is to: <ul style="list-style-type: none">• provide a briefing on children’s dental health in Powys• provide an update on delivery of the national Designed to Smile dental health programme in Powys
Recommendations:	The Committee is asked to: <ul style="list-style-type: none">• NOTE the contents of this report• Take ASSURANCE about the statistically significant improvements made in dental health of children at age five years in Powys, of the progress in recovery of the delivery of the Designed to Smile Programme following the pandemic, and of continued work to build on progress to date to maximise the opportunities for wider system links to further improve dental health in children.
Summary:	<p>This paper looks at children’s dental health focusing on the early years up to and including age five years and focusing on dental caries (decay) which is the oral health condition most likely to affect this age group.</p> <p>It gives a summary of the trends together with the most recent data on children’s dental health in Powys and how this compares to other Health Boards in Wales.</p> <p>It provides an overview of population based strategies for prevention including the delivery of the national Designed to Smile programme in Powys.</p>

NHS dental services spend most of their time and resources managing two preventable conditions and their consequences:*

- Dental decay (caries)
- Gum disease (gingivitis and periodontal disease)

Both cause significant problems for individuals including pain, fillings, extractions and lost teeth, treatment costs, and significant costs to society including time off school/work and financial costs to the NHS. Despite being almost entirely preventable, almost everyone is affected by both conditions at some stage.

As for many of the most common health conditions, health behaviours particularly around diet, oral hygiene habits, alcohol and tobacco use are key factors in the development and prevention of dental and oral health conditions including dental caries and periodontal disease.

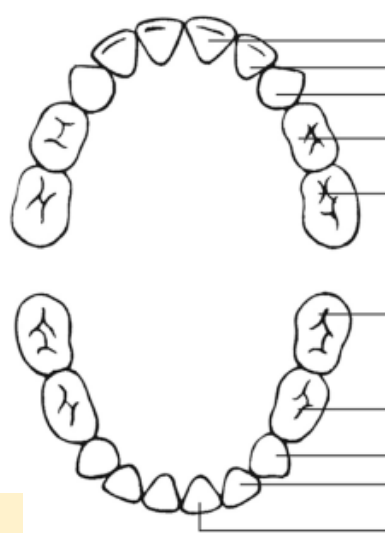
* Whilst dental caries and gum disease are the most prevalent oral health conditions, oral cancer i.e. cancer affecting the oral cavity (mouth), oropharynx (throat) or lips, is also of public health concern. Oral cancer is the most serious oral condition and rates are increasing in Wales. Risk factors include tobacco use, alcohol use, human papilloma virus (HPV) infection and exposure to UV light. Oral cancer is out of scope for this paper but is mentioned here as it is part of the wider dental public health context.

Powell Bethan
13/11/2024 12:12:22

Background: teeth in the early years

By the age of five, children usually have a full set of 20 primary (aka deciduous, baby or milk) teeth. These start to come through at around six months and are usually all erupted by the age of around three years.

The permanent (adult) teeth start to come through from about the age of six years onwards and children have a mixture of primary and adult teeth between the ages of around six to 12 years.



Upper Teeth		Erupt	Shed
Central incisor	8-12 mos.	6-7 yrs.	
Lateral incisor	9-13 mos.	7-8 yrs.	
Canine (cuspid)	16-22 mos.	10-12 yrs.	
First molar	13-19 mos.	9-11 yrs.	
Second molar	25-33 mos.	10-12 yrs.	
Lower Teeth		Erupt	Shed
Second molar	23-31 mos.	10-12 yrs.	
First molar	14-18 mos.	9-11 yrs.	
Canine (cuspid)	17-23 mos.	9-12 yrs.	
Lateral incisor	10-16 mos.	7-8 yrs.	
Central incisor	6-10 mos.	6-7 yrs.	

Primary teeth are not just temporary teeth that don't matter – looking after them is important:

Developing good oral health behaviours in the early years supports the establishment of good life-long oral health self-care.

Children need their teeth for eating, biting, chewing, smiling and speaking.

Some of the primary teeth (the deciduous canines and molars) need to last until the age of 10-12.

Decayed teeth can cause pain and infection, difficulty eating and sleeping, time off school and may need treatment (e.g. dentist, antibiotics, hospital/GA).

They help to maintain the space needed for the adult teeth to erupt into position.

Infection associated with the primary teeth can affect the developing adult teeth beneath.



Background: dental health in the early years



Picture of Oral Health 2023 Powys THB



The Dental Epidemiology Programme for Wales (DEPW) measures the extent, severity and impact of dental disease in children in Year 1 children (5 year olds), Year 7 children (12 year olds) and adult groups living in Wales. The programme is coordinated by Public Health Wales and conducted by specially trained dental staff from the Community Dental Service.

The most recent DEPW survey in 2022/23 looked at the dental health of five years olds and found that:

- 19.6% of five year olds in Powys had evidence of dental decay (Wales 32.4%)
- average number of decayed teeth/child = 0.64 (Wales 1.11)
- amongst the children who have had decay the average number of decayed teeth/child in Powys = 3.3 (Wales 3.4)

The other UK nations run similar dental health surveys. There are also parallels with the Child Measurement Programme which carries out regular surveys of children's weight in Reception (age four to five).

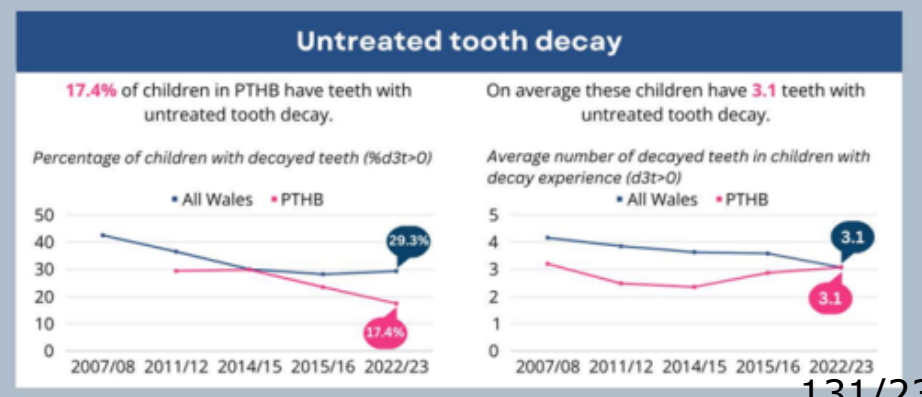
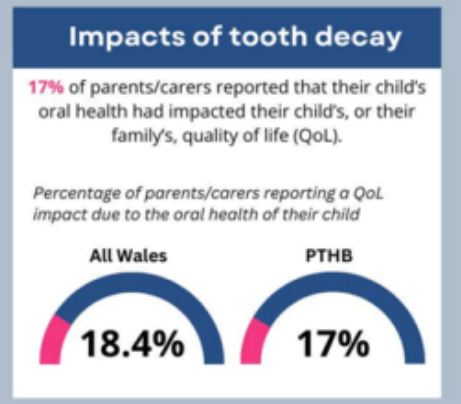
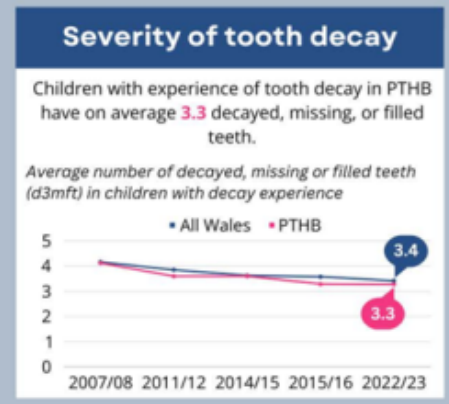
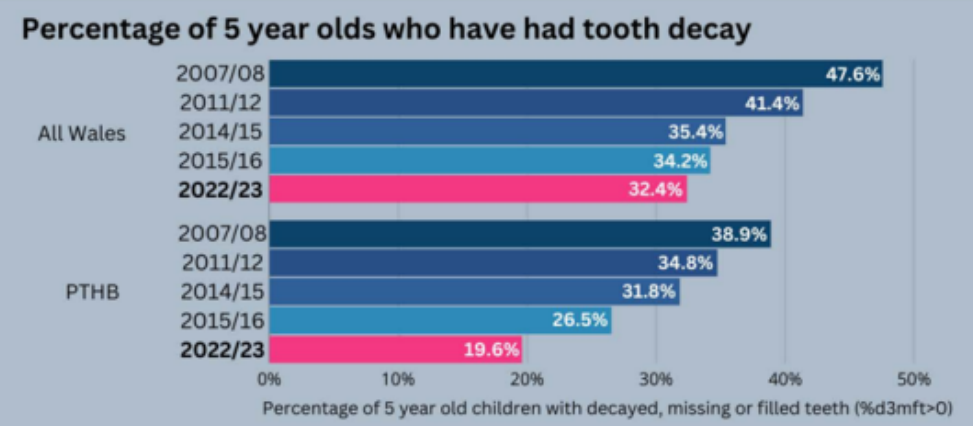
Key points

Significant improvement in dental health of children at age five.

A fifth of children in Powys have already experienced tooth decay by the age of five.

Some affected children will need a hospital stay and GA for extractions - tooth decay remains the number one reason for hospital admissions among young children.

Dental health at age five reflects diet and oral health-related behaviours in the home, as well as the pre-school environment.



Dental caries in Powys and Wales: trends between 2007/08 to 2022/23

There have been **statistically significant improvements** in dental health at age five in Powys and Wales since 2007/08 as shown in the trend charts below (figures 1 and 2):

- Powys – reduction in prevalence from 38.9% in 2007/08 to 19.6% in 2022/23 (figure 1)
- Wales - reduction in prevalence from 47.6% in 2007/08 to 32.4% in 2022/23 (figure 1)
- Wales - for all children surveyed – reduction in the average number of teeth affected by decay per child from 1.98 in 2007/08 to 1.11 in 2022/23 (figure 2 - blue bars)
- Wales - for those children with decay – a reduction in number of average number of affected teeth per child between 2007/08 and 2022/23 (figure 2 - green bars)

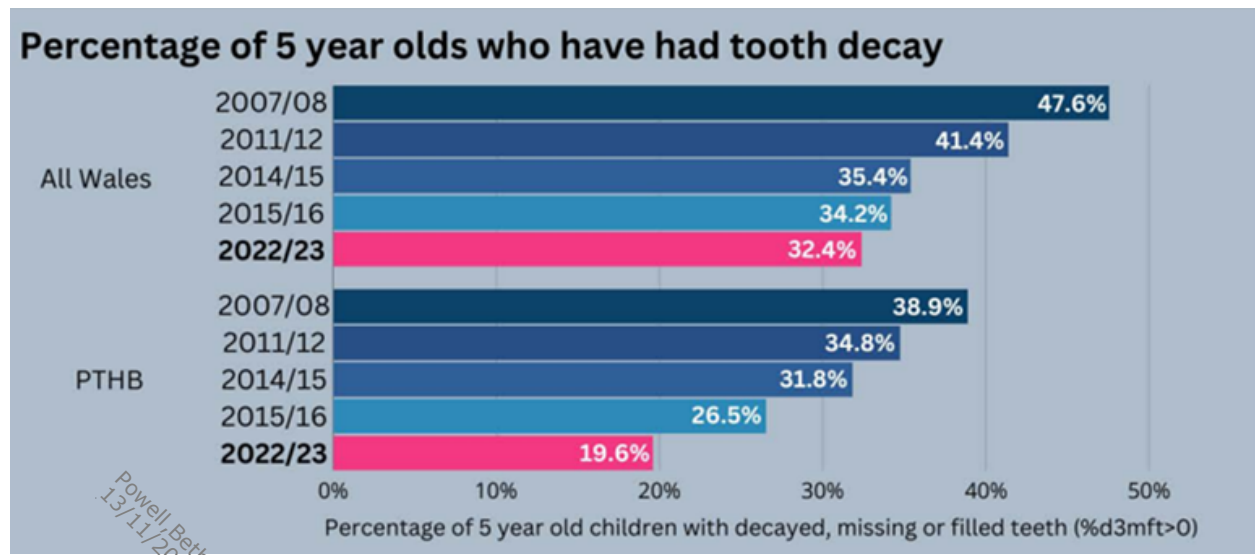


Figure 1 Percentage of 5 year olds who have had decay 2007/08 to 2022/23

Source: Picture of Oral Health 2023 (Powys THB)

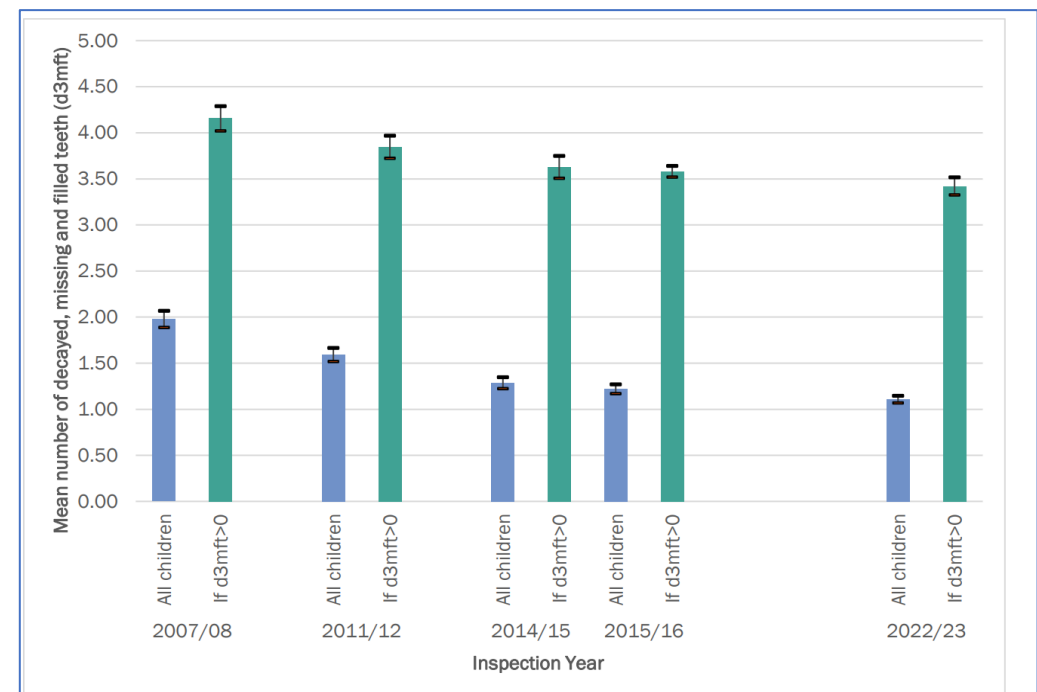


Figure 2: Mean number of teeth with dental caries experience (d3mft) and the mean number of teeth affected in those with dental caries experience (d3mft if d3mft > 0) in school year one children in 2022/23

Source: PHW/DEPW Oral health of 5-year-old children in Wales 2022-

Dental caries in Powys and Wales: prevalence and severity by health board

Figures 3 and 4 show the trends in dental caries at age 5 by health board since 2007/08.

In the most recent survey (2022/23), Powys Teaching Health Board compared well to other health boards:

- The lowest proportion of children affected by caries at age 5: 19.6%
- The lowest average number of decayed, missing or filled teeth per child: 0.64

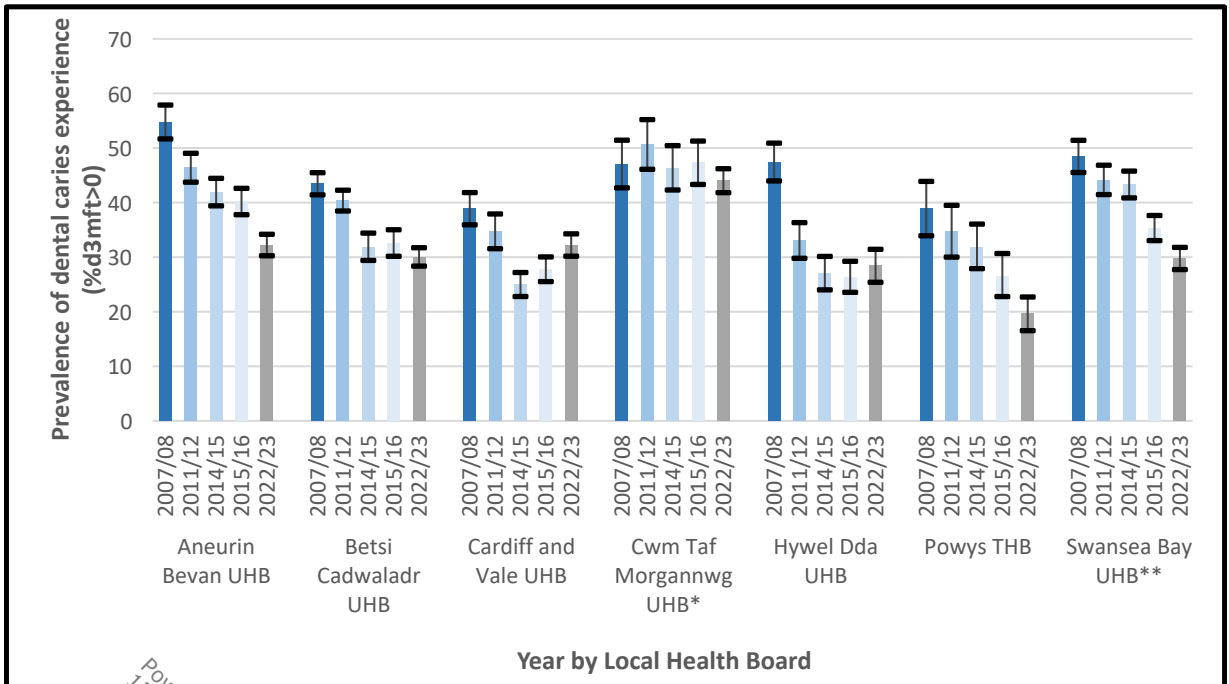


Figure 3: Prevalence of dental caries experience (% d3mt>0) by Local Health Board 2007/08 to 2022/23

Source: PHW/DEPW Oral health of 5-year-old children in Wales 2022-23: Summary

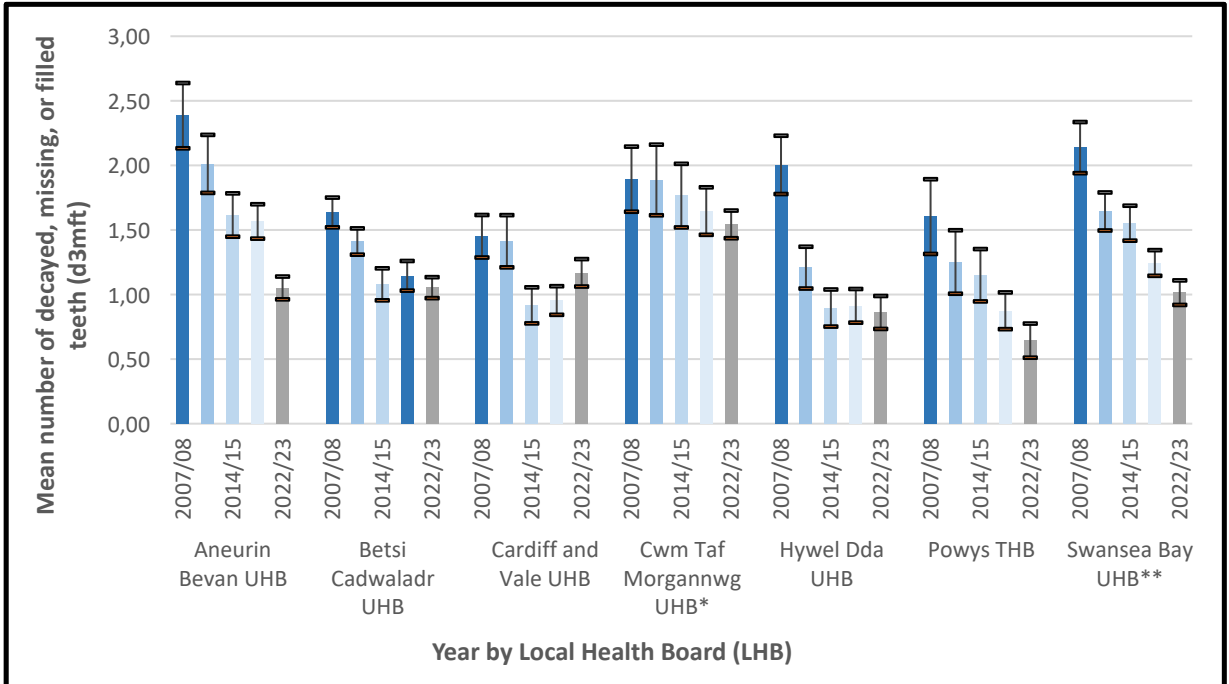


Figure 4: Severity of dental caries by Health Board (mean number of d3mft)

Source: PHW/DEPW Oral health of 5-year-old children in Wales 2022-23: Summary

Whilst this is encouraging:

The fact remains that a fifth of children in Powys have had some decay (a preventable condition) by the time they start school.

The severity of disease in children who have decay is similar in Powys (3.3 affected teeth/child) to Wales (3.4).

It is not possible to compare the five year old dental survey data for Wales and England directly (different surveys undertaken in different years albeit with similar methodology).

However, **bearing this caveat in mind**, the table below shows the key data for dental health at age five in Wales, England, Powys and its neighbouring English counties to provide an indication of the wider context.

	Prevalence (% children with experience of decay)	Severity (average number of decayed, missing or filled teeth/child)
Wales (22/23)	32.4%	1.11
England (21/22)	23.7%	0.8
Powys (22/23)	19.6%	0.64
Herefordshire (21/22)	38.7%	1.5
Shropshire (21/22)	16.4%	0.4

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Dental caries at age five shows a clear social gradient with statistically higher rates of decay seen consistently over time in children in the most deprived quintile (fifth) compared to the least deprived quintile (figure 5) and a similar pattern seen with severity (figure 6).

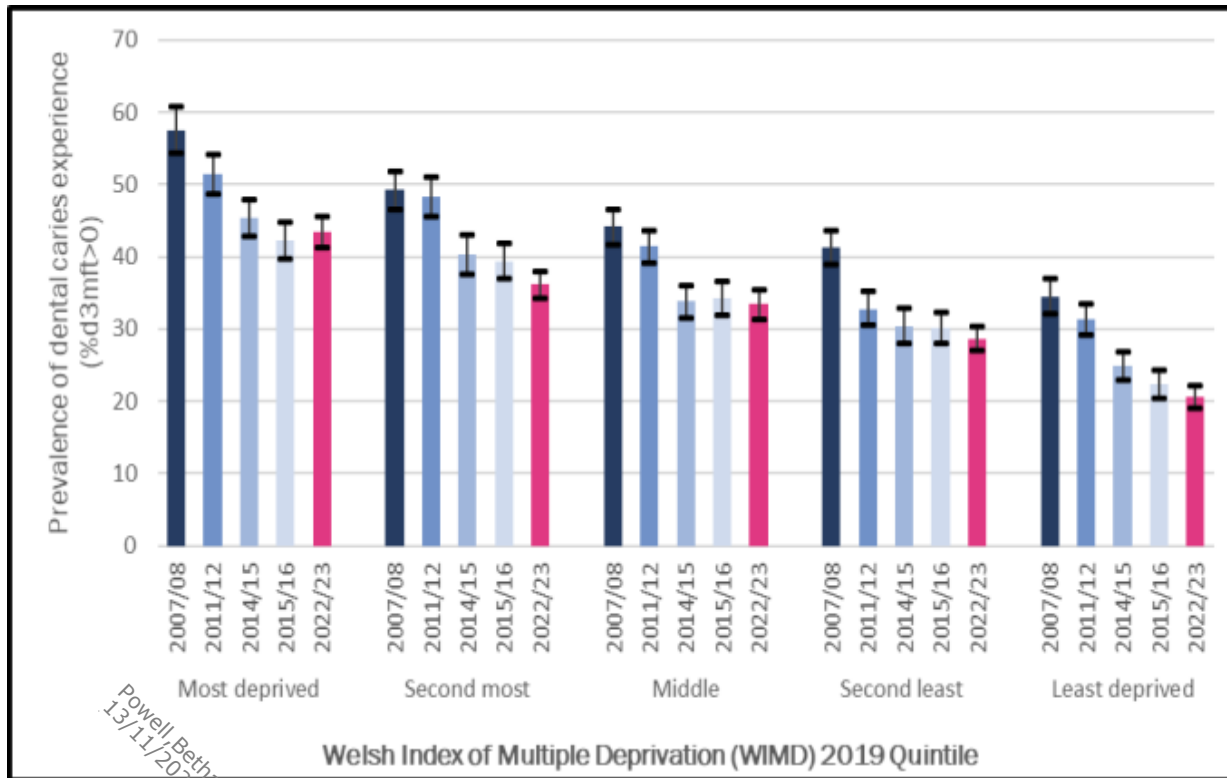


Figure 5: Prevalence of dental caries experience (%d3mft>0) by the Welsh Index of Multiple Deprivation (2019) Quintile 2007/08 to 2022/23

Source: PHW/DEPW Oral health of 5-year-old children in Wales 2022-23: Summary

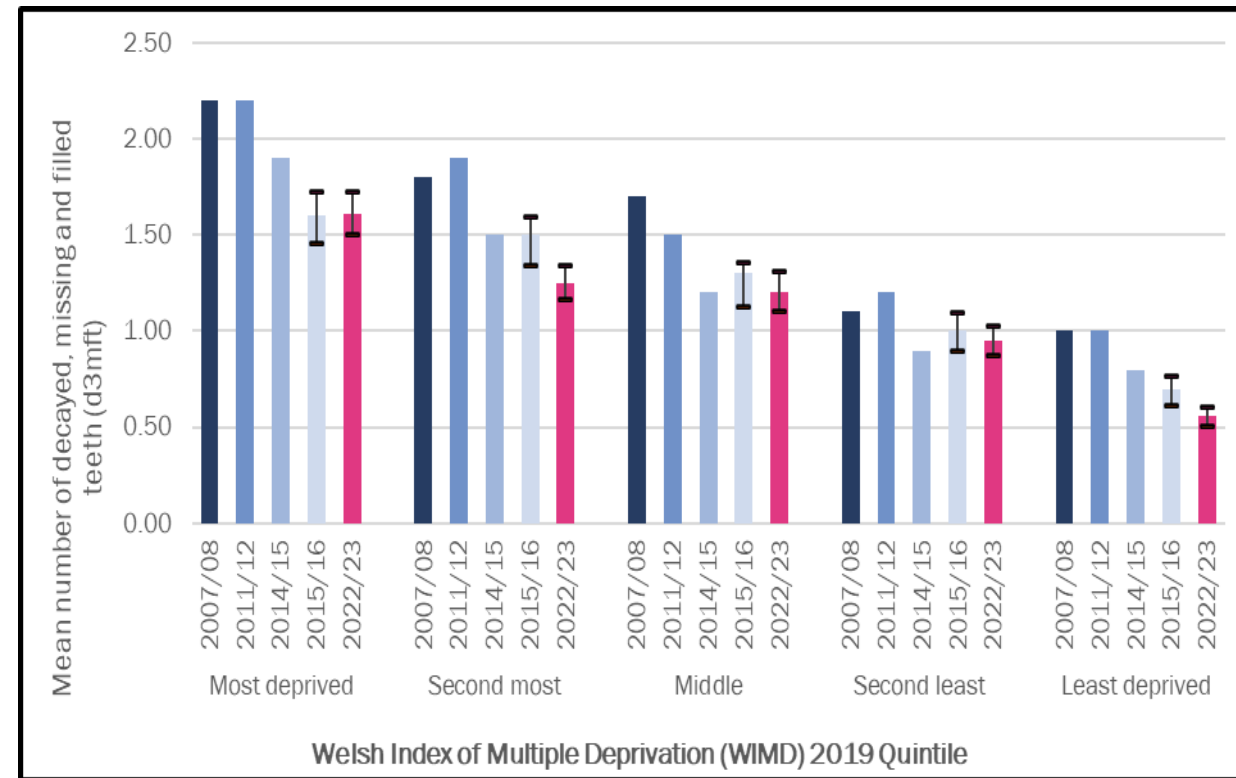


Figure 6: Severity of dental caries by the Welsh Index of Multiple Deprivation (2019) quintile 2007/08 to 2022/23

Source: PHW/DEPW Oral health of 5-year-old children in Wales 2022-23: Summary

What causes decay and how can it be prevented?

Bacteria in dental plaque produce acids from sugar containing food and drink. The acid attacks the hard tooth tissue resulting in decay:
tooth + plaque bacteria + sugar = decay

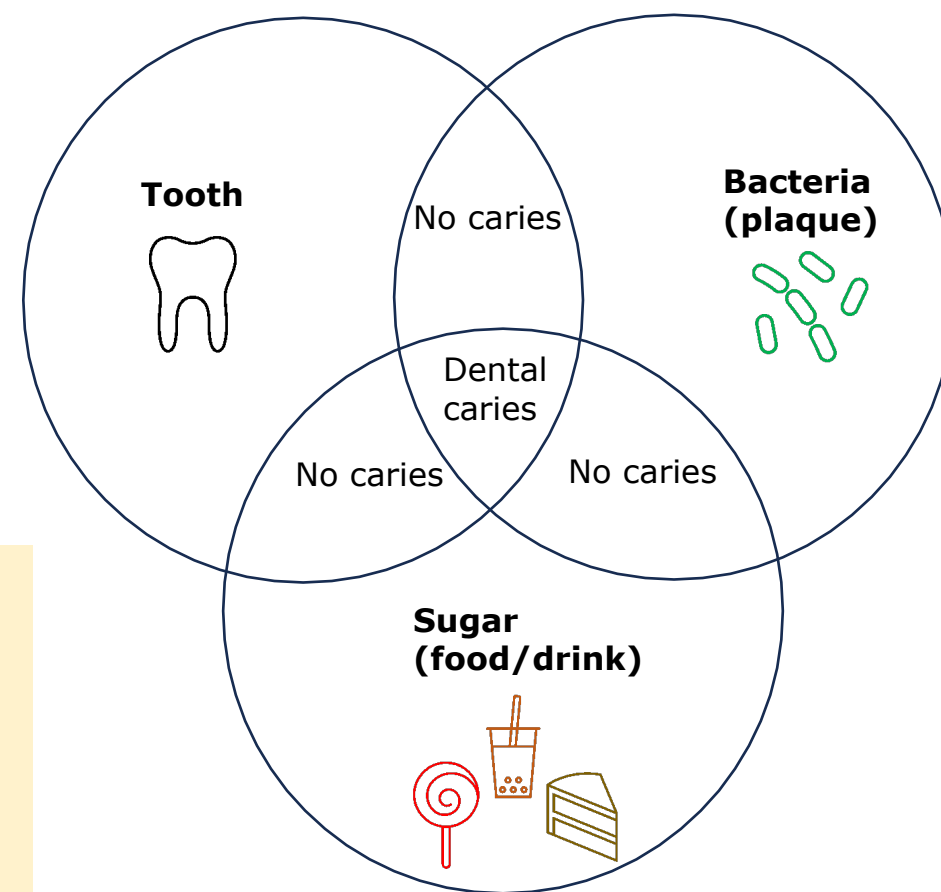
The **amount** and **frequency** of sugar intake are both important.

Frequent intake prevents the tooth from recovering between "sugar attacks".

Prevention involves:

- **DIET** limiting the amount and frequency of sugar ingested in food and drinks
- **ORAL HYGIENE** toothbrushing to remove plaque bacteria
- **FLUORIDE** fluoride toothpaste (toothbrushing)
fluoride varnish (professionally applied)
fluoride in water (where present at 0.7-1.0ppm)

Fluoride protects teeth by strengthening the enamel and promoting remineralisation



Designed to Smile is the national oral health improvement programme to prevent dental caries in children in Wales. It is delivered by the Health Board's Community Dental Services in partnership with education, childcare settings, and early years health professionals.

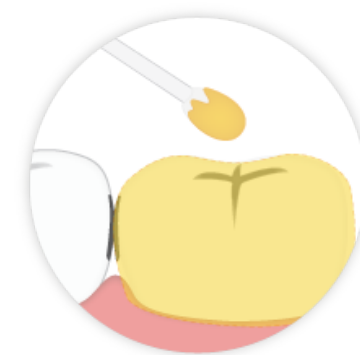
Designed to Smile has a strong evidence-base: it uses the approaches recommended in NICE guidance and the Marmot principles of proportionate universalism and has universal and targeted interventions.

Universal

- Preventative programme from birth, integrated within the Healthy Child Wales Programme.
- Aims to develop good habits, provide advice and encourage regular dental attendance.
- Children requiring enhanced support are given toothbrushing home packs/feeder cups.
- All primary schools are encouraged to take part in the Healthy Schools Programme and as part of this to promote healthy behaviours including healthy eating and oral hygiene.
- Designed to Smile coordinators expected to work closely with Healthy Schools Coordinators.
- Designed to Smile teaching resources available on Hwb to support teaching staff.

Targeted

- Targeted programme for nursery and primary school children up to and including Year 2 (6-7 year olds).
- Targeted to nurseries and schools in more deprived areas using Welsh Index of Multiple Deprivation, based on the setting's postcode.
- Approx. 70% of nurseries and schools are eligible in Wales, including all Flying Start nurseries and all schools with solely Additional Learning Needs provision.
- Key interventions:
 - nursery and school-based supervised toothbrushing
 - fluoride varnish application
 - toothbrushing home packs supplied to encourage good habits at home.



Participation in Designed to Smile by eligible nurseries and primary schools in Powys

Delivery of the Designed to Smile Programme was adversely impacted by the Covid-19 pandemic, with the Programme stopping delivery during this time with the distribution to educational settings. Considerable work was required to re-establish the Programme in previously participating settings e.g. training/retraining staff, organising consent, distributing resources and quality assurance visits.

In 2022/23:

- 24 out of an eligible 84 nursery and school settings (29%) took part in the Designed to Smile supervised toothbrushing programme in Powys compared to 60% in Wales (table 1). This was a considerable improvement and recovery of the programme on the previous year when participation was 2.5%.
- 25 out of an eligible 34 settings (74%) took part in the Designed to Smile fluoride varnish programme (Wales 65%). This was a significant increase compared to the previous year when participation was 8%.

Table 1: Designed to Smile: participation in supervised toothbrushing by eligible nursery and primary school settings, Powys and Wales, 2021/22 and 2022/23

	Powys		Wales	
	Total Eligible	Participating (%)	Total Eligible	Participating (%)
2021/22	81	2 (2.5%)	1572	317 (20%)
2022/23	84	24 (29%)	1681	1003 (60%)

Source: Data taken from Designed to Smile Annual Reports for 2021/22 and 2022/23

Table 2: Designed to Smile: participation in fluoride varnish programme by eligible settings, Powys, 2021/22 and 2022/23

	No. of eligible settings	Participating (% of total eligible)	Not yet targeted due to D2S capacity	Refused/withdrawn
2021/22	37	4 (8%)	21	12
2022/23	34	25 (74%)	1	8

Source: Data taken from Designed to Smile Annual Reports for 2021/22 and 2022/23

Local in-year data

Whilst the national Designed to Smile annual report for 2023/24 was not available at the time of writing (publication is anticipated in Autumn 2024), table 3 below contains the most recent "in-house" data for Designed to Smile delivery in Powys. This has been provided by the Powys Community Dental Service and is taken from the July 2024 IQPD slide set and indicated continued recovery of participation in the Designed to Smile Programme by eligible settings.

The number of eligible settings declining participation in the programme is of particular concern, and there is opportunity to explore reasons for this.

Settings on Targeted list	84 **66
Settings closed during year	2
Settings refused both toothbrushing and Fluoride Varnish	21
Settings taking part in both toothbrushing and Fluoride Varnish	39 **22
Settings taking part in Fluoride Varnish only	12
Settings taking part in toothbrushing only	7 **19
Setting starting toothbrushing on 09/07/2024	2
Setting delaying start until September	1
Overall number of settings taking part in one element of the programme (TB, FV, or TB & FV)	58 **41

Uptake of Designed to Smile in Powys by eligible children within participating settings

Supervised Toothbrushing Programme

Within participating settings, uptake amongst the children is relatively high at 79%, which is slightly below the Wales average of 81%.

Fluoride Varnish Programme

At health board level Powys has the highest uptake of fluoride varnish application amongst children who attend participating settings at 82%, compared to Wales average of 75%.

Home Toothbrushing Packs

43 nurseries (90% of eligible) and 34 schools (94%) were provided with home toothbrushing packs which is significantly higher than the Wales average of 78% and 79% respectively. In total, an estimated 2,836 children in Powys received packs with an average of 1.6 packs/child/year.

Table 4: Number of children in participating settings in receipt of supervised toothbrushing and fluoride varnish as part of Designed to Smile, Powys, 2022/23

	Total eligible	Total Participating (%)
Took part in supervised toothbrushing	647	513 (79%)
Received fluoride varnish application	1407	1173 (82%)

Source: Data taken from Designed to Smile Annual Report for 2022/23

Dental health shares key risk factors, protective factors and messages with major causes of preventable morbidity, premature mortality and health inequality including obesity and diabetes.

There is opportunity to further strengthen links between the Designed to Smile Programme and other population based pre-school interventions delivered in Powys to maximise impact and uptake of the programme, including:

- Healthy Child Wales programme

Provision of oral health advice to families is a core component of the health visitor role and contact schedule. There is opportunity to provide training and to increase distribution of D2S home toothbrushing packs to Health Visitors for families. During 2022/23 the level of distribution of D2S home toothbrushing packs to Health Visitors was relatively low in Powys.

- Whole Systems Approach to Healthy Weights

Weaning is a key priority of the Whole Systems Approach to Healthy Weight, and training has been delivered by Dietetics to all Health Visiting Support staff to deliver 'Introduction to Solid Foods (Weaning)' sessions to parents.

- Healthy Preschool Scheme

Nutrition and oral health are the key focus of the programme, and a pre-school healthy snack award is currently being developed for pre-school settings which will support improving dental health / healthy diets, and promote the D2S Programme.

- Understanding non-participation of settings in the supervised toothbrushing programme

The data indicates that there is lower coverage of eligible settings participating in the supervised toothbrushing programme. The reasons for this are unclear and maybe linked to school staffing levels, rolling play/times/snack times and legacy of programme cessation during covid-19 pandemic. Further work to understand the reasons will be scoped.

This paper has provided an update on the progress made in improving dental health of children, notably:

- Statistically significant improvements and continued declining trend in tooth decay in 5 year olds in Powys, to the lowest levels across Health Boards in Wales
- Considerable work has been undertaken to re-establish the Designed to Smile Programme following the pandemic, with the programme achieving in 2022/23:
 - high levels of fluoride varnish delivery
 - high level of toothbrushing pack provision through educational settings
 - high uptake of toothbrushing programme by children attending participating educational settings.
- There is lower coverage of eligible settings opting to participate in the supervised toothbrushing element of the Designed to Smile Programme. The reasons for this are unclear and further work will be undertaken to understand this to increase delivery of the supervised toothbrushing programme whilst maintaining existing provision around fluoride varnish and the provision of home toothbrushing packs via settings.

Recommendations

Members of the Committee are asked to:

- **NOTE** the contents of this report
- **TAKE ASSURANCE** about the statistically significant improvements made in dental health of children at age five years in Powys, of the progress in recovery of the delivery of the Designed to Smile Programme following the pandemic, and of continued work to build on progress to date to maximise the opportunities for wider system links to further improve dental health in children.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.6

Planning, Partnerships and Population Health Committee **14 November 2024**

Subject:	Childhood Immunisations Report
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Lois Havard, Public Health Practitioner
Other Committees and meetings considered at:	This paper was approved at Executive Committee on the 16 th October 2024.

PURPOSE:

The purpose of this paper is to update the Planning, Partnership & Population Health Committee regarding the uptake of childhood vaccinations across Powys Teaching Health Board (PTHB) from April 2023 to March 2024.

The Welsh Government performance measures for childhood immunisation for April 2023 to March 2024 were:

- The percentage of children receiving complete course of 6 in 1 vaccine by 1 years of age
- The percentage of children receiving complete two dose course of MMR vaccine by 5 years of age.
- Percentage of children who are up to date with the scheduled vaccinations by age 5.

In addition, the Chair’s objectives include the following target:

- Percentage of children who are up to date with the scheduled vaccinations by age 4.

RECOMMENDATION(S):

The Committee is asked to:

- **CONSIDER** the uptake in childhood immunisations and take **ASSURANCE** of the actions being undertaken to maintain and / or further increase the uptake of childhood immunisations, including targeted catch-up campaigns
- **NOTE** the successful implementation of the targeted MMR vaccination catch-up to increase rates in primary and secondary schools in Powys.

Approve/Take Assurance	Discuss	Note
x		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	N	
4. Enable Joined up Care	N	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

1.0 Background and Context

Childhood immunisations protect against a range of diseases and are delivered according to a national schedule as recommended by the Joint Committee on Vaccination and Immunisation (JCVI) and adopted by the Welsh Government. The JCVI recommendations are based on the evidence of effectiveness and cost effectiveness of each vaccination, based on both direct and indirect benefits.

Powys Teaching Health Board (PTHB) has relatively high uptake for most of the childhood vaccinations up to the age of five years. There is variation in uptake across GP Practices and uptake of Measles Mumps and Rubella (MMR) vaccination declined during the pandemic. Targeted MMR catchups have been undertaken, and in February 2024 a Welsh Health Circular was issued stating the need for urgent action to vaccinate children against Measles considering the ongoing measles outbreaks in areas of England.

Childhood immunisations is part of the General Medical Services contract delivered through General Practice, with the contract management process undertaken by the Primary Care Team. The target for all scheduled childhood vaccinations is 95%, a level which provides 'community immunity'; the approximate rate at which disease outbreaks are unlikely and protection is therefore conferred to vulnerable individuals, for whom vaccination is contraindicated.

The immunisation uptake within this report is based on data from the:

- COVER Annual Report 2024, published by Public Health Wales which provides vaccination uptake data for childhood immunisations for the period from 01 April 2023 to 31 March 2024.¹

¹ There is a slight variation in denominator data reported in the COVER Annual Report and the GP clusters in Powys resulting in higher average uptake percentage reported across GP clusters. This is due to the COVER Report recording uptake for people resident in Powys regardless of where their GP is and the GP cluster report recording uptake for people registered with a GP in Powys. Therefore, the GP clusters could account for people who are resident in England but registered with a GP or go to school in Powys.

2.0 Uptake of childhood immunisations for children reaching their 1st birthday between 01/04/2023 and 31/03/2024.

The COVER Annual Report 2024 found uptake of immunisations for 1 year-olds residing in Powys in 2023-2024 remains high and in line with the all Wales average, as shown in **table 1** below.

Table 1: Uptake of childhood vaccinations by age 1

	Percentage uptake 6 in 1¹ vaccine	Percentage PVC² vaccine	Percentage uptake Men B³ vaccine	Percentage uptake Rotavirus⁴ vaccine
PTHB	94.1%	94.6%	93.6%	91.9%
Wales	94.2%	96%	93.5%	91.8%
Rank	4/7	7/7	4/7	5/7

¹Vaccination with a Welsh Government delivery target of 95% uptake. Uptake consists of three separate doses in children by their first birthday.
²Uptake in full annual cohort of children to be on the new one dose of primary pneumococcal conjugate vaccination (PCV)
³Uptake of two doses of MenB vaccine, scheduled at two and four months of age.
⁴Rotavirus vaccine uptake of two doses by age one.

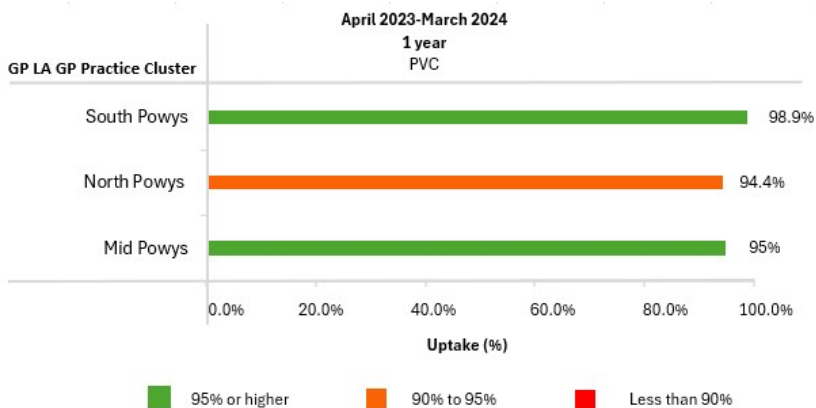
The uptake of the pneumococcal conjugate vaccine (PVC) dropped slightly below 95% to 94.6% in 2023-2024 compared to 95.5% in 2022-2023. However, if 4 more children had received the PVC vaccine, the 95% target would have been reached. Similarly, if an additional 3 children had been fully vaccinated (3 separate doses) for the '6 in 1' by their first birthday, the 95% target would have been achieved. Additionally, to meet the 95% uptake for the Men B vaccine and Rotavirus vaccine, an additional 6 children and 33 children respectively would have needed to be recorded as vaccinated.

2.1 Variation by GP Practice/cluster

Uptake of PVC Vaccine

Overall, uptake across the GP clusters in Powys is high for PVC, with only north Powys cluster slightly below the 95% target, at 94.4%.

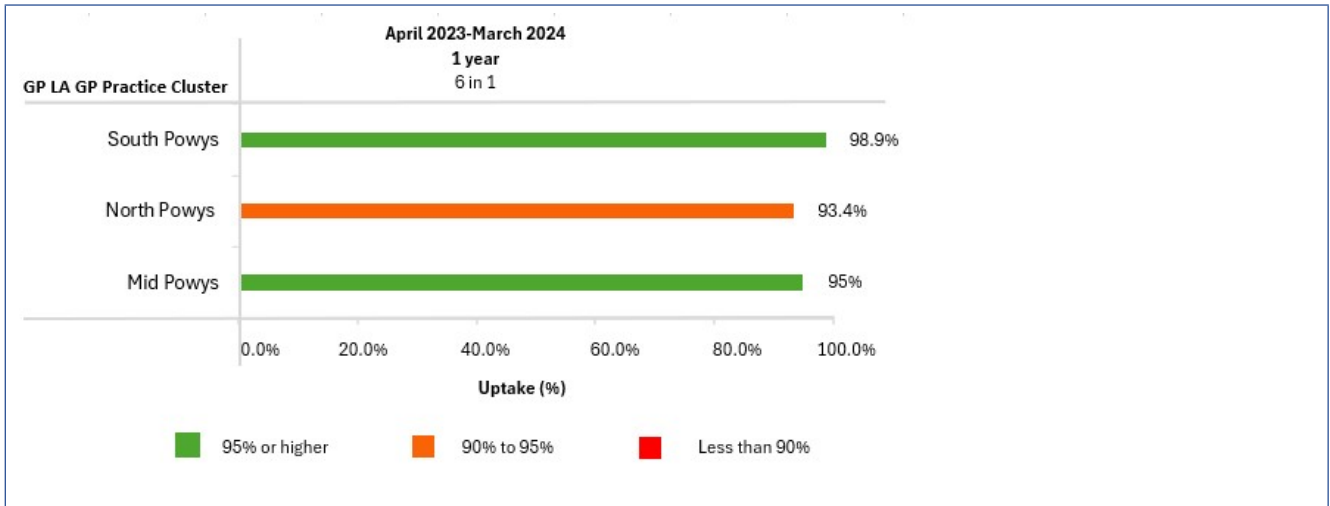
Figure 1: Uptake of PVC by one year of age by GP Powys cluster (April 2023- March 2024)



Uptake of '6 in 1' vaccine

The uptake of '6 in 1' vaccine is high across the clusters, with 10 of the 16 GP Practices achieving a rate of 95% or above, compared with 5 in the previous year. In south Powys, three GP practices achieved 100% uptake whilst in North Powys, an additional 6 children would have needed to have been recorded as being vaccinated for the North cluster to achieve the 95% target.

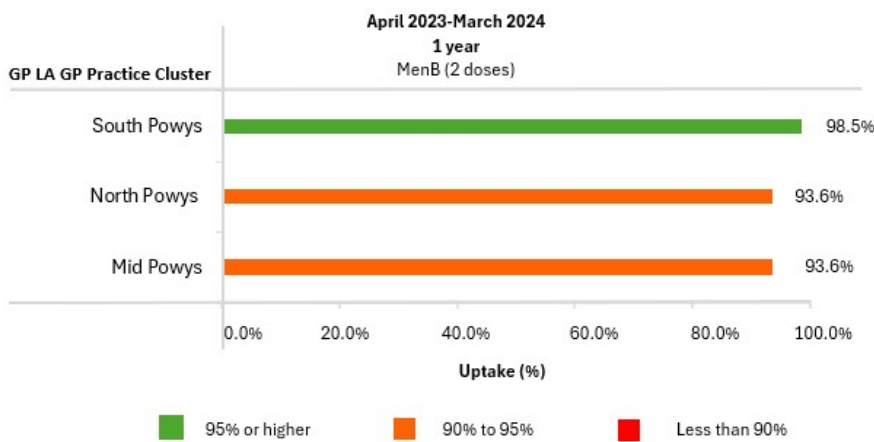
Figure 2: Percentage uptake of 6 in 1 vaccine by age 1, by Powys GP Clusters (April 2023- March 2024)



Uptake of MenB vaccine

During (April 2023 - March 2024), the south cluster achieved 95% target, with mid and south clusters below target. For context, if an additional 2 children had been vaccinated in the Mid cluster of GP practices, the 95% target would have been achieved.

Figure 3: Percentage uptake of MenB vaccine (2 doses) by age 1 by Powys GP Clusters (April 2023- March 2024)

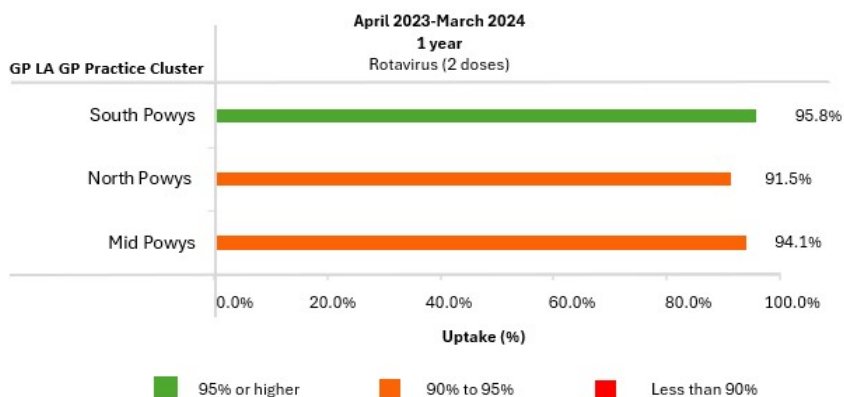


Uptake of Rotavirus vaccine

South Powys was the only GP cluster to reach 95% (95.8%) uptake of Rotavirus (2 doses) uptake for 1-year olds during April 2023 - March 2024 as shown in figure 4. At just below the 95% target, mid Powys would need to have an

additional 9 children recorded as vaccinated and in north Powys, an additional 25 children to achieve 95% uptake.

Figure 4: Percentage uptake of Rotavirus vaccine (2 doses) by age 1 by Powys GP Clusters (April 2023-March 2024)



3.0 Table 2: Uptake of MMR1 and MMR2 vaccine for children reaching their 2nd, 4th and 5th birthday between 01/04/2023 and 31/03/2024

	Percentage uptake of MMR1 by age 2	Percentage uptake of MMR2 by age 4	Percentage uptake of MMR1 by age 5	Percentage uptake of MMR2 by age 5 ¹
PTHB	93.4%	90.7%	96.4%	92.8
Wales	92.9%	85.9%	94.9%	88.9
Rank	3/7	1/7	1/7	1/7

¹ Vaccination with a Welsh Government delivery target of 95% uptake in 2023-24.

The Health Boards performance for annual uptake for one dose of Measles, Mumps and Rubella (MMR) by age two continues to be above the Wales average (92.9%) at 93.4%. To reach the target uptake rate of 95%, an additional 18 children would have needed to have been recorded as being vaccinated in Powys.

Uptake of MMR2 by age 4 during this period was 90.7%, above the Wales average of 85.9% and the highest percentage uptake of the 7 health boards. An additional

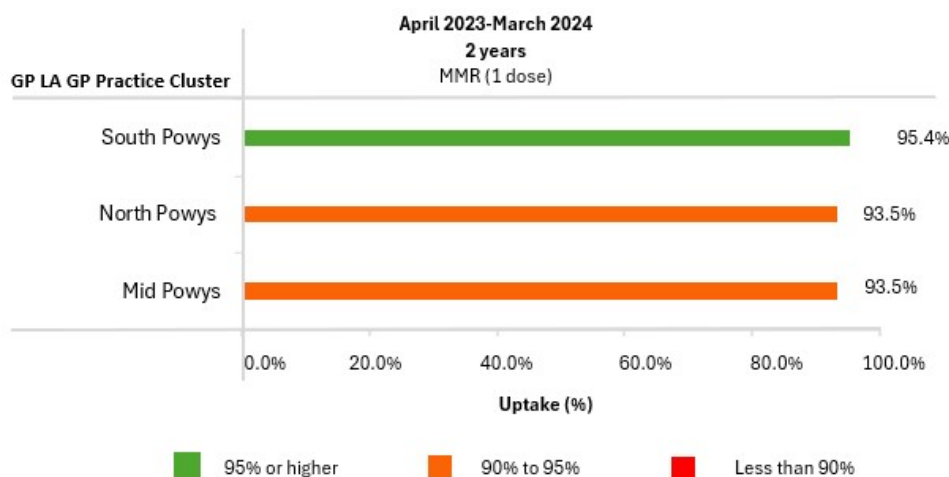
4 children would need to be vaccinated before their fifth birthday for Powys THB to reach the 95% uptake target. This indicates that GP Practices are offering timely vaccination of preschool children as MMR 2 is offered around the age of 3 years 4 months.

MMR vaccine uptake of a complete two dose course in children by five years of age was 92.8% in Powys, an increase from 90.4% reported in the previous year (2022-2023). This percentage remains above the Welsh average of 88.9% and is the highest reported amongst the 7 health boards. An additional 22 children would have needed to be recorded as vaccinated to meet the 95% target.

3.1 Variation of MMR uptake by GP Practice/cluster

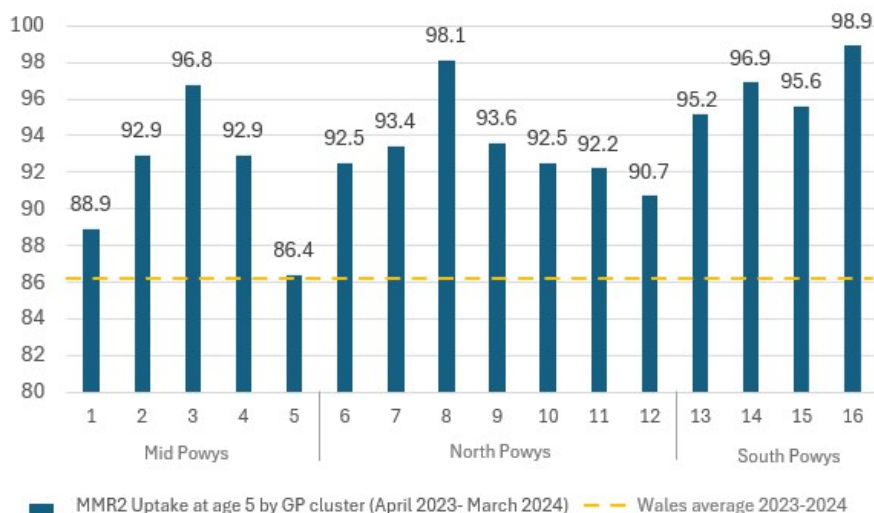
When looking at GP clusters for uptake of 1 dose of MMR by age 2 (see Figure 5), the south GP cluster has the overall highest uptake, followed by the North and Mid cluster both reporting 93.5% uptake. The GP clusters continue to be impacted by small cohort numbers, with 2 GP practices in Mid Powys achieving under 90% uptake (88.7% and 88.5%), however, if an additional 6 children had been vaccinated, both practices would have achieved the 95% target. Similarly, if an additional 23 children had been recorded as being vaccinated across the North Powys cluster, 95% uptake would have been achieved.

Figure 5: Percentage uptake of MMR (1 dose) vaccine by age 2 by Powys GP Clusters (April 2023- March 2024)



For uptake of 2 doses of MMR 2 by age 5, south Powys GP Cluster achieved an uptake of 96.6% followed by north Powys (92.9%) and mid Powys (92.7%). Across Powys, 6 GPs were within the 95-100% uptake range as seen in figure 6, and all GP Practices were above the national average uptake.

Figure 6: Percentage uptake of MMR (2 doses) vaccine by age 5 by GP Practice (April 2023- March 2024)



3.2 MMR Catch Up Campaign 2024

In February 2024, a Welsh Health Circular was published to improve uptake on MMR vaccination, with the ask that all schools with over 50 children on roll to achieve 90% uptake of MMR2. This was a response to recent Measles outbreaks in England, Cardiff and Gwent.

Powys implemented the following actions during the MMR catch-up to increase vaccination rates:

- Data cleansing to update child health records (manual cross-checking of vaccinations recorded on GP systems (in and out of area) with Child Health Record and school pupil lists)
- Personal letter to all parents/guardians of under vaccinated young people under the age of 18 years to invite for vaccination/update vaccination record
- Targeted vaccination catch-up sessions in selected primary and secondary schools
- Created a 'live' dashboard for MMR vaccination uptake by individual primary and secondary school to enable targeted action
- Weekly advertising of MMR drop-in clinics to all eligible groups in Powys
- Information briefings sent to primary care, Headteachers and Healthy Schools Leads to encourage uptake and advice on dealing with potential cases of measles.

Outcome

Overall the final outcome was achieved with both Primary Schools and Secondary Schools in Powys reaching over 90% uptake of MMR 2.

Lessons learned

There are many lessons learned from this work that needs to be factored into future planning to continue to improve vaccination uptake across Powys, including:

- The development of a working group comprising of PTHB, PCC and PHW staff, with weekly meetings implementing project management principles created joint ownership of the task of the WHC and developed a 'systems thinking approach'. This has been reflected upon in a local debrief session and agreed that the approach taken needs to be further built on for future work.
- The lack of a data sharing agreement between PTHB and PCC meant that school lists could not be cross checked prior to visiting the schools to vaccinate resulting in time consuming manual processes. This meant that lists provided by Child Health Department had children that were no longer enrolled at that school. A draft data sharing agreement has been developed and is awaiting full sign off by both parties.
- Although the data cleansing work was time consuming it contributed to the improved MMR uptake rates which reinforces the importance of need to access "live" and accurate data.
- Developing "live" school immunisations dashboard based a local data helped with the targeted work to understand areas to target and monitor progress. Expanding the dashboard of 'real time' coverage data for other school based vaccinations is being scoped.
- The Immunisation Coordinator worked well with school health nursing team, child health team and the local authority to answer queries from parents, verify records and obtain evidence to support vaccination status.
- Personal letter to parent/guardian to invite for vaccination and wide ongoing promotion of how and where to obtain missed vaccination.

Table 3: Overall coverage of two doses of MMR in Primary and Secondary schools in Wales, by Health Board, pre and post catch up campaign. Data as at 29/02/2024 and 31/07/2024.

Health Board	29/02/2024		31/07/2024	
	Primary	Secondary	Primary	Secondary
Aneurin Bevan UHB	89.7	91.1	90.1	91.8
Betsi Cadwaladr UHB	92.4	92.9	93.1	94.5
Cardiff and Vale UHB	89.3	89.6	89.2	89.8
Cwm Taf Morgannwg UHB	91.6	93.3	92.2	94.3
Hywel Dda UHB	89.4	90.4	90.1	92.1
Powys Teaching HB	90.9	89.2	92.9	92.0
Swansea Bay UHB	88.5	91.6	89.2	92.2

4.0 Uptake of all routine immunisations by 4 years and 5 years of age with their 4th and 5th Birthday between 01/04/2023 and 31/03/2024.

Routine immunisation uptake by 4th birthday

The proportion of children up to date with all routine vaccinations when reaching their fourth birthday between 01/04/2023 and 31/03/2024 in Powys was 89.6%. Although uptake has decreased slightly from the previous year (90.3%), Powys THB uptake remains above the Wales average of 84.3% and continues to be the health board recording the highest uptake of all immunisations by age 4 for 3 consecutive years.

All GP clusters in Powys achieved over 90% uptake with Mid Powys reporting 93.5%, South Powys 92.8% and North Powys 90.3%. An additional 62 children would need to be recorded as vaccinated in Powys to reach the 95% target. This measurement is for those children who have received all the following vaccines by their fourth birthday: 4 in 1 DTaP/IPV3 pre-school booster, Hib/MenC booster and two doses of MMR.

Routine immunisation uptake by 5th birthday

Overall coverage of all routine immunisations from birth to age 5 is 92.1%, which is the highest uptake across all Health Boards in Wales and above the Wales average of 89.1%.

Powys Health Board
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5.0 Factors influencing vaccine uptake rates

The variation in uptake rates can be due to a range of factors for example, the time allocated to immunisation clinics, the rigour with which immunisation is actively promoted by health care professions, and the demographic makeup of the practice population. Complexity of social circumstances and frequently changing contact details can also create barriers to vaccination uptake. Family mobility, family size, child age, vaccine beliefs, socioeconomic status, geography, rurality, and service delivery method can all influence the likelihood of children receiving timely routine immunisations. Offering families' flexibility with appointment time and date, checking contact details at every opportunity and continuing to offer catch-up for missed vaccinations help improve vaccination uptake.

The recent MMR catch-up undertaken between February and July 2024 further exposed the challenges of accurate data recording. Powys shares internal borders with a number of other Health Boards as well as borders with England. Children moving in and out of areas, educated elsewhere and poor data sharing arrangements with other health boards and England all impact on the quality of the data.

6.0 Actions being implemented to increase vaccine uptake

Below are some of the actions currently being implemented to maintain and improve childhood immunisation uptake:

Governance and leadership

- The Powys Vaccination Group, Chaired by the Director of Public Health, provides strategic leadership, scrutiny, coordination, implementation and monitoring of all routine vaccination programmes.

Monitoring and reporting performance

- Data cleansing process to cross-check vaccination status of children under five years of age recorded on GP system with child health system
- Regular monitoring of performance and escalation process in place to understand reasons for any decline in uptake and if any support is required by GP Practices
- Practice queues are monitored and regular communication with practices to understand reasons for immunisation queues and support offered to resolve these to ensure timely immunisation offered

- A project group will scope developing 'real time' dashboards utilising vaccination recorded on CYPRIS to inform further targeted actions.

Targeted catch-up campaigns

Catch-up of routine vaccinations remains a priority in averting large outbreaks of vaccine-preventable infections. Data will be continually monitored and rolling programme of catch-ups introduced as part of routine work of vaccination service.

Implementing and monitoring a systems approach

- Primary immunisations of babies are prioritised within the childhood immunisation schedule by the Child Health System
- Pathways agreed with GP Practices and Health Visitors for:
 - Pathway for missed immunisation
 - Pathway for Refusal of consent
 - Protocols in place for health visiting service in their public health remit to support practices and follow-up where children have missed appointments (follow-up of hard to reach)
 - Health Visitors discuss and promote immunisation as part of contacts with parents/guardians
 - SOPs have been developed to support Primary Care Clinicians with clear and robust reporting processes with both scheduled and unscheduled immunisations
- Ongoing work with Child Health Team to obtain immunisation history for children living out but treated in alongside the immunisation history of international children residing within Powys.
- Develop and agree a data sharing agreement between PTHB and PCC to enable child health department to update school lists

NEXT STEPS:

Continue developing the systems approach to vaccination delivery to maintain and further increase childhood immunisation uptake rates across Powys.

Powell Bethan
13/11/2024 12:12:22

Subject:	National, Regional and Local Civil Contingencies Arrangements
Approved and Presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Civil Contingencies Manager
Purpose:	To provide the Planning, Partnership and Population Health Committee (PPPH) with an overview of the current arrangements that are in place for Civil Contingencies planning and preparedness activities, at national, regional and local levels.
Recommendations:	The Planning, Partnership and Population Health Committee are asked to: <ul style="list-style-type: none">• RECEIVE an overview of the current Civil Contingencies planning and preparedness arrangements at a national, regional and local levels for awareness and take ASSURANCE from the plans in place.
Executive Summary:	<p>The PTHB Board at its meeting on the 24 July following its consideration of the Civil Contingencies Annual report asked for a more detailed discussion to take place at the PPPH Committee. This paper provides that update for Committee awareness.</p> <p>The Health Board is described as a Category 1 responder under the Civil Contingencies Act 2004 (CCA). The CCA places a number of legal duties on all Category 1 responder organisations, which are outlined within the presentation.</p> <p>The attached presentation provides an overview of the current Civil Contingencies planning and preparedness arrangements that are in place at national level, including Welsh Government and the NHS Wales Executive. At a regional level, through the Dyfed Powys multi-agency Local Resilience Forum and at a local level, as part of the Health Board's internal Civil Contingencies planning arrangements that are in place across PTHB. The presentation also includes an outline of the cross border working arrangements and links with the UK's CONTEST strategy.</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

National, Regional and Local Civil Contingencies Arrangements

Planning, Partnerships & Population Health
Committee
14th November 2024

Powell Bethan
13/11/2024 12:12:22

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3	NHS Executive Wales	12-13
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7	CONTEST Strategy	24
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Powell B
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Civil Contingencies Act 2004 (CCA)



Civil Contingencies Act 2004

CHAPTER 36

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PART 1

LOCAL ARRANGEMENTS FOR CIVIL PROTECTION

Introductory

1 Meaning of "emergency"

Contingency planning

2 Duty to assess, plan and advise

3 Section 2: supplemental

4 Advice and assistance to the public

Civil protection

5 General measures

6 Disclosure of information

General

7 Urgency

8 Urgency: Scotland

9 Monitoring by Government

10 Enforcement

11 Enforcement: Scotland

12 Provision of information

13 Amendment of lists of responders

14 Scotland: consultation

15 Scotland: cross-border collaboration

16 National Assembly for Wales

17 Regulations and orders

18 Interpretation, &c.

The Civil Contingencies Act (2004) is an act of parliament establishing a framework for Civil Protection in the United Kingdom.

The Act was introduced following an extensive review of emergency planning arrangements, broad consultation and legislative review, aiming to establish a coherent set of arrangements for planning and response to emergencies.

Powell Bethan
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Duties under the CCA For Category 1 Responders

1. Assess the risk of emergencies occurring and use this to inform contingency planning.
2. Put in place emergency plans.
3. Put in place business continuity management arrangements.
4. Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
5. Share information with other local responders to enhance co-ordination.
6. Co-operate with other local responders to enhance co-ordination and efficiency.
7. Provide advice and assistance to businesses and voluntary organisations about business continuity management (**local authorities only**).

Powell
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Responder Agencies – CCA

Category 1

Local Authorities

Police

Fire & Rescue Services

Ambulance Service (WAST)

Health Boards

Natural Resources Wales

Maritime & Coastguard Agency

Public Health Wales

Category 2

Utility Companies

Telephone Service Providers

Railway Operators

Airport Operators

Harbour Authorities

HSE

Highways Agency

No Statutory Duty

Voluntary Sector

Welsh Government

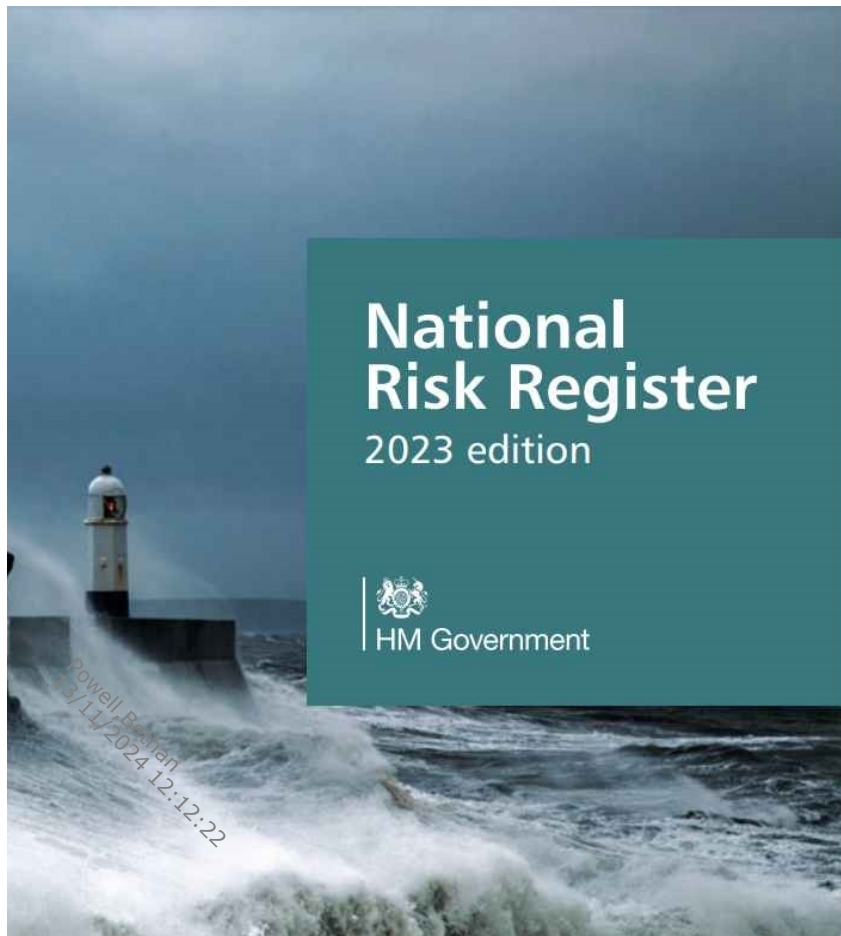
COMAH Sites

Military

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National Direction, Planning and Preparedness

National Risk Register



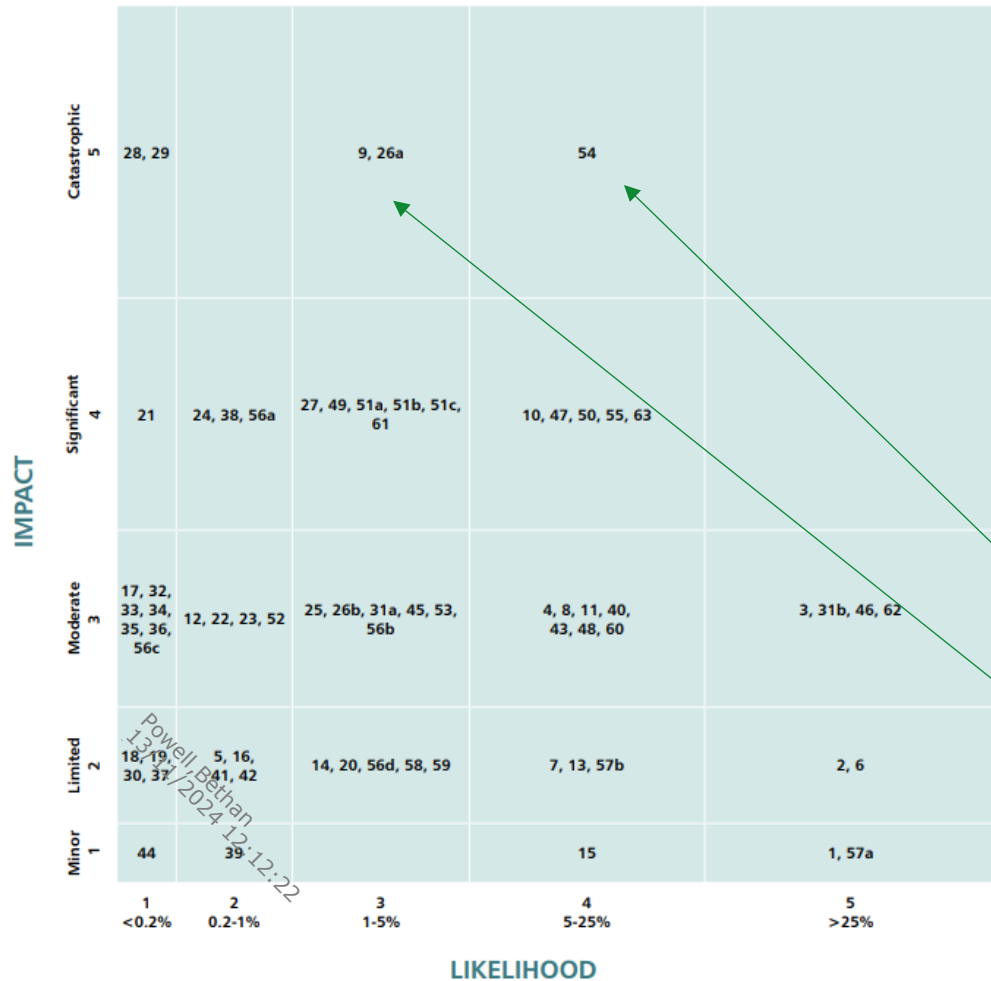
Assessing Risk

National, Regional & Local Risk in practice...

The risks are identified and categorised...

- Terrorism
- Cyber
- State Threats
- Geographic & diplomatic
- Accidents & system failures
- Natural & environmental hazards
- Human, animal & plant health
- Societal
- Conflict & instability

National Risk Assessment



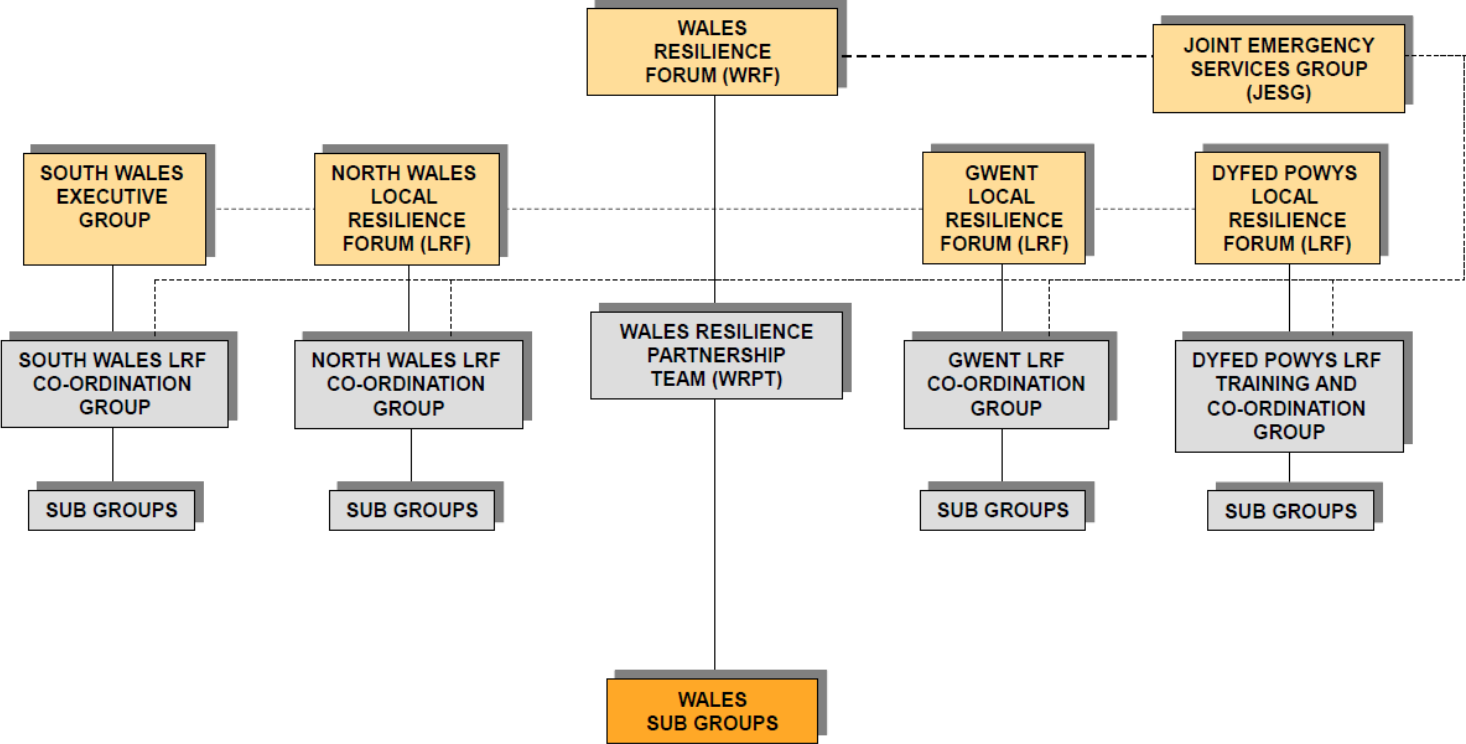
Pandemic



Larger scale Chemical Biological Radiological & Nuclear attacks & National Power Outage scenario

(Current) National Planning and Preparedness Arrangements

WALES RESILIENCE GROUP STRUCTURE (PLANNING)



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National Planning and Preparedness Arrangements

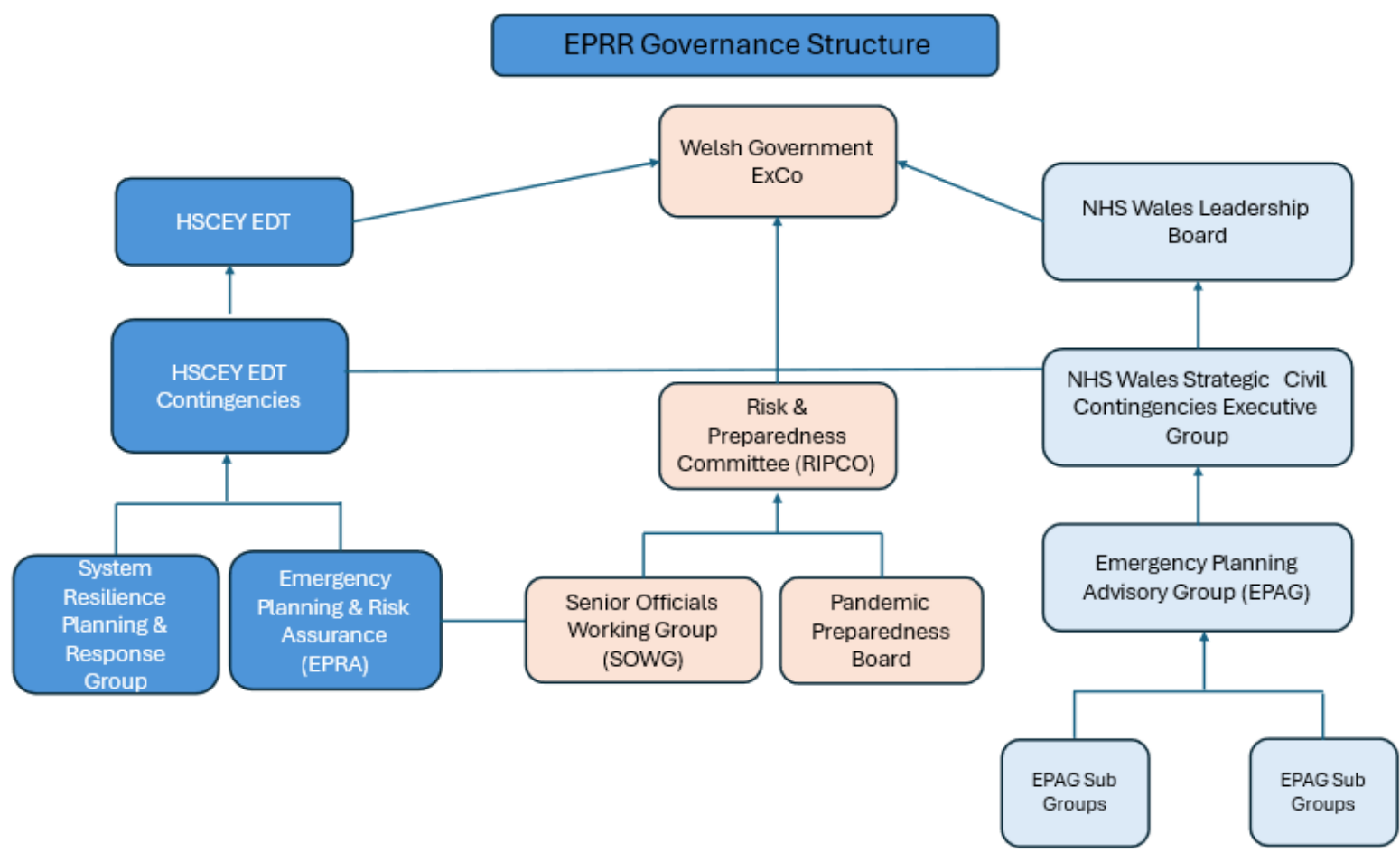
- ❖ **Wales Resilience Forum** - *Chaired by the First Minister for Wales. It supports good communication and improves emergency planning across agencies and services.*
- ❖ **Wales Resilience Partnership Team** - *supports the Wales Resilience Forum, through sub-groups to develop resilience across Wales in such areas as risk assessment and mass fatalities.*
- ❖ **Joint Emergency Services Group (JESG)** established:
 - ❖ JESG Manchester Arena Inquiry Group
 - ❖ Monitor learning via the 'Joint Operational Learning' resource
- ❖ **WG Resilience Unit** - *links with the multi-agency LRF Strategic and Tactical Level Preparedness Groups.*
- ❖ Active **Wales Learning and Development Group** – *Exercise Wales Gold/Wales Silver, annual Wales Civil Contingencies Conference.*
- ❖ **Regular updates from WG to LRF partners** from relevant WG policy leads areas in the context of resilience i.e. weather, Cyber, Mpox, Cyber.
- ❖ **Pan Wales Response Plan** – *PTHB regularly participates in a pan-Wales activation test referred to as 'Exercise Wales Connect', activation test.*
- ❖ Publishes **National strategy/guidance**

National Planning and Preparedness Arrangements

- ❖ A Welsh Government review is currently underway to develop a **proposed model of governance** which will support the delivery of the WG's key strategic objectives for resilience.
- ❖ Key outputs expected towards the end of 2024
- ❖ Subsumes WG response to the 2023 Local Partnerships Civil Contingencies Review
- ❖ Review will also consider recommendations from:
 - Module 1 Covid-19 Inquiry
 - Manchester Arena Inquiry
 - Grenfell Tower Inquiry Report
 - Recent exercises i.e. Exercise Mighty Oak

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NHS Executive for Wales – Emergency Planning Function – Planning and Preparedness Arrangements

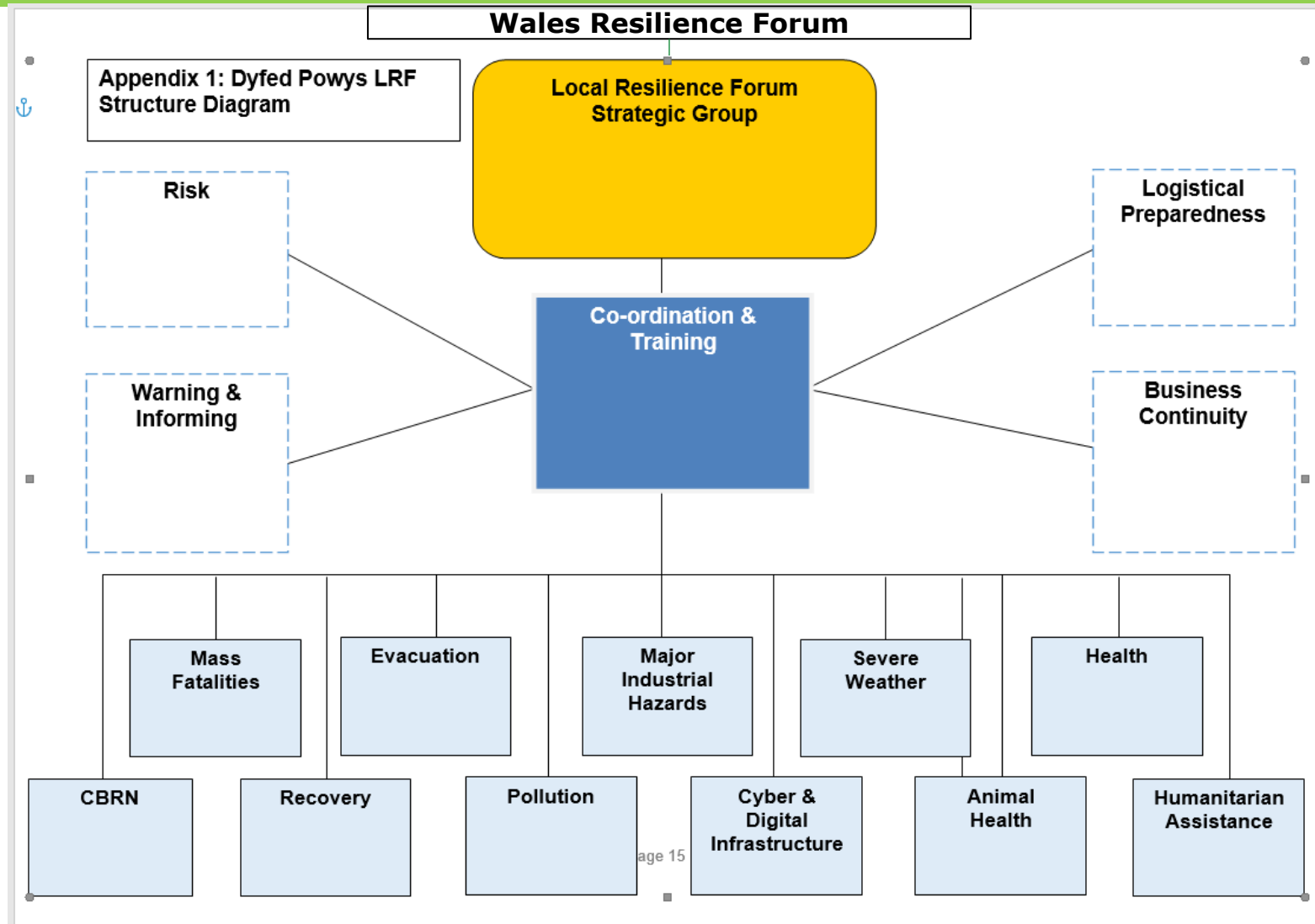


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NHS Wales Executive– Emergency Planning Function – Planning and Preparedness Arrangements

- ❖ NHS Wales Executive– EPRR Function established in April 2024
- ❖ The Emergency Planning function of the NHS Wales Executive is to:
 - ❖ Coordinate and support NHS Wales’ compliance with the requirements under the Civil Contingencies’ Act 2004 and appropriate guidance;
 - ❖ Receive updates on NHS Wales’ capability and capacity to respond to major emergencies particularly those set out in national security risk assessments (NSRA);
 - ❖ Ensure NHS Wales has validated deployment plans for the national countermeasures needed to mitigate specific risks and threats;
 - ❖ Support and endorse the development of operational emergency planning guidance and national standards to inform NHS Wales EPRR arrangements and for use as part of the Executive’s assurance mechanisms;
 - ❖ Support the NHS Wales Annual Emergency Planning Report Survey and receive assurance; and
 - ❖ Inform the development of EPRR national policy / guidance within Welsh Government.
- ❖ Established Work Plan for 2024/2025, including areas of:
 - ❖ Quality Planning
 - ❖ Quality Assurance
 - ❖ Quality Improvements
 - ❖ Health and Social Care and Early Years Identified Risks from key policy areas
- ❖ ‘Once for Wales’ approach where appropriate *i.e.* *NHS Wales ‘Introduction to Emergencies’ E-learning, NHS Wales Loggist Training*

Multi-agency Planning and Preparedness Arrangements – Dyfed Powys Local Resilience Forum (LRF)



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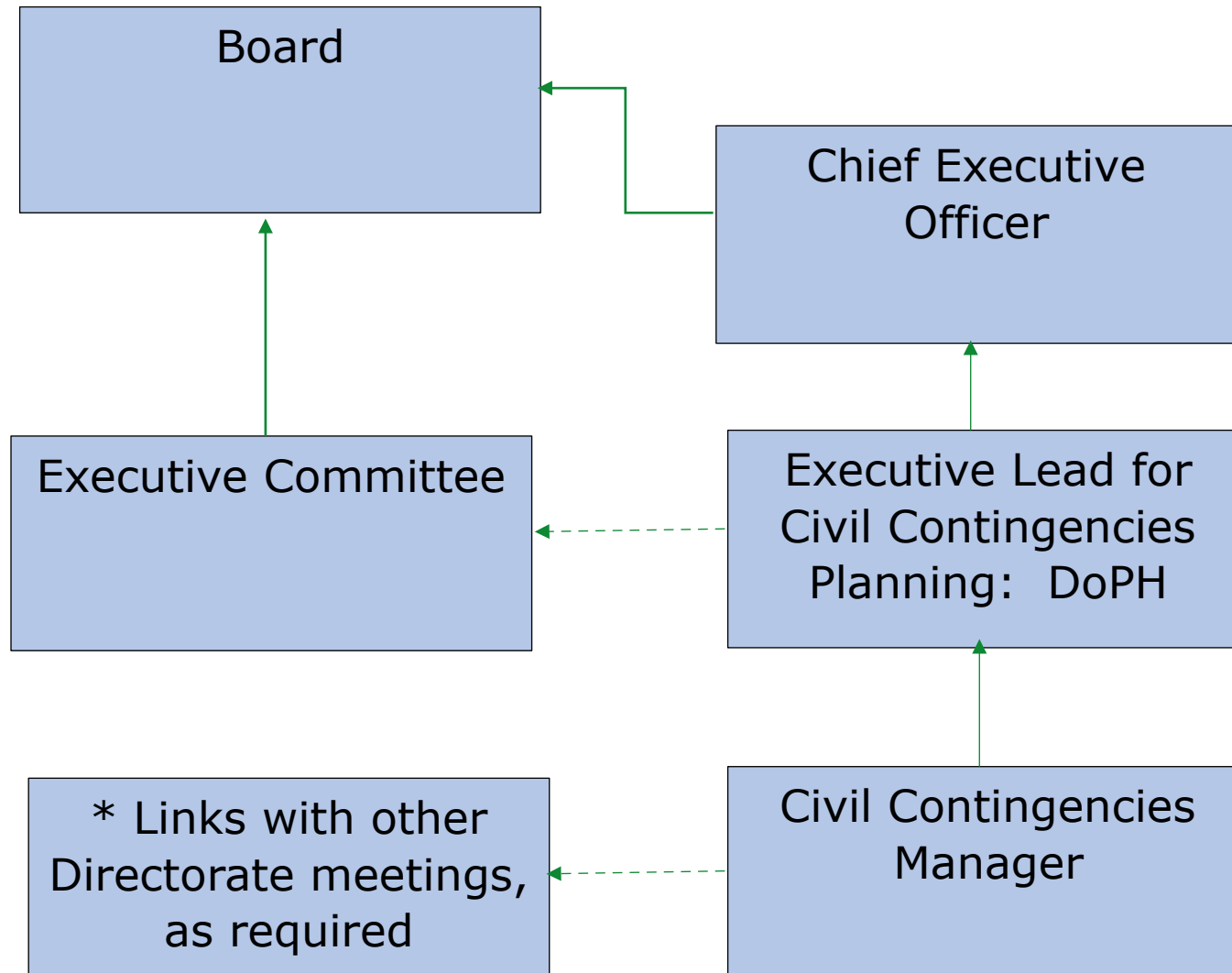
Dyfed Powys Community Risk Register

Multi-agency Planning and Preparedness Arrangements – Dyfed Powys Local Resilience Forum (LRF)

- ❖ PTHB contributes funding to:
 - ❖ LRF Coordinator Post
 - ❖ LRF training and exercising funds
- ❖ Suite of generic and risk specific plans available
- ❖ Business Plan and Performance Tool in place to track LRF group business actions, training records and recommendations following incidents or exercises – monitored through DP LRF Coordination and Training Group and the DP LRF Strategic LRF Group.
- ❖ DP LRF Coordination and Training Group agree multi-agency training and exercise activities taking place within the Dyfed Powys LRF area.
- ❖ Multi-agency groups TOR and overall governance structures currently under review

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Internal Planning and Preparedness Arrangements



** Assistant Directors Deputy Directors Group, Primary Care, Community and Mental Health Care Services Directorate Direct Management Team Meeting, MIU Leads Group, Site Coordination Group, Local Site Coordination Groups (not inclusive)*

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Internal Planning and Preparedness

- ❖ 0.85 WTE Civil Contingencies Manager
- ❖ Executive Lead – Director of Public Health
- ❖ PTHB internal civil contingencies programme of work, driven by:
 - ❖ Requirement to comply with the Civil Contingencies Act 2004 and other key WG Emergency Planning Guidance;
 - ❖ National, regional (Dyfed Powys LRF) and internal risk assessment processes;
 - ❖ Wales NHS Executive and Dyfed Powys LRF work plans.
 - ❖ Recommendations from incidents, exercises, internal audits and NHS Wales Executive annual reporting mechanisms.
- ❖ Ensuring appropriate representation at multi-agency groups and NHS Wales Groups
- ❖ Utilise BAU structures to take forward planning, preparedness activities, as far as reasonably practical
- ❖ All resources available on staff intranet page [Civil Contingencies & Emergency Planning - Home](#)
- ❖ Suite of generic and risk specific plans and internal training and exercise programme in place

PTHB Corporate Policy/Plans

Name of Policy/Plan	Date last approved	Highest level of Approving Committee	In Date (RAG)
PTHB Business Continuity Policy	December 2022	Executive Committee	✓
PTHB Emergency Response and Business Continuity Training Plan	December 2023	Executive Committee	✓
PTHB Major Incident and Emergency Response Plan	July 2024	Board	✓
PTHB Corporate Business Continuity Plan	July 2024	Board	✓
PTHB Severe Weather Arrangements	January 2024	Executive Committee	✓
PTHB Pandemic Framework	May 2024	Executive Committee (approved in working document status until new guidance is published)	✓

Service Level Plans

- ❖ In line with the PTHB Business Continuity Policy, the following services are identified as 'critical' services in the event of disruption and require service level Business Continuity Plans:
 - ❖ Community Services Group Inpatients
 - ❖ Mental Health Inpatient Services
 - ❖ 111 press 2 service
 - ❖ Crisis Intervention Teams
 - ❖ Adult Learning Disabilities Psychiatry
 - ❖ Brecon Switchboard
- ❖ The operational level business continuity arrangements are expected to be subject to internal audit during 2024/2025 (as referenced as part of assurance process).

Powell Bethan
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Corporate Risks

The following risks currently held on the Corporate Risk Register are linked with the National Security Risk Register:

- ❖ **CRR008** – A cyber-attack results in significant disruption to services and quality of patient care
- ❖ **CRR010** – A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services
- ❖ **CRR011** – A national power outage results in significant disruption to services and the quality of patient care.

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Training

- ❖ The PTHB Civil Contingencies Training Plan (1st January 2024 – 31st March 2025) is in place.
- ❖ All Gold and Silver On-Call officers are required to undertake an internal 'Civil Contingencies Familiarisation' training session prior to undertaking their first period on-call.
- ❖ The Health Board is routinely offered **3** places on the two-day multi-agency strategic commanders training referred to as 'Wales Gold' each year.
 - ❖ A total of **9 officers** have attended Wales Gold in the last 3-year period for PTHB
 - ❖ The gold standard for emergency services attending this course is to repeat this training every three.
 - ❖ The Health Board continues to raise concerns that the capacity of strategic places available to attend 'Wales Gold' training does not meet the current demand for all PTHB Gold On-Call officers to attend this course once, therefore there is limited opportunities for officers to attend every three years, as per gold standard.
- ❖ Multi-agency tactical commander training referred to as 'Wales Silver' – 3 officers have attended this training in the last three years.
- ❖ An all Wales NHS Wales 'Introductions to Emergencies' E-Learning package is available on ESR for staff to undertake.
 - ❖ The Health Board is actively encouraging staff to attend the session through internal staff announcements and local site coordination group meetings.
- ❖ A new all Wales Loggist Training package is expected to be rapidly rolled out within PTHB shortly, subject to its final release.

Assurance

- ❖ PTHB annual reporting on Civil Contingencies planning to the Board (last reported July 2024).
- ❖ NSWPP Audit and Assurance Services:
 - ❖ Internal Audit (December 2023) on Business Continuity at Corporate Level – ‘Substantial Assurance’ received in four areas.
 - ❖ Plans to undertake further internal audit on service level Business Continuity Plans in 2024/2025.
- ❖ NHS Executive Wales:
 - ❖ Annual Reporting (last Annual Report submitted to the Board in July 2024)
 - ❖ Follow up meeting between NHS Executive Wales and PTHB scheduled to take place (28/11/24)
 - ❖ NHS Wales Core Standards for Emergency Planning, Resilience and Response are expected to be introduced by 2025.

Report Opinion

		Trend
	Substantial Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure	 2018/19

Assurance summary¹

Objectives	Assurance
1 BCMS	Substantial
2 Staff Awareness	Substantial
3 Command and Control	Substantial
4 Lessons Learned	Substantial

Cross Border Working Arrangements

Cross border working is achieved through a number of routes:

- ❖ BAU structures and communication routes
- ❖ PTHB Commissioning Assurance Framework
- ❖ West Mercia LRF
- ❖ EPRR Leads for SATH & WVT
- ❖ Mass Casualty Arrangements for NHS Wales
- ❖ Tested in 'Exercise Pen Y Darren' (Oct '23)



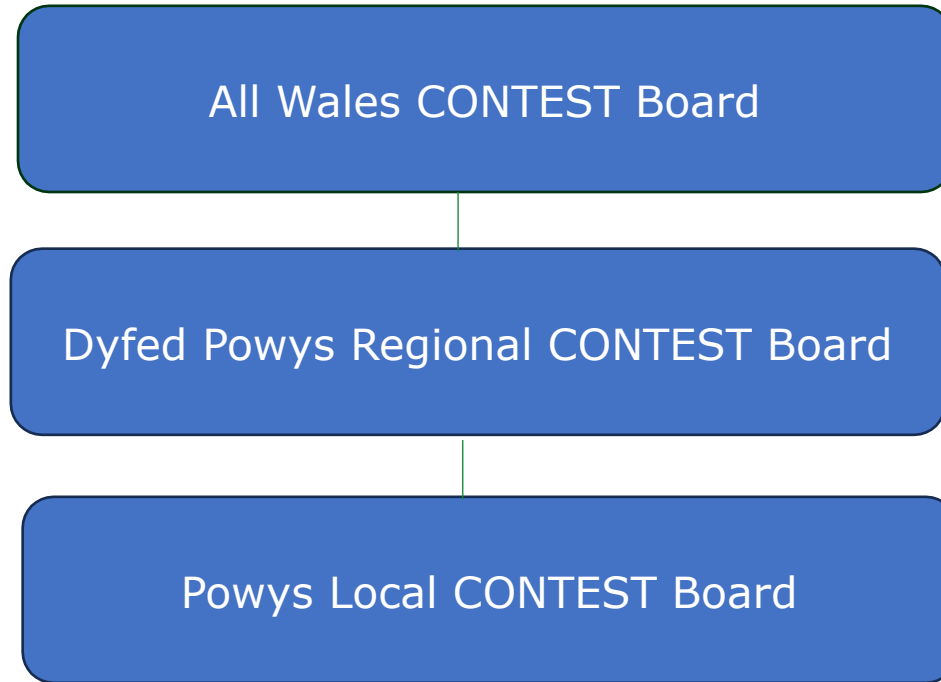
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CONTEST Strategy

CONTEST is the UK's Strategy for Counter Terrorism

There are 4 strands of CONTEST ...

- Prevent
- Protect
- **Prepare**
- Pursue



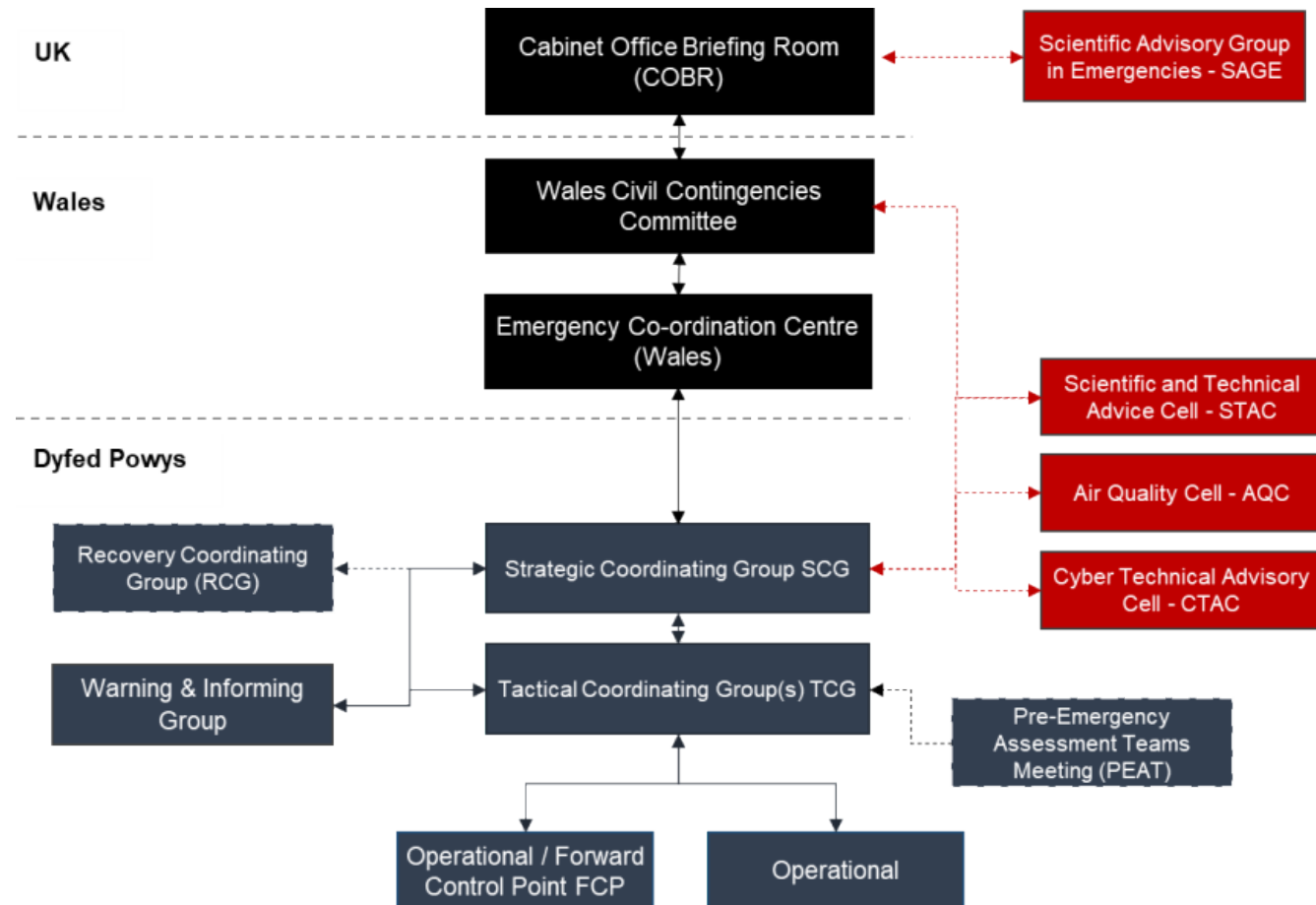
PTHB is represented at the regional and local (Powys) CONTEST Boards for three of the four strands of CONTEST, including Prepare, Prevent and Protect. This involves tri-service representation from PTHB, including Civil Contingencies, Security and Safeguarding.

Powell Bethan
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Emergency Response Structures Wales

Diagram depicts...

- National (UK)
- National (Wales)
- Multi-agency
- Multi-agency coordination Group links into PTHB internal Gold, Silver and Bronze emergency response structures



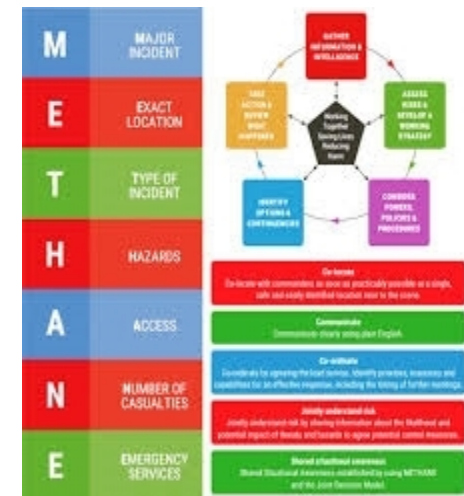
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Applicable to all multi-agency partners

- ❖ Skills for Justice National Occupational Standards for Civil Contingencies
- ❖ Resilience Direct (secure on-line document storage platform)
- ❖ JESIP (principles for joint working) - [Principles for joint working - JESIP Website](#)



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Identifying Lessons and Lessons Learnt

- ❖ National
- ❖ JESG (JOL)
- ❖ Multi-agency DP LRF Performance Tool
- ❖ NHS Wales Lessons Identified Management system
- ❖ Internal debrief processes



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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.8

Planning, Partnerships and Population Health Committee **14 November 2024**

Subject:	COMMITTEE RISK REGISTER
Approved and presented by:	Director Of Corporate Governance
Prepared by:	Corporate Governance Assurance and Risk Officer
Other Committees and meetings considered at:	Executive Committee – 18 September 2024 Board – 25 September 2024

PURPOSE:

To present the Committee version of the Corporate Risk Register (CRR) to support the Committees review and seeking assurance in relation to the risks identified to the delivery of Powys Teaching Health Board’s (PTHB) strategic objectives, the controls in place to manage these risks and their efficacy.

The risks provided are the ones agreed by the Board as within the remit of the Committee. The Committee Risk Register is based upon the Corporate Risk Register (CRR) considered by the Board on the 25 September 2024.

RECOMMENDATION(S):

The Delivery and Performance Committee is asked to:

- **RECEIVE** and **DISCUSS** the corporate risks within the Committee’s remit and any relevant issues
- **TAKE ASSURANCE** that risks are being managed in line with the Risk Management Framework.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Corporate Risk Register links to all of the Health Board’s objectives by identifying risks that could impact on delivery or achievement.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	Y	

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6. Promote Innovative Environments	Y	
7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

The Committee Risk Register draws together relevant risks from the Corporate Risk Register (CRR) to provide a summary of the significant risks to delivery of the Health Board's strategic objectives.

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

There are 12 risks on the corporate register; 2 of those risks fall within the remit of this Committee and are there provided as the Corporate Risk Register (PPPH Committee).

Appendix 1 (Corporate Risk Dashboard) included within this paper, shows a summary of the risks and the heatmap of risk ratings.

Appendix 2 (papers 5.8a and 5.8b) provides the detail of risks to be considered at the in public meeting – provided as appended documents to this report.

BACKGROUND AND ASSESSMENT:

Board Committees have a vital role in supporting Senior Risk Owners and the organisation more broadly to seek assurance on the ongoing development and management of corporate risks.

The corporate risks relevant to the Committee will be provided at each meeting, the Committee is asked to consider these in their own right and also to consider them alongside relevant agenda items through the cycle of Committee business.

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

NEXT STEPS:

The Committee will continue to seek assurance on the ongoing development and management of patient experience, quality and safety risks as set out above.

An updated version of the Corporate Risk Register is due to be presented to the Board on 27 November 2024.

Powell, P
13/11/2024 12:22

PLANNING, PARTNERSHIP AND POPULATION HEALTH (PPPH) COMMITTEE RISK REGISTER (AUGUST 2024)

There is a risk that...

Impact	Catastrophic	5					<ul style="list-style-type: none"> CRR 007 - Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable. CRR 010- A significant public health event/emergency impacts on population health and wellbeing, provision, continuity and sustainability of services
	Major	4					
	Moderate	3					
	Minor	2					
	Negligible	1					
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost Certain
Likelihood							

CORPORATE RISK DASHBOARD – SEPTEMBER 2024

Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target □/□	Lead Board Committee
ED FC&S S	CRR 007	Safety	Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	4 x 4 = 16	Cautious	8	x	Planning, Partnerships and Population Health

*Powell, Bethan
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Risk Lead	Risk ID	Main Risk Category	Risk Description There is a risk that:	SCORE (Likelihood x Impact)	Board Risk Appetite	Risk Target	At Target □/□	Lead Board Committee
ED PH	CRR 010	Performance and Service Sustainability	A significant public health event / emergency impacts on population health and wellbeing, provision, continuity and sustainability of services	4 x 4 = 16	Cautious	TBC	x	Planning, Partnerships and Population Health

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KEY

Risk Appetite Descriptors and Categories

Risk Appetite	Description
Averse	Avoidance of risk and uncertainty in achievement of key deliverables or initiatives is key objective. Activities undertaken will only be those considered to carry virtually no inherent risk.
Minimal	Preference for very safe business delivery options that have a low degree of inherent risk with the potential for benefit/return not a key driver. Activities will only be undertaken where they have a low degree of inherent risk.
Cautious	Preference for safe options that have low degree of inherent risk and only limited potential for benefit. Willing to tolerate a degree of risk in selecting which activities to undertake to achieve key deliverables or initiatives, where we have identified scope to achieve significant benefit and/or realise an opportunity. Activities undertaken may carry a high degree of inherent risk that is deemed controllable to a large extent.
Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of benefit. Seek to achieve a balance between a high likelihood of successful delivery and a high degree of benefit and value for money. Activities themselves may potentially carry, or contribute to, a high degree of residual risk.
Eager	Eager to be innovative and to choose options based on maximising opportunities and potential higher benefit even if those activities carry a very high residual risk.

Risk Scoring

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

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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RISK APPETITE	
Category	Appetite for Risk
Safety	Averse
Quality	Minimal
Regulation and Compliance	Cautious
Reputation and Public Confidence	Cautious
Performance and Service Sustainability	Cautious
Financial Sustainability	Cautious
Workforce	Cautious
Partnerships	Open
Innovation and Strategic Change	Open

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Key: Assurance Ratings	
Substantial Assurance	High confidence in relation to quality of assurances and effectiveness of controls. Sightedness by a range of stakeholders. Low impact on residual risk exposure.
Reasonable Assurance	Medium confidence in relation to the quality of assurances and effectiveness of controls. Sightedness at various levels of the organisation, potentially some external assurance. Low to moderate impact on residual risk exposure.
Limited Assurance	Medium confidence in relation to the quality of assurances and effectiveness of controls. Limited sightedness externally and across the organisation. Moderate impact on residual risk exposure.
No Assurance.	No evidence in relation to the effectiveness of controls. Action required to assess/address. High impact on residual risk exposure.

Powell Bethan
13/11/2024 12:12:28

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

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

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

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

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

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

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

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

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Health Board

Agenda item: 7.1

Planning, Partnerships and Population Health Committee		14 November 2024
Subject :	Shared Services Partnership Committee Quarter 1 2024/25 Assurance report	
Approved and Presented by:	Pete Hopgood, Executive Director of Finance, Capital and Support Services / Deputy CEO	
Prepared by:	Alison Ramsey, Director of Finance and Corporate Services (NWSSP)	
Other Committees and meetings considered at:	N/A	

PURPOSE:

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th June 2024.

As part of the approval of our Year 1 of our IMTP for 2023-24, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

RECOMMENDATION(S):

The Planning, Partnerships and Population Health Committee is asked to RECEIVE the report for information.

Approval/Ratification/Decision¹	Discussion	Information
✓/✗	✓/✗	✓/✗

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

Powell Bethan
13/11/2024 14:12:03

¹ Equality Impact Assessment (EIA) must be undertaken to support all organisational decision making at a strategic level

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:

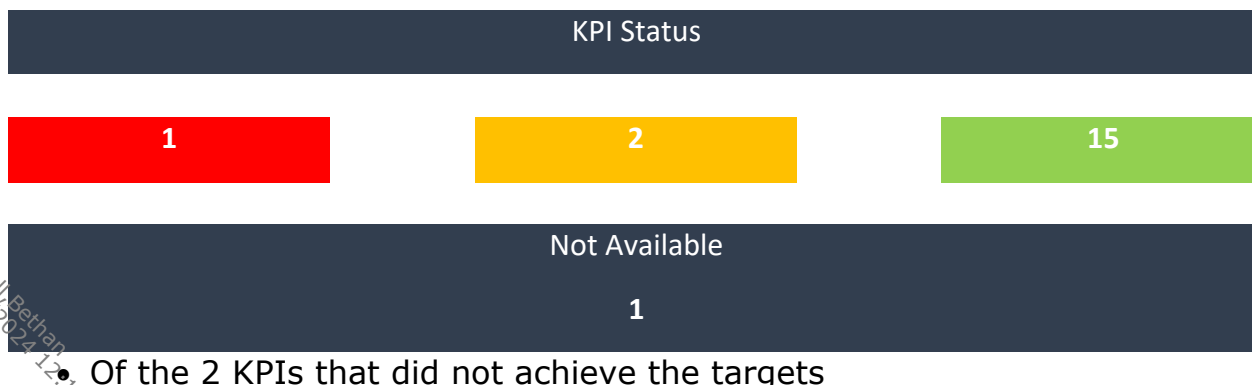
The Quarter 1 performance for the organisation was generally on target with 15 out of 19 KPIs showing as green.

The time to hire target was achieved in June and NWSSP continue to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

Further action will continue to be taken forward into 2024-25 to address the performance in areas of underperformance.

NWSSP continue to support the organisation in relation to recruitment performance.

Heads of Audit & Assurance continue to discuss potential delays directly with the Health organisation and are confident audits will be delivered by the end of the audit year in May.



- 1 is a combination of both NWSSP and our customers processes.
- 1 is the responsibility of the health organisation.

NEXT STEPS:

The Outcome measures included in Appendix 4 are a first draft which were considered at partnership committee in July 24. Outcome reporting is a work in progress with further work planned to incorporate reporting relating to Carbon Emissions, Electric Vehicle Mileage, Customer Experience and Benchmarking.

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	<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any adverse, differential or positive impact that may arise from a decision being taken</i></p>
Age					
Disability					
Gender reassignment					
Pregnancy and maternity					
Race					
Religion/ Belief					
Sex					
Sexual Orientation					
Marriage and civil partnership					
Welsh Language					
Risk Assessment:					
	Level of risk identified				<p align="center">Statement</p> <p align="center"><i>Please provide supporting narrative for any risks identified that may occur if a decision is taken</i></p>
	None	Low	Moderate	High	
Clinical					
Financial					
Corporate Operational					
Reputational					

Powys Health Board
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NWSSP SUMMARY PERFORMANCE REPORT

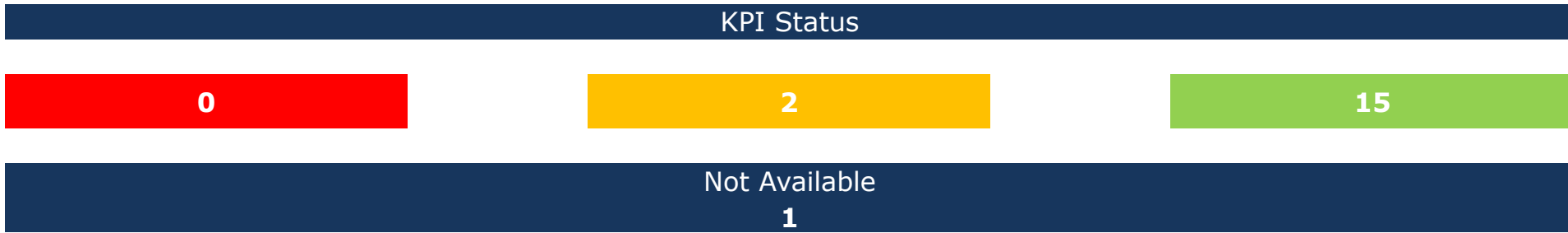
POWYS TEACHING HEALTH BOARD

Period 1st April 2024 – 30th June 2024

Powell Bethan
13/11/2024 12:12:23

*Delivering Value, Innovation
and Excellence through
Partnership*





Points of Contact

Alison Ramsey – Director of Finance and Corporate Services (Alison.ramsey@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

Powell Bethan
13/11/2024 12:12:22

The purpose of this report is to provide summary performance data in respect of the services provided by NHS Wales Shared Services Partnership (NWSSP) for the quarter ended 30th June 2024.

As part of the approval of our Year 1 of our IMTP for 2024-25, the Shared Services Partnership Committee (the Committee) reviewed our Key Performance Indicators. We then identified a number of Lead indicators for each division. There are 20 Lead indicators in total.

The Quarter 1 performance for the organisation was generally on target with 15 out of 17 KPIs showing as green.

The time to hire target was achieved in June and NWSSP continue to work with the organisation to cleanse the older records which continues to affect the overall time to hire performance.

Further action will continue to be taken forward to address the performance in areas of underperformance.

Of the 2 KPIs that did not achieve the targets:

- 1 is the responsibility of the health organisation.
- 1 is the responsibility of NWSSP solely.

NWSSP continue to support the organisation in relation to recruitment performance.

The Outcome measures included in Appendix 4 are a first draft which were considered at partnership committee in July 24. Outcome reporting is a work in progress with further work planned to incorporate reporting relating to Carbon Emissions, Electric Vehicle Mileage, Customer Experience and Benchmarking

The main financial benefits accruing from NWSSP relate to professional influence benefits derived from NWSSP working in partnership with Health Boards and Trusts. These benefits relate to savings and cost avoidance.

- Legal Services – Settled Claims savings, damages and cost savings.
- Procurement Services – Cost reduction, catalogue management etc. (Heads of Procurement discuss with Director of Finance of Health Orgs)
- Specialist Estates Services – Property management/lease/rates negotiated reductions and Build for Wales framework savings.
- Counter Fraud Services – Financial Recoveries and prevention.
- Accounts Payable - statement reconciliation, priority supplier programme (PSP) and the prevention of duplicate payments.

The indicative financial benefits arising in the period April – June 2024 for the organisation is £0.3M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.02
Procurement Services	0.15
Legal & Risk Services	0.09
Accounts Payable	0.02
Oxygen Finance – PSP	0.00
Counter Fraud Services	Not Available
Total	0.3

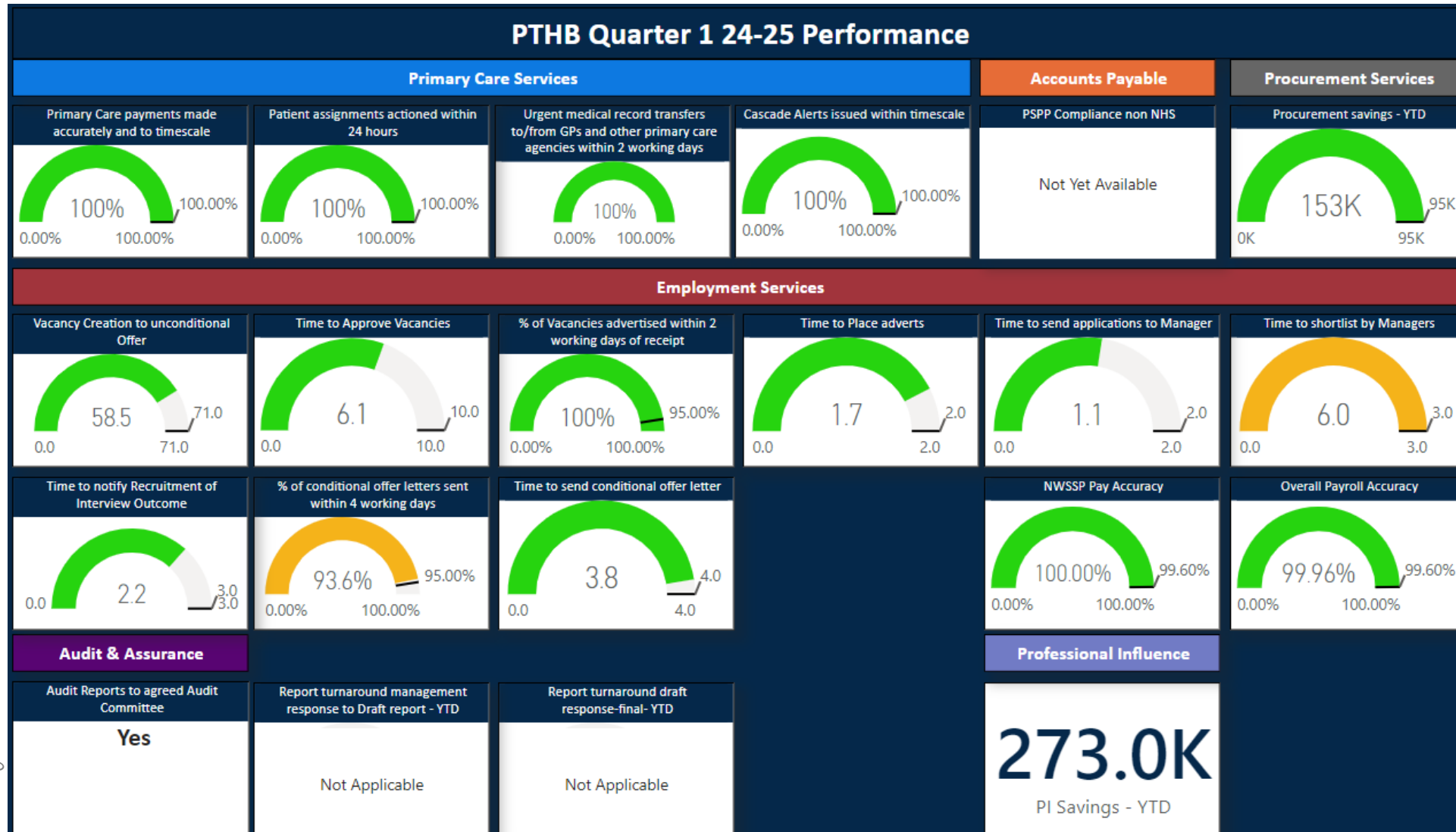
Appendix 1 to this report provides the June performance for your Health Organisation against the Lead indicators with comparison data for the rolling twelve-month period to 30th June 2024.

Appendix 2 provides June performance against All Wales KPIs which cannot be attributed to a specific health org but report an All-Wales position with comparison data for the rolling twelve-month period to 30th June 2024.

Appendix 3 then highlights the position for all health organisations at the end of June 2024.

Appendix 4 highlights the Outcome measures reporting we have been working on at the end of June 2024.

Powell Bethan
13/11/2024 12:12:22



Powell Bethan
13/11/2024 12:12:22





Action Plan for Lead Indicators

There were no KPIs showing as red for the in-month June position.

There were two KPIs showing as amber for the in-month June position.

Powell Bethan
13/11/2024 12:12:23

Employment Services – Recruitment

PTHB High Level - KPIs Jun 2024						
	Target	30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working days		46.7%	47.1%	60.7%	54.1%	
Time to Shortlist by Managers	3 days	8.3	6.6	4.2	6.0	
NWSSP KPIs Recruitment						
% of conditional offer letters sent within 4 working days	95.00%	92.1%	94.4%	100.0%	93.6%	
Time to send Conditional Offer Letter	4 days	3.9	3.6	3.2	3.8	

What is happening?

Time to shortlist by managers missed the target taking on average 6.0 days in June. % of conditional offer letters sent within 4 working days missed the 95% target reporting taking 93.6% this is under the gift of NWSSP.

Recruitment Modernisation Process changes have been implemented. We are starting to see improvements in both the manager and candidate experience as well as reductions in the time to hire in individual elements of the process.

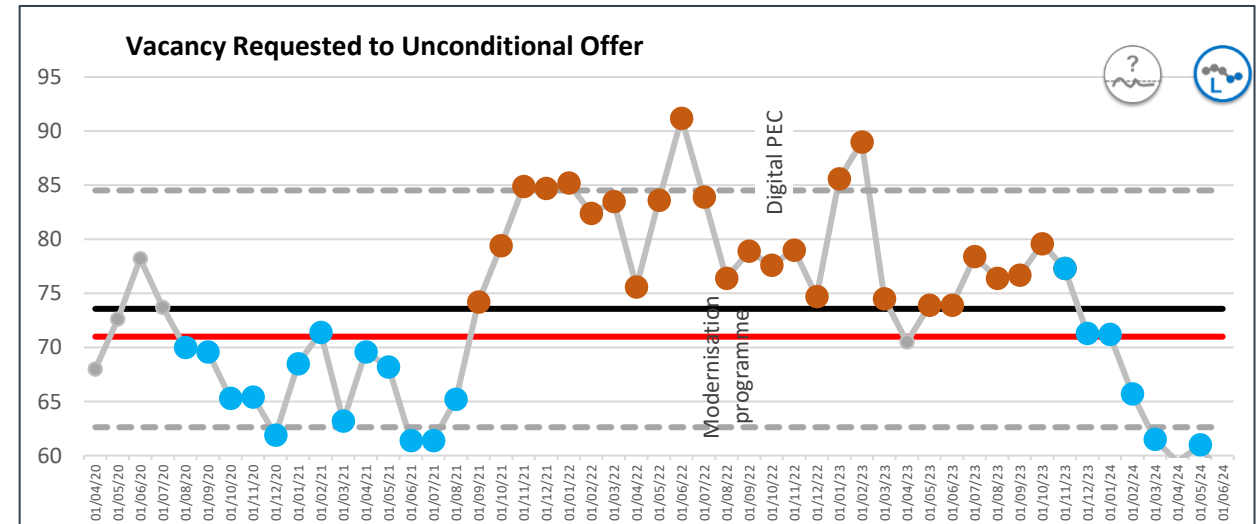
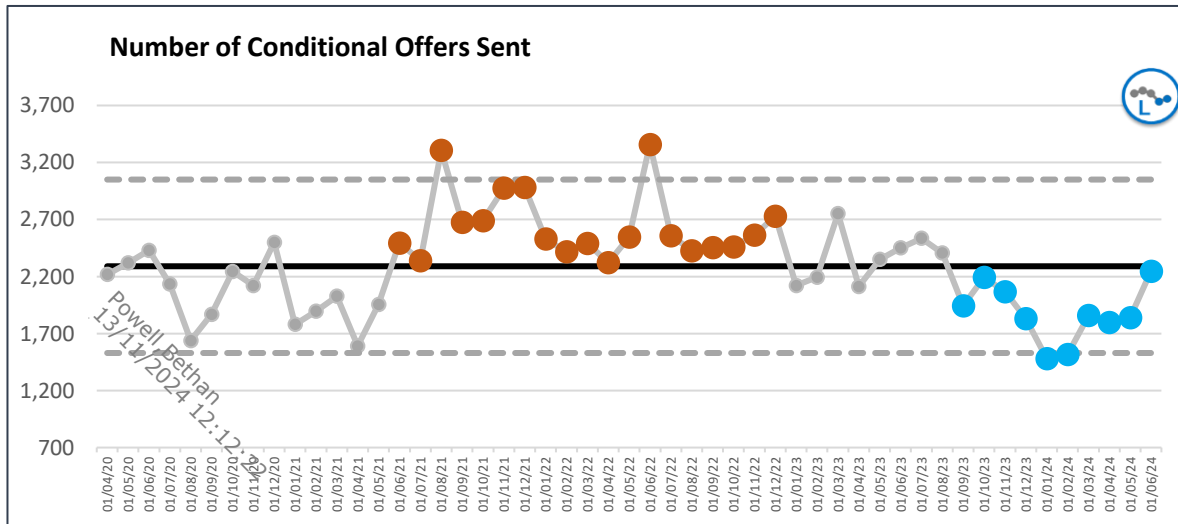
What are we doing about it?

Good progress has been made on the cleansing of older records in the system, there is still a way to go on closing these down and these will continue to impact on the time to hire.

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11/06/2024 12:12:22

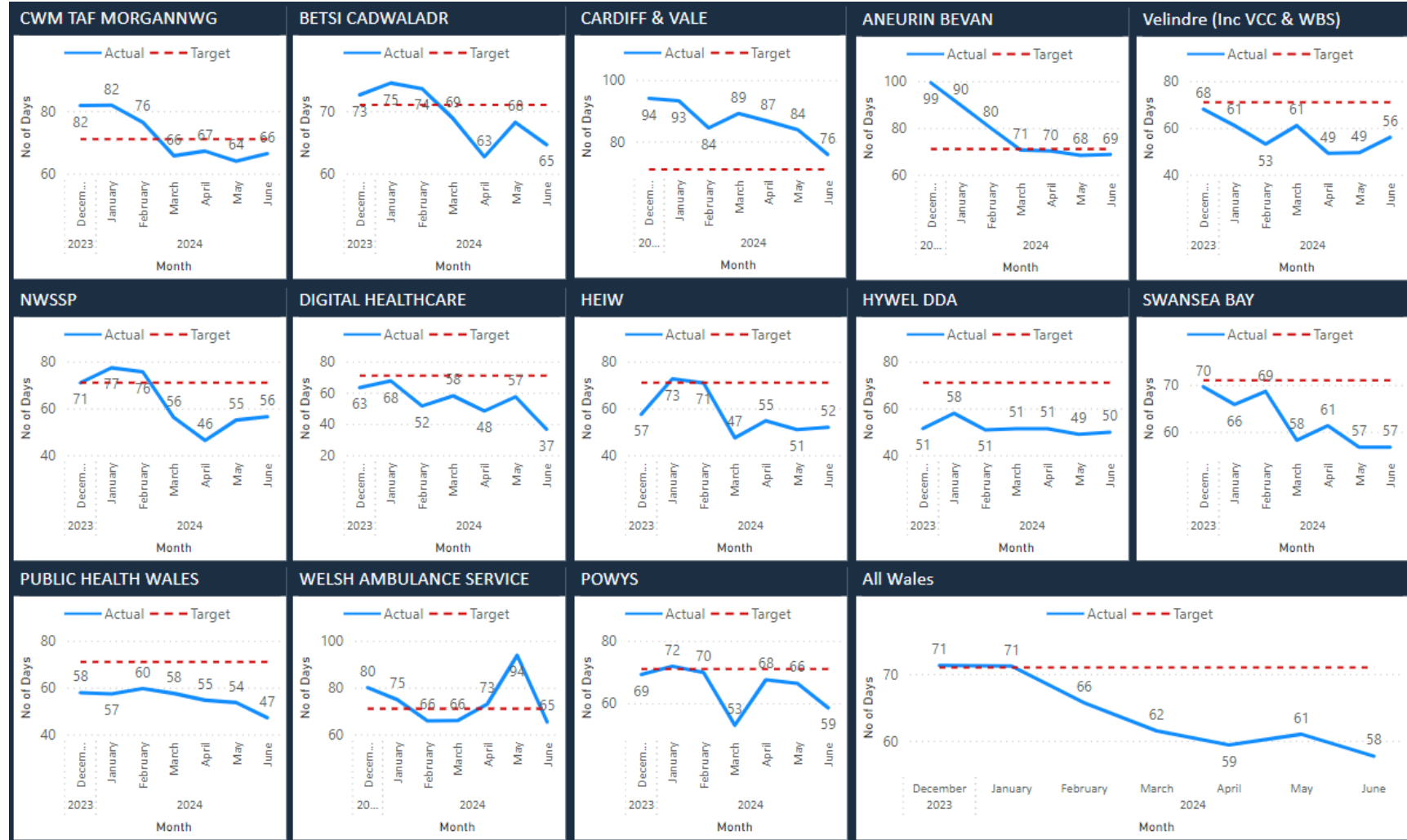
Employment Services – Recruitment

Recruitment		Vacancy Creation to Unconditional Offer														Trend	
Org	Target	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24				
AB	71	84	95	83	103	102	99	90	80	71	70	68	69				
BCU	71	74	75	73	69	74	73	75	74	69	63	68	65				
CV	71	86	88	97	95	88	94	93	84	89	87	84	76				
CTM	71	93	93	94	106	94	82	82	76	66	67	64	66				
HD	71	54	65	67	65	58	51	58	51	51	51	49	50				
HEIW	71	76	50	62	89	101	57	73	71	47	55	51	52				
DHCW	71	69	72	76	64	60	63	68	52	58	48	57	37				
NWSSP	71	78	76	87	76	88	71	77	76	56	46	55	56				
PTHB	71	80	82	72	70	74	69	72	70	53	68	66	59				
PHW	71	61	60	56	58	57	58	57	60	58	55	54	47				
SBU	71	79	74	79	72	68	70	66	69	58	61	57	57				
VEL	71	77	65	66	73	66	68	61	53	61	49	49	56				
WAST	71	113	121	110	109	96	80	75	66	66	73	94	65				
All Wales	71	78	76	77	80	77	71	71	66	62	59	61	58				



Employment Services – Recruitment

The charts shows the Vacancy creation to unconditional offer performance for the individual organisations December – June 24.




Vacancy Creation to unconditional offer

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13/11/2024 12:12:22

All Wales Indicators

There was one KPI showing as amber for the in-month June position.

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ALL WALES KPIs		30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%	91%	90%	94%	89%	

What is happening?

Orders dispatched meeting customer standing orders failed to meet the 90% target during June 2024. The drop in SLA fulfilment is due to a combination of customer cancellations and multiple break downs across the service particularly at the Green Vale Laundry.

What are we doing about it?

Laundry discuss any delays directly with the health orgs and are made aware of any revised timings of orders. Performance is expected to be back on track during July.

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Information not available

Accounts Payable – The non-NHS Public Sector Payment Policy (PSPP)

Information on the payment of non-NHS invoices within 30 days is currently unavailable. We are awaiting the final report from the Welsh Government Finance Team following the collation of the Monthly Monitoring Returns (MMR).

An updated report on the PSPP will be issued once it becomes available

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Appendix 1 – Performance for the period to 30th June 2024



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Shared Services
Partnership

PTHB High Level - KPIs Jun 2024		Target	30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
Professional Influence Savings - YTD			£0.118m	£1.759 m	£3.278 m	£0.273 m	
Employment Services							
Payroll services							
NWSSP Pay Accuracy	99.6%	100.00%	100.00%	99.93%	100.00%		
Overall Pay Accuracy	99.6%	99.84%	99.69%	99.69%	99.96%		
Organisation KPIs Recruitment							
% of vacancy creation to unconditional offer within 71 days		61.2%	70.0%	82.0%	82.9%		
Vacancy creation to unconditional offer	71 days	71.8	69.2	52.9	58.5		
% of vacancies approved within 10 working days		84.1%	81.4%	86.3%	87.2%		
Time to Approve Vacancies	10 days	8.4	7.2	6.4	6.1		
% of vacancies shortlisted within 3 working days		46.7%	47.1%	60.7%	54.1%		
Time to Shortlist by Managers	3 days	8.3	6.6	4.2	6.0		
% of interview outcomes notified within 3 working days		86.5%	82.0%	96.4%	77.4%		
Time to notify Recruitment of Interview Outcome	3 days	1.5	1.7	1.2	2.2		
NWSSP KPIs Recruitment							
% of Vacancies advertised within 2 working days of receipt	95.00%	97.6%	100.0%	100.0%	100.0%		
Time to Place Adverts	2 days	1.9	1.8	1.9	1.7		
% of applications moved to shortlisting within 2 working days of vacancy closing		98.6%	100.0%	100.0%	98.8%		
Time to Send Applications to Manager	2 days	1.0	1.0	1.0	1.1		
% of conditional offer letters sent within 4 working days	95.00%	92.1%	94.4%	100.0%	93.6%		
Time to send Conditional Offer Letter	4 days	3.9	3.6	3.2	3.8		
Procurement Services							
Procurement savings - YTD			Target £0.043m Actual £0.036m	Target £0.811m Actual £0.989m	Target £0.395m Actual £0.587m	Target £0.094m Actual £0.153m	
Accounts Payable							
Invoices older than 30 days not disputed		413	246	358	402		
% Invoices on hold not disputed over 30 days		35%	36%	44%	54%		
PSPP Compliance non NHS	95%	93.8%	92.9%	92.5%	Not Available		
Primary Care Services							
Primary Care payments made accurately and to timescale	100%	100%	100%	100%	100%		
Patient assignments actioned within 24 hours	100%	100%	100%	100%	100%		
Urgent medical record transfers to/from GPs and other primary care agencies within 2 working days	100%	100%	100%	100%	100%		
Cascade Alerts issued within timescale	100%	100%	100%	100%	100%		
Audit & Assurance							
Audits reported to agreed Audit Committee	Y/N	Y	N	N	Y		
% of audit outputs in progress		16%	21%	17%	15%		
Report turnaround management response to Draft report - YTD	80%	100%	83%	80%	Not Applicable		
Report turnaround draft response-final- YTD	80%	N/A	100%	100%	Not Applicable		

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Appendix 2 – All Wales Performance for the period to 30th June 2024

ALL WALES KPIs		30/09/2023	31/12/2023	31/03/2024	30/06/2024	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.74%	99.76%	99.68%	99.70%	
Prescriptions processed (Apr)	7.48m	28.9m	50.7m	56.79m	7.28m	
Welsh Risk Pool						
Time from submission to consideration by the Learning Advisory Panel	95%	100%	100%	100%	100%	
Time from consideration by the Learning Advisory Panel to presentation to the Welsh Risk Pool Committee	100%	100%	100%	100%	100%	
Holding sufficient Learning Advisory Panel meetings	90%	100%	100%	100%	100%	
Legal and risk						
Advice acknowledgement- 24hrs	90%	100%	100%	100%	100%	
Advice response – within 3 days	90%	100%	100%	97%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	93.3%	98.2%	96.9%	96.4%	
CTeS						
P1 incidents raised with the Central Team are responded to within 20 minutes	80%	100%	100%	100%	100%	
BACS Service Point tickets received before 14.00 will be processed the same working day	92%	100%	100%	100%	99%	
Digital Workforce						
DWS % Calls Handled	85%	90.30%	95.80%	95.51%	94.35%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory					100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory					100%	
% delivery of audited reports on time (Commercial)	87%	100%	100%	91%	100%	
% delivery of audited reports on time (NHS)	87%	100%	100%	100%	N/A	
Pharmacy Technical Services						
Service Errors	<0.5%	0	0	4	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	85%	91%	90%	94%	89%	
Microbiological contact failure points	85%	96%	94%	95%	97%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	0	

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Appendix 3 – Health Org Performance comparison 30th June 2024

KPIs Jun 2024	KFA	Target	SB	AB	BCU	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
HEALTH ORG KPIs														
Financial Information														
Professional Influence Savings- YTD	Our Value	£110m	£4.031 m	£7.070 m	£16.654 m	£27.655 m	£17.548 m	£4.275 m	£0.385 m	£0.273 m	£0.678 m	£0.218 m	£0.038 m	£0.121 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.98%	99.98%	99.97%	99.90%	99.87%	99.96%	99.92%	100.00%	99.95%	99.98%	100.00%	99.92%
Overall Pay Accuracy	Our Services	99.6%	99.85%	99.88%	99.82%	99.77%	99.70%	99.89%	99.76%	99.96%	99.81%	99.80%	99.85%	99.76%
Calls Handling % Quarterly Average	Our Services	95%	98.0%											
Organisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	56.7	68.7	64.6	75.8	66.4	49.8	47.1	58.5	54.1	65.3	51.9	36.6
Time to Approve Vacancies	Our Services	10 days	3.7	9.1	4.3	16.5	20.8	7.9	4.4	6.1	0.4	9.9	6.2	0.3
Time to Shortlist by Managers	Our Services	3 days	6.8	7.4	5.4	7.2	8.4	1.5	5.0	6.0	3.9	3.6	3.3	4.0
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.8	3.1	2.1	3.6	3.7	1.7	2.6	2.2	4.4	1.2	5.0	1.9
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.7	1.7	1.6	1.5	1.8	1.9	1.6	1.7	1.1	1.3	1.1	1.3
Time to Send Applications to Manager	Our Services	2 days	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.1	0.9	1.0	1.0	1.1
Time to send Conditional Offer Letter	Our Services	4 days	3.9	3.6	3.8	3.4	3.9	3.7	3.6	3.8	3.3	3.7	3.8	3.8
Calls Handling % Quarterly Average	Our Services	95%	98.5%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £1.353m Actual £2.461m	Target £2.689m Actual £3.152m	Target £1.839m Actual £1.762m	Target £3.227m Actual £5.218m	Target £1.516m Actual £1.115m	Target £1.906m Actual £2.223m	Target £0.047m Actual £0.054m	Target £0.094m Actual £0.153m	Target £0.078m Actual £0.398m	Target £0.027m Actual £0.021m	Target £0.041m Actual £0.025m	Target £0.006m Actual £0.027m
Accounts Payable														
Invoices older than 30 days not disputed	Our Services		3,801	1,943	2,909	2,401	3,760	1,152	953	402	470	216	32	39
% Invoices on hold not disputed over 30 days	Our Services		59%	35%	51%	60%	61%	63%	71%	54%	36%	62%	36%	66%
Call Handling% - Quarterly Average	Our Services	95%	96.9%											
PSPP Compliance non NHS	Our Services	95%	Not Available											
Audit & Assurance														
Audits reported to Agreed Audit Committee	Our Services	Y/N	Y	Not Applicable	Not Applicable	Y	Y	Y	Not Applicable	Y	Y	Y	Y	Y
% of audit outputs in progress	Our Services		18%	13%	21%	20%	12%	13%	27%	15%	0%	10%	9%	23%
Report turnaround (15 days) management response to Draft report - YTD	Our Services	80%	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	100%	Not Applicable
Report turnaround (10 days) draft response final YTD	Our Services	80%	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Urgent medical record transfers to/from GPs and other primary care Agencies within 2 working days	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A

Appendix 4 – Outcome Reporting (Our Services)

⚙️

Our Services

Driving the pace of innovation and consistently providing high quality services

➔

Outcomes

We will enable our customer facing teams to close the majority of enquiries at first contact, by improving service speed, quality, and experience.

We will drive innovation, setting the standard for good practice, and enhance our processes through automation.

We will cultivate partnerships with industry leaders and academic institutions and seek University status.

We will be data driven, sharing intelligence with our partners to influence decision making across NHS Wales.

Our Services

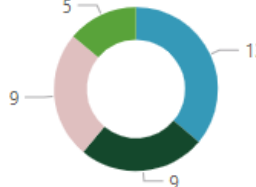
Our People

Our Value

RPA Processes

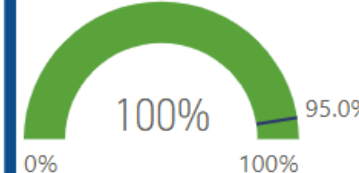
Division

- Employm...
- Accounts ...
- Other
- Primary C...



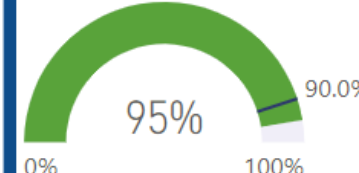
Legal & Risk Services

Case Closure Client Satisfaction



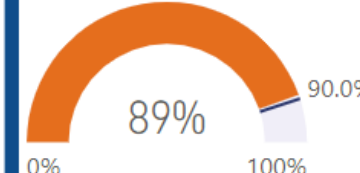
DWS

Customer Satisfaction



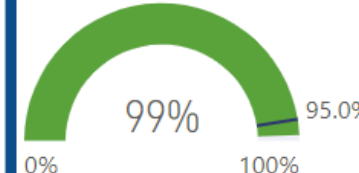
Central Team

Annual Customer Satisfaction



Specialist Estates

Annual Customer Satisfaction



Website Bounce Rate

31%

Website Users	Website Page Views
12K	36K

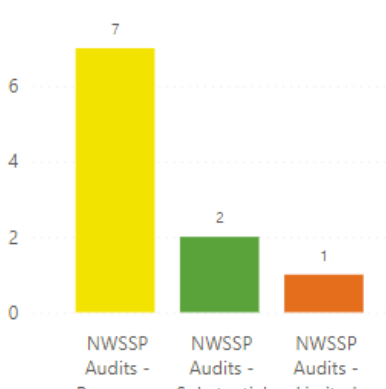
Website Pages - June 24 (Top 3)

1. How do I apply for a bursary - 3,486
2. Student Awards - 3,450
3. Current Vacancies - 2,432

Customer Service Excellence

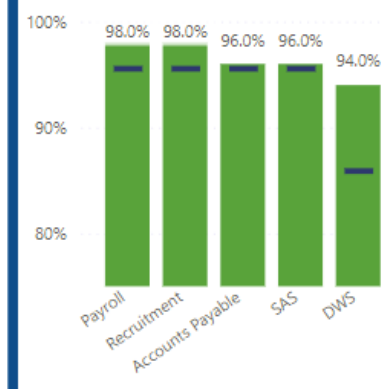
CSE Compliance Met 43	CSE Compliance Plus 12
CSE Partial Compliance 2	

NWSSP Assurance Overview



Outcome measure

Calls Answered



Sum of Actual — Sum of Target

Powell Bethan
13/11/2024 12:12:20

Delivering Value, Innovation and Excellence through Partnership


17

216/230

Appendix 4 – Outcome Reporting (Our People)

Our People

Working together to be the best that we can be



Outcomes

We will create opportunities for our current and future staff to maximise their potential and nurture our talent pipeline.

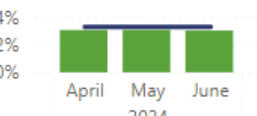
We will increase the diversity of our workforce and advance the use of the Welsh Language in all that we do.

We will promote physical, social, mental, and financial wellbeing throughout the organisation to support our staff.

We will listen and learn from our staff to co-produce innovative solutions with our partners.

Sickness

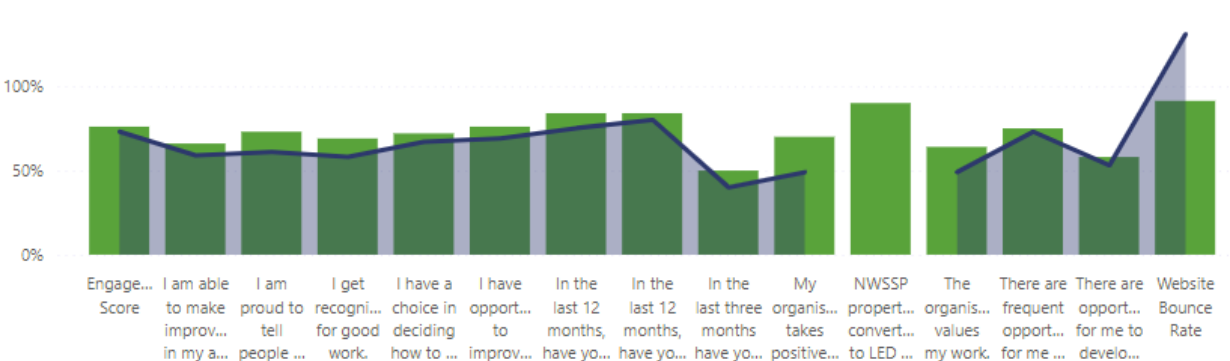
● Sum of Act... ● Sum of Tar...



April May June 2024

NHS Wales Staff Survey

● NWSSP ● All Wales



Question	NWSSP	All Wales
Engage... Score	~75%	~75%
I am able to make improv... in my a...	~65%	~60%
I am proud to tell people ...	~70%	~65%
I get recogni... for good work.	~65%	~60%
I have a choice in deciding how to ...	~70%	~65%
I have opport... to improv...	~70%	~65%
In the last 12 months, have yo...	~80%	~75%
In the last 12 months, have yo...	~80%	~75%
In the last three months, have yo...	~50%	~45%
My organis... takes positive...	~65%	~60%
NWSSP propert... convert... to LED ...	~90%	~85%
The organis... values my work.	~60%	~55%
There are frequent opport... for me ...	~70%	~65%
There are opport... for me to develo...	~55%	~50%
Website Bounce Rate	~90%	~95%

Annual Turnover (Excluding SLE)

11%

Reasons For Leaving (Excluding SLE) (Top 3)

1. Voluntary Resignation - Promotion **52.7%**
2. Voluntary Resignation - Relocation **11.6%**
3. Voluntary Resignation - Health **6.3%**

Engagement Score - 2023



Division	Engagement Score
DHCW	80%
HEIW	79%
NWSSP	76%
POW	76%
VEL	76%
PHW	75%
C&V	73%
SBU	73%
AB	72%
BCU	72%
HDU	72%
CTM	71%
WAST	67%

Response Rate



Division	Response Rate
HEIW	75%
DHCW	61%
PHW	54%
VEL	34%
POW	28%
WAST	23%
C&V	21%
NWSSP	20%
BCU	20%
SBU	19%
AB	18%
CTM	18%
HDU	12%

Total Registered Innovations through Hub

11

Registered Innovations through Hub

Division

- Primary ...
- Finance ...
- People ...
- Procure...



Division	Count
Primary ...	7
Finance ...	2
People ...	1
Procure...	1

Powell, Bethan
13/11/2024 12:12:22

Appendix 4 – Outcome Reporting (Our Value)

Our Value
Maximising the benefit, efficiency, and social impact of what we do for our partners

Outcomes

We will make bold investment decisions that drive transformation and add value.

We will lead the way and command of others the changes required to address the climate change emergency and achieve decarbonisation targets.

We will utilise our resources efficiently and make a positive impact on a social and sustainable basis.

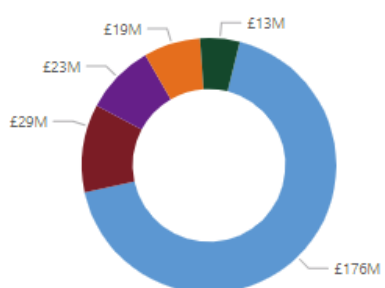
We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Our Services

Our People

Our Value

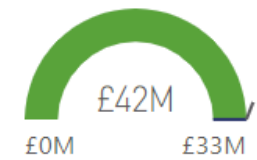
Professional Influence Benefits 2023



Division

- Legal & Risk Ser...
- Procurement Ser...
- Counter Fraud
- Specialist Estates
- Accounts Payable

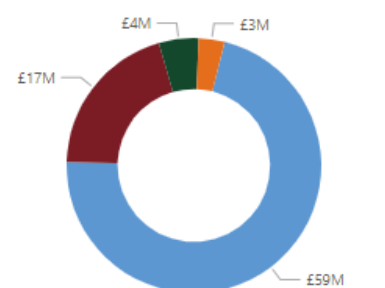
Procurement Savings - Full year 2023



£42M

£0M to £33M

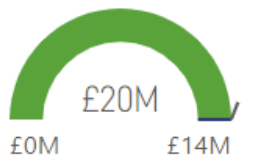
Professional Influence Benefits 2024 YTD



Division

- Legal & Risk Ser...
- Procurement Ser...
- Accounts Payable
- Specialist Estates

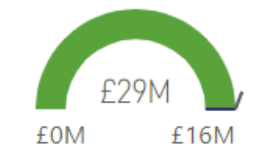
Procurement Savings - Full year 2024



£20M

£0M to £14M

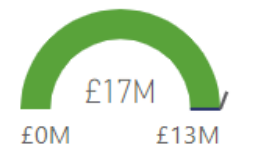
Procurement Savings - In Year 2023



£29M

£0M to £16M

Procurement Savings - In Year 2024



£17M

£0M to £13M

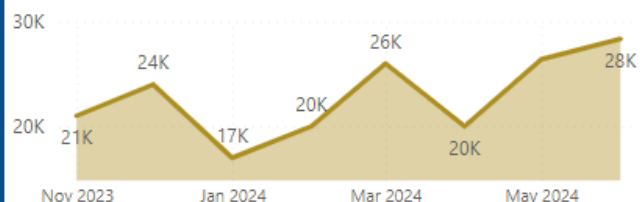
Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the Foundational Economy via the delivery of the Foundational Economy in Health and Social Service...

Green

Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan

Amber

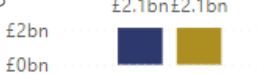
Travel & Subsistence (Excluding SLE)
(£'s)



Nov 2023: 21K, Jan 2024: 17K, Mar 2024: 26K, May 2024: 28K

£ Spend in Wales

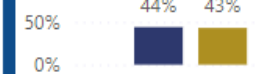
£2.1bn to £2.1bn



£2bn, £0bn

% Spend in Wales

50% to 44% to 43%



0%

NWSSP properties converted to LED Lighting

90%

Electric Vehicle Chargers

37

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Delivering Value, Innovation and Excellence through Partnership

19

218/230



Delivering Value, Innovation and Excellence through Partnership

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Integrated Plan Development Process Final Internal Audit Report

September 2024

Powys Teaching Health Board



Partneriaeth
Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board



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Review reference:	PTHB-2425-13
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Fieldwork completion:	12 July 2024
Debrief meeting:	19 July 2024
Draft report issued:	05 August, 16 August & 22 August 2024
Management response received:	30 September 2024
Final report issued:	30 September 2024
Auditors:	Ian Virgill, Head of Internal Audit Jayne Gibbon Audit Manager Carl Mason, Principal Auditor
Executive sign-off:	Stephen Powell, Executive Director of Planning Performance and Commissioning.
Distribution:	Samantha Ruthven – Hill Assistant Director of Planning.
Committee:	Audit Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Risk and Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Powys Teaching Health Board no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Powys Teaching Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

The overall objective of the audit was to review the processes and assumptions used for developing the 2024/2027 Integrated Plan and Annual Delivery Plan with a focus on the assessment of financial plans.

Overview

Following our review we have provided a reasonable assurance opinion overall which includes the following matters arising:

- The Health Board’s statutory requirement to set a balanced budget had not been met; and
- Sufficiently detailed plans backing the savings requirement had not been provided at the point the plan was submitted to Welsh Government (WG).

We have provided Limited Assurance for objective 2b as the financial requirement to produce a balanced plan was not met. However, as noted within sections 2.5 and 2.6 of the report, we acknowledge that the plan did adequately address delivery of the key ministerial priorities.

Except for the recommendations above, the overall planning process e.g. its cadence and governance, adequately meets the audit objectives. All the statutory documentation was completed in compliance with the WG guidelines/framework and delivered on time.

Following the WG rejection of the original plan. The Health Board submitted a revised version on 30 May 2024, and are currently in negotiations with the WG to agree a way forward.

It is important to note that our assurance rating relates to the specific objectives of this audit, as detailed within the adjacent Assurance Summary table.

Report Opinion



Reasonable

Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 The Health Board’s planning process is aligned to the NHS Wales Planning Framework.	Substantial
2a The Plan included clear and measurable targets and actions towards delivery of ministerial priorities.	Substantial
2b The Plan adhered to the statutory duty to breakeven.	Limited
2c Savings plans were fully developed at the point of submission to Welsh Government.	Reasonable
3 Appropriate governance arrangements are in place, which provide effective oversight of the planning process, ensuring the Integrated Plan is subject to scrutiny and review prior to submission to Welsh Government.	Substantial

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Statutory requirement for the three-year 2024/2027 plan to break-even was not met.	2b Design	High
2	Plans not identified to fully deliver the financial savings requirement.	2c Design	Medium

1. Introduction

- 1.1 The review of the Integrated Planning Development Process was completed in line with the Powys Teaching Health Board's (the 'Health Board') 2024/25 Internal Audit Plan.
- 1.2 The Health Board approved a five-year Integrated Plan for April 2024 to March 2029 at its meeting held on 20th March 2024. Within the cover report submitted to the Board it was recognised that the plan set out a planned deficit of £24.9m for 2024/25. The final plan was submitted to Welsh Government on 28th March and feedback has been provided notifying of additional requirements.
- 1.3 The Annual Delivery Plan for 2024-2025, which is the first year of the Delivery of the five-year Integrated Plan 2024-29 and is fully aligned to the submission of the PTHB plan was approved by the Health Board on 22 May 2024. It was noted that changes may be required to the Annual Delivery Plan to reflect requirements issued by Welsh Government after receipt of the five-year Integrated Plan.
- 1.4 The Executive Director of Planning, Performance and Commissioning is the lead for this review.

2. Detailed Audit Findings

Objective 1: The Health Board's planning process is aligned to the NHS Wales Planning Framework.

- 2.1 The Welsh Government's (WG) 2024/2025 IMTP planning framework requirements issued on 18 December 2023 stipulates a three-year planning horizon. Our review noted that the Health Board has developed an annual rolling series of plans covering both five-and ten-year horizons. To meet the WG framework requirement, the Board approved the submission of their full five-year plan 2024/2029 at its meeting on 20 March 2024. This was then submitted to the WG on 28 March 2024 in compliance with the reporting timeline.
- 2.2 Our review covered the first three-years of the five-year plan, and we were able to confirm that the Health Board's planning process was adequately aligned to the NHS Wales Planning Framework.
- 2.3 The 28 March 2024 submission included all the statutory additional documentation:
 - The three County Cluster plans.
 - Minimum Data Sets (MDS).
 - Five Ministerial Priority templates.
 - The Six Goals for Urgent and Emergency Care.

Conclusion:

- 2.4 Our review established that the Health Board had implemented and executed a planning process that adequately aligned to the WG 2024/2025 Framework and Guidance. We have provided **Substantial Assurance** for this objective.

Objective 2: The development of the Integrated/Annual Delivery Plans include clear and measurable targets and actions towards delivery of ministerial priorities.

Objective 2a: The Plan included clear and measurable targets and actions towards delivery of ministerial priorities.

2.5 The Ministerial Priority List published as part of the NHS Wales Planning Framework 2024-27 included:

- Enhanced Community Care: Reducing delayed pathways to care;
- Primary Care: Improving access and shifting resources into primary and community;
- Urgent Emergency Care: Delivering the 6 goals programme;
- Planned Care: reducing the longest waits; and
- Mental Health: Delivery of national programme.

2.6 Our review of the planning process noted that each of the above priorities had been adequately addressed. Standard template questionnaires have been completed for each priority that included milestones, planned outcomes, priority areas, overarching metrics, risk/mitigation, critical enablers e.g. digital, and opportunities.

Conclusion:

2.7 Our review established that the development of the plan included clear measured targets and actions toward delivering the ministerial priorities. We have provided **Substantial Assurance** for this objective.

Objective 2b: The Plan adhered to the statutory duty to breakeven.

2.8 The framework also stipulated that:

- In compliance with their statutory duty the three-year plan should break-even;
- demonstrate continued progress in reducing reliance on high-cost agency staff; and
- increase administrative efficiency, to enable a reduction in administrative and management costs as a proportion of the spend base.

2.9 Our review of the above established that the plan complied with the reduction in agency spending (38.30%) and improved administrative efficiency (0.19%). However, the plan did not meet the overall requirement to produce a break-even plan in accordance with the WG Planning Guidance and the Health Board's Standing Financial Instructions (SFI) 5A and 5C(b). **(Matters Arising 1)**

Conclusion:

2.10 Due to the Health Board being unable to comply with the required break-even position, we have provided **Limited Assurance** for this objective.

Objective 2c: Savings plans were fully developed at the point of submission to Welsh Government.

2.11 The MDS submitted to the WG on 28 March 2024 provided details on projected savings plans totalling £7.9m, with each savings project risk assessed. Our review noted that £3.47m of the savings plans were identified as red schemes or pipeline and planning developments with a higher level of delivery risk. The MDS resubmitted on 30 May 2024, increased the savings total to £9.9m, with £6.9m red schemes or pipeline. **(Matters Arising 2)**

Conclusion:

2.12 The required savings plans were not fully developed at the point the MDS were submitted to WG. We have provided **Reasonable Assurance** for this objective.

Objective 3: Appropriate governance arrangements are in place, which provide effective oversight of the planning process, ensuring the Integrated Plan is subject to scrutiny and review prior to submission to Welsh Government.

2.13 The annual planning cycle was initiated in September and facilitated by the Director/ Assistant Director of Planning. The cycle consisted of eight workshops with a target completion date of March 2024 to comply with the WG planning guidance. All the Heads of the operational directorates e.g. Finance and Public Health attended the workshops and Provided input from their designated areas of authority as part of an ongoing collaborative planning approach.

2.14 Output from the workshops was available to the Health Board's Executives and Independent Members via a dedicated share-point folder. PowerPoint presentations were also produced following each of the eight workshops reflecting the ongoing discussions. The last workshop took place on 14 March 2024 and formed the basis for the final draft of the Integrated Plan presented to and approved by the Board on the 20 March 2024.

Conclusion:

2.15 Our review established that there were appropriate governance arrangements in place, which provided effective oversight of the planning process, ensuring the Integrated Plan was subject to scrutiny and review prior to submission to the WG on 28 March 2024. We have provided **Substantial Assurance** for this objective.

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Appendix A: Management Action Plan


Matter Arising 1: Statutory requirement for the three-year 2024/2027 plan to break-even was not met. (Design)		Impact	
<p>The Health Board did not submit a three-year balanced integrated plan for 2024/2027 to the WG, and was therefore not in compliance with WG Planning Framework Guidance 2024/2025 and the Board’s Standard Financial Instructions (SFI) 5A and 5C(b).</p> <p>The original Board proposal was not acceptable to the WG. A revised plan has now been submitted (31 May 2024) reducing the deficit. The revision still does not meet the break-even requirement and the Board is awaiting the WG response.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • WG imposing a budget cap to meet the break-even position. • Significant impact on the Board’s ability to meet its operational commitments. • Reputational damage. • Negative impact on staff and other service providers. 	
Recommendations		Priority	
1	Management need to develop a robust and sustainable recovery plan in accordance with Welsh Ministers’ guidance where the Health Board’s plan is not in balance. (Board SFI 5C.C)	High	
Agreed Management Action		Target Date	Responsible Officer
1	<p>Agreed. The Health Board is developing a Routemap to Sustainability, which is intended to fulfil this requirement. It is anticipated that the proposals it contains will need to be subject to Engagement, and then Consultation, with the public, staff and other stakeholders.</p> <p>Develop proposals for a sustainable recovery plan.</p>	March 2025	Executive Director of People and Culture

Matter Arising 2: Plans not identified to fully deliver the financial savings requirement (Design)		Impact	
<p>The Minimum Data Set (MDS) submitted to the WG on 28 March 2024 provided details on projected savings plans that total £7.9m, with each savings project risk assessed. Our review noted that £3.47m were identified as Red schemes or pipeline and planning assumptions with a higher level of delivery risk. The MDS resubmitted on 30 May 2024, increased the savings total to £9.95m, with £6.9m red schemes or pipeline. This included an additional £2m of stretch savings which the Health Board aims to deliver in response to WG further challenge. These were included within red schemes or pipeline as they were brand new and not included within the original plan.</p> <p>The Health Board acknowledged the higher delivery risk associated with the red and pipeline schemes but were sufficiently confidence to build them in as valid savings schemes.</p> <p>We note that at Month 4 the Health Board’s actual assessment of schemes against the £9.9m savings requirement is that there are no current red ratings against those schemes.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Forecast financial outturn for 2024/25 is not achieved. Savings plans are not identified until later in the year which increases pressure on delivery. 	
Recommendations		Priority	
2	Management should ensure that future plans identify robust schemes to deliver the full annual savings requirement at the point that the MDS is provided to Welsh Government.	Medium	
Agreed Management Action		Target Date	Responsible Officer
2	Agreed. Each year, the Health Board strives to identify and develop a full set of robust schemes to support the delivery of the savings target within the Financial Plan. This is a collective activity, led by the Executive Director of Finance, Capital and Support Services, which all the Executive team contribute to.	March 2025	Executive Director of Finance, Capital and Support Services and Deputy Chief Executive

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.

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Parc Nantgarw
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CF15 7QZ

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Planning, Partnerships and Population Health Committee 2024-25					
Theme	Item Title	May 16/05/2024	August 13/08/2024	November 14/11/2024	February 04/02/2025
Governance	Minutes of previous meeting	✓	✓	✓	✓
Governance	Declaration of Interests	✓	✓	✓	✓
Governance	Action Log	✓	✓	✓	✓
Governance	Committee Reflections	✓	✓	✓	✓
Governance	Committee Risk Register	✓	✓	✓	✓
Governance	Annual Work Programme	✓			
Governance	Work Programme (updated through year)		✓	✓	✓
Governance	Annual Assessment of Committee Effectiveness				✓
Governance	Committee Annual Report	✓			✓
Governance	Review of Terms of Reference				✓
Planning	IMTP - Approach for development		☒	✓	
Planning	Integrated Plan 2025/2026 Development and Draft Maturity Matrix			✓	
Planning	Strategic Change Report	✓	✓	✓	✓
Planning	Primary Care cluster plans 2024/25	✓			
Planning	Primary Care Cluster Reporting against delivery 2023/24	✓			
Planning	Strategic Commissioning Framework			✓	
Partnerships	Regional Partnership Board - Health and Care Strategy and reporting mechanisms. RPB Work Programme				✓
Partnerships	North Powys Wellbeing Programme		✓		✓
Partnerships	NWSSP Performance Report	✓ Year-end		✓ Mid-year	
Partnerships	Transformation and Change	✓	✓	✓	✓
Partnerships	Partnership Governance Framework			☒	✓
Partnerships	Comms and Engagement report (Arrangements for Engagement and Consultation in respect of service change)			✓	
Population Health	Whole Systems Approach to prevention of obesity	✓			
Population Health	Adult Weight Management Pathway Update	✓			
Population Health	Healthy Child Wales Programme (CR) Health visiting programme	✓			
Population Health	Summary of screening programmes (uptake of screening programmes) *When published by PHW. Timeframe TBC				✓
Population Health	Annual Report of Director of Public Health (including reducing inequalities)	✓			
Population Health	Health Protection Summary Report				✓
Population Health	Child Immunisation Annual Report			✓	
Population Health	Deep dive Diabetes	✓	✓		✓
Population Health	Shared Services Report				✓
Population Health	Endoscopy Services Update	✓			✓
Population Health	Additional Learning Needs (ALN)	✓			✓
Population Health	Winter Plan 2024/25			✓	
Population Health	Tobacco Control Action Plan (Annually at request of Committee)		✓		
Audit Reports	Any Internal Audit/Wales Audit reports received for information				
Audit	Potential Report giving sight of IA and EA reports, actions and management responses (ARAC retain responsibility for monitoring)				
Population Health	Oral Health - Design to Smile Programme Warren Tolley			✓	
action log					
Transformation & Value	specific projects from the Transformation programme would be brought back to future meetings to look at financial innovation and transformation.				
Key					
Date to be confirmed					
Item to be confirmed					
Item deferred					
Item brought forward					
Going to Board					
Find Exec Cttee date					
Added to draft agenda					