

Planning, Partnerships and Population Health Committee

Tue 04 February 2025, 10:00 - 12:30

Agenda

10:00 - 10:00 1. PRELIMINARY MATTERS

0 min

 Agenda_PPPH_04Feb2024final.pdf (2 pages)

1.1. Welcome and Apologies

Verbal *Chair*

1.2. Declarations of Interest/Board Members Register of Interests

Verbal/Attached *All*

 PPPH_1.2_Board Members Declaration Of Interests summary 2024-25.pdf (4 pages)

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 on 14 November 2024

Attached *Chair*

 PPPH_3.1_PPPHMinutes_14November2024 v3.pdf (12 pages)

3.2. Committee Action Log

Attached *Chair*

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

 PPPH_3.2a_Palliative Care standards response.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 & Service Change Engagement

Attached *Executive Director of Planning, Performance and Commissioning*

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

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

 PPPH_5.1b_Stroke Proposals.pdf (9 pages)

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📎 PPPH_5.1c_Q3 2024-25 Service Change Engagement Report.pdf (17 pages)

5.2. Regional Partnership Board-(RPB) Annual Delivery Plan

To follow *Executive Director of Public Health*

5.3. Transformation Programme: Better Together

Attached *Executive Director of People and Culture*

📎 PPPH_5.3_Transformation Update Feb 2025 V2.pdf (10 pages)

5.4. North Powys Wellbeing Programme

Attached *Executive Director of People and Culture*

📎 PPPH_5.4_North Powys Wellbeing Programme Report V2.pdf (11 pages)

5.5. Additional Learning Needs (ALN) Update

Attached *Executive Director of Nursing, Quality and Family Health*

📎 PPPH_5.5_Additional Learning Needs January 2025.pdf (8 pages)

5.6. Summary of Screening Programmes (Uptake of Screening programmes)

Attached *Executive Director of Public Health*

📎 PPPH_5.6_Screening Annual Update.pdf (13 pages)

5.7. Health Protection Summary Report

Attached *Executive Director of Public Health*

📎 PPPH_5.7_Health Protection Summary.pdf (8 pages)

5.8. Endoscopy Services Update

Attached *Executive Director of Primary, Community Care and Mental Health*

📎 PPPH_5.8_Endoscopy JAG Position Update 2024v1.pdf (6 pages)

5.9. Committee Risk Register

Attached *Director of Corporate Governance*

📎 PPPH_5.9_Committee Risk Register February 2025 (January 2025's data).pdf (7 pages)

📎 PPPH_5.9a_CRR007 (Primary Care) Jan 2025.pdf (6 pages)

📎 PPPH_5.9b_CRR010 (Public Health Emergency) Jan 2025.pdf (5 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

Attached

7.1. NWSSP Performance Report. Purpose: (Assurance)

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


📎 PPPH_7.1_Powys Exec Q3 NWSSP Performance Report.pdf (3 pages)

📎 PPPH_7.1a_Powys Q3 24-25.pdf (19 pages)

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7.2. Internal Audit Report: Purpose (Assurance) a: Board and Committee Structure/Effectiveness (Substantial Assurance)

Attached *Director of Corporate Governance*

 PPPH_7.2_PTH-2425-02 Board Effectiveness Final Report.pdf (6 pages)

7.3. Work programme. Purpose: (For Information)

 PPPH_7.3_PPPH_Work Programme_2024-25.pdf (1 pages)

7.4. PTHB Glossary. Purpose: (For Information)

Attached *Director of Corporate Governance*

 PPPH_7.4_Powys Teaching Health Board Glossary January 2025.pdf (5 pages)

10:00 - 10:00 8. OTHER MATTERS

0 min

8.1. Any Other Urgent Business

Verbal *Chair*

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

8.3. Committee reflections

Verbal *All*

8.4. Date of the next meeting: 19 May 2025 at 13:00 via Microsoft Teams

**PLANNING, PARTNERSHIPS AND
POPULATION HEALTH COMMITTEE**



**GIG
CYMRU
NHS
WALES**

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

**TUESDAY 04 FEBRUARY 2025,
10:00– 12:30
VIA MICROSOFT TEAMS
CHAIR: RHOBERT LEWIS**

AGENDA

Time	Item	Title	Attached / Verbal	Owner
	1	PRELIMINARY MATTERS		
10:00	1.1	Welcome and apologies	Verbal	Chair
	1.2	Declarations of interest <ul style="list-style-type: none"> Board Members Declarations of Interest 	Verbal/ Attached	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 previous meeting held 14 November 2024	Attached	Chair
	3.2	Committee action log	Attached	Chair
	4	ESCALATED ITEMS		
There are no items for inclusion within this section.				
	5	ITEMS FOR ASSURANCE		
10:10	5.1	Strategic Change Report <ul style="list-style-type: none"> Service Change Engagement 	Attached	Executive Director of Planning, Performance and Commissioning
10:30	5.2	Regional Partnership Board – (RPB) Annual Delivery Plan	To follow	Executive Director of Public Health
10:50	5.3	Transformation Programme: Better Together	Attached	Executive Director of People and Culture
11:05	5.4	North Powys Wellbeing Programme	Attached	Executive Director of People and Culture
11:20	5.5	Additional Learning Needs (ALN) Update	Attached	Executive Director of Nursing, Quality and Family Health
11:35	COMFORT BREAK 10mins			
11:45	5.6	Summary of screening programmes (uptake of screening programmes)	Attached	Executive Director of Public Health
11:55	5.7	Health Protection Summary Report	Attached	Executive Director of Public Health
12:05	5.8	Endoscopy Services Update	Attached	Executive Director of Primary, Community Care and Mental Health
12:25	5.9	Committee Risk Register	Attached	Director of Corporate Governance

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	6	ITEMS FOR DISCUSSION		
There are no items for inclusion within this section.				
	7	CONSENT AGENDA		
	7.1	NWSSP Performance Report Purpose: Assurance	To follow	Deputy Chief Executive/ Executive Director of Finance, Capital and Support Services
	7.2	Internal Audit Reports: Purpose: Assurance <ul style="list-style-type: none"> Board & Committee Structure / Effectiveness (<i>Substantial Assurance</i>) 	Attached	Director of Corporate Governance
	7.3	Work programme Purpose: For Information	Attached	Director of Corporate Governance
	7.4	PTHB Glossary Purpose: For Information	Attached	Director of Corporate Governance
	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
12:30	8.3	Committee reflections	Verbal	All
	8.4	Date of the next meeting: 19 May 2025 at 13:00 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 - REGISTER OF DECLARATION OF INTERESTS 2024/25								Updated: January 2025	
Position	Name	Nature of Interest	Nature of Declaration	Relevant Dates from	Relevant Dates to	Description of Declaration	Comment	Date Returned	Last day in Powys Teaching Health Board
INDEPENDENT MEMBERS									
PTHB Chair	Carl Cooper	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies	2017	2025	Board Member, Social Care Wales	Remunerated Public Appointment	03/06/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB	2018	Ongoing	Sole Trader, Mandy Williams, Consulting	NIL		
Vice Chair	Kirsty Williams	Personal	A position of authority in a Charity of Voluntary Body in the field of health and/or social care	May-22	Current	Deputy Director Samaritans Powys	None	22/05/2024	
		Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Nov-22	Current	ILEP- A Subsidiary of Cardiff University	None		
		Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice	Feb-24	Ongoing	Commissioner for South Wales Fire and Rescue	Ministerial Appointment		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Independent Member (General)	Rhobert Lewis	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Nov-21	Current	Chair NPTC Group of Colleges	NIL	08/04/2024	
		Personal		Sep-23	Current	Chair Confederal Governance UWTSO	NIL		
		Personal		Nov-21	Current	Member of National Assesmbly of Wales Cross-Party Group on STEMM	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Trade Union)	Cathie Poynton	Personal	NIL	NIL	NIL	NIL	02/04/2024		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (Information and Technology)	Ian Phillips	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	01-Aug-21	Current	Independent Chair Welsh Kidney Network	Remunerated	08/04/2024	22/08/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member (finance)	Steve Elliot	Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	04/02/2024	Current	Director of Oshi's World Private Limited Company	NIL	19/08/2024	
		Personal	Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB	22/09/2023	31/03/2024	Special Advisor (Finance) to Powys tHB Audit and Delivery and Performance Committees	Yes		
		Spouse/Partner/Other	A position of authority in a Charity or Voluntary Body in the field of health and/or social care	04/02/2024	Current	Trustee of Oshi's World Charity	NIL		
Independent Member (General)	Ronnie Alexander	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2012	Current	Director of RA and CJ Consulting Limited	Dividend Payment only	15/08/2024	
		Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	2017	Current	Member of Finance, Risk and Audit Committee Hafod/Hendre Housing Association	£2500.00 per annum		
		Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Mar-21	Current to Dec-27	Personal: Independent Monitoring Authority (IMA) – Non Executive Director	£7500.00 per annum		
		Spouse/Partner/Other	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	2017	Current	Director of RA and CJ Consulting Limited	Dividend Payment only		
Independent Member (University)	Simon Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2015	Current	Personal: Academic Registrar, Cardiff University-Variou Healthcare Programmes	Salaried Employment	08/07/2024	
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2001	Current	Sister: Senior Operational Manager, Milestone Trust, Bristol	Salaried Employment		

			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	2021	Current	Spouse: District Nurse, Cardiff and Vale UHB	Salaried Employment		
Independent Member (Third Sector)	Jennifer Owen Adams	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Jun-16	Ongoing	Member (not a NED) of Glas Cymru the holding company of Dwr Cymru/Welsh Water	None	30/04/2024	
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests	Apr-14	Ongoing	Trustee of Impelo Dance CIO	None		
				Jul-05	Ongoing	Chair Public Services Board Scrutiny Committee	None		
		Spouse/Partner/Other	2013	Ongoing	Brother - Senior Manager Freedom Leisure (Lead responsibility for Swansea and South Powys).	NIL			
Independent Member (Local Authority)	Christopher Walsh	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.			Member of Community Speed Wath Group Member of Society Genealogists Associate Member of the Association of Genealogists and Registered Archivists	NIL	09/09/2024	
			Ownership or part ownweship of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB		Ongoing	Sole Trader/Owner of Celebratory Gifts Heraldic Names Sole Trader/Owner: CTW Genealogy Research and Ownner: Property in the County of Powys	NIL		
			A position of authority in a Charity or Voluntary Body in the field of health and/or social care.		Ongoing	Elected Member Powys County Council •Trustee/Chair: Brecon University Scholarship Fund •Brecon Town Council Elected Member •Governor of Priory Church in Wales School •Member Brecon Beacons National Park Authority SDF & Grant Advisory Panel	NIL		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.		Ongoing	•Member of Royal College of Nursing •Registered Member of Nursing and Midwifery Council	NIL		
			Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.		Ongoing	Labour Party	NIL		
Independent Member (Capital)	Michael Giannai	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	2019	Current	Chair of the Board of Social Care Wales (Welsh Government Sponsored Body).	Remunerated	01/04/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Independent Member	Ian Thomas	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Jan-23	Current	Family Fund (UK Charity)	NIL	09/01/2025	
				Jun-24	Current	Family Fund Business Services (FFBS)	NIL		
EXECUTIVE MEMBERS									
Chief Executive Officer	Hayley Thomas	Personal	NIL	NIL	NIL	NIL	NIL	30/05/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Executive Director of Planning, Performance & Commissioning	Stephen Powell	Personal	NIL	NIL	NIL	NIL	NIL	03/07/2024	18/10/2024
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Executive Director of Finance, Capital and Support Services	Pete Hoggood	Personal	NIL	NIL	NIL	NIL	NIL	22/05/2024	
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Ongoing	Ongoing	Partner is Finance Manager working in SBUHB	Not Relevant		

Executive Director of Allied Health Professions, Health Science and Digital	Claire Madsen	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	07-Jan-19	Current	Occasional Lecturer for University of West of England.	Hourly rate	02/04/2024	
			Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	10-Jun-05	Current	Member of the The Chartered Society of Physiotherapy	NIL		
		Spouse/Partner/Other	NIL	NIL	NIL	NIL			
Executive Director of Nursing, Quality, Women and Family Health	Claire Roche	Personal	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2018	Current	Member of the Royal College of Nursing	NIL	22/08/2024	
		Spouse/Partner/Other	NIL	1994 NIL	Current NIL	Member of the Royal College of Midwifery NIL	NIL		
Executive Medical Director	Kate Wright	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	01-Aug-91	Current	Member of the British Medical Association		12/08/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of People and Culture	Debra Wood Lawson	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	01-Nov-24	Current	Non Executive Board Director - Cadarn Housing Group Limited (Powys is a zonal partner)	NIL	18/11/2024	
		Spouse/Partner/Other	NIL	NIL	NIL	NIL	NIL		
Executive Director of Public Health	Mererid Bowley	Personal	Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	NIL	NIL	Member of Faculty of Public Health	NIL	23/05/2024	
		Spouse/Partner/Other	Ownership or part ownership, of private companies, businesses or consultancies likely or possibly seeking to do business with PTHB.	NIL	NIL	Husband works for Mitie Engineering who hold contracts/work with some NHS bodies/organisations. Shares held by husband and myself and Mitie Company	NIL		
Interim Executive Director of Operations	Joy Garfitt	Personal	NIL	NIL	NIL	NIL	NIL	No change from 2023 submission	30/09/2024
		Spouse/Partner/Other	A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	2012	Current	Spouse employed by PTHB within Mental Health Department	NIL		
Director of Corporate Governance/ Board Secretary	Helen Bushell	Personal	Employment by any other body where there could be a perceived or actual conflict with NHS duties. This includes the undertaking of private practice.	Nov-21	Current	School Governor – primary school (Bridgend Local Authority)	Not remunerated	03/06/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	Sep-16	Current	Board Director and Chair of the Board Cadarn Housing Ltd (Powys is a zonal partner)	Remunerated part time role, 2-4 days per month		
			A personal or departmental interest in any part of the Pharmaceutical / healthcare industry that could be perceived as having an influence on decision making or on the provision of advice to members of the team	Jul-24	Oct-24	Spouse member of the PTHB Bank working occasionally for the Health Board	Paid per hour/day of work		
			Any other connection with a voluntary, statutory, charitable or private body that could create a potential opportunity for conflicting interests.	Sep-22	Current	Public Appointment - Youth Work strategy and implementation Board - Oct 22 - Sept 24	Remunerated 2-4 days per month		
Associate Director of Capital and Estates	Wayne Tannahill	Personal	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Director of Pembrokeshire Surveyors Ltd. Sole proprietor, small architectural business, made dormant April 2016 (formally closed April 2017)		24/04/2024	
		Spouse/Partner or other Relative	Directorships, including non-Executive Directorships held in private companies or PLCs, with the exception of dormant companies.	1996	2016	Daughter Kate was Company Secretary			
Director of Strategic Improvement and Transformation	Lucie Cornish	Nil	Nil	Nil	Nil	Nil	Nil	13/11/2024	
Executive Director of Planning, Performance & Commissioning	Nicola Johnson From 07/10/24	Nil	Nil	Nil	Nil	Nil	Nil	16/10/2024	

Executive Director of Primary, Community Care and Mental Health	Elaine Lorton From 30/09/2024	Personal	A position of authority in a Charity or Voluntary Body in the field of health and/or social care.	Nov-19	Current	Chair – West Wales Care & Repair	Nil	17/10/2024	
				Apr-24	Current	Independent Member – ateb	£2,960 Per Annum		

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PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE

UNCONFIRMED MINUTES OF THE MEETING HELD ON THURSDAY 14 NOVEMBER 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)
Simon Wright	SW	Independent Member (University)
In Attendance:		
Hayley Thomas	HT	PTHB Chief Executive Officer
Mererid Bowley	MB	Executive Director of Public Health
Pete Hopgood	PH	Deputy Chief Executive and Executive Director of Finance, Information & IT
Nicola Johnson	NJ	Executive Director of Planning, Performance and Commissioning
Lucie Cornish	LC	Director of Improvement & Transformation
Adrian Osborne	AO	Deputy Director of Communications and Engagement
Helen Bushell	HB	Director of Corporate Governance and Board Secretary
Sam Ruthven Hill	SRH	Assistant Director of Planning
Vicki Cooper	VC	Digital and Transformation Manager
Stuart Bodham	SB	Internal Audit (Observing)
Bethan Hopkins	BH	Audit Wales (Observing)
Beth Powell	BP	Corporate Governance Business Officer (Committee Support)
Apologies for absence:		
Claire Madsen	CM	Executive Director of Allied Health Professions, Health Science and Digital
Deb Wood-Lawson	DWL	Executive Director of People and Culture
Carl Cooper	CC	PTHB Chair
Elaine Lorton	EL	Executive Director of Primary, Community Care and Mental Health

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PRELIMINARY MATTERS

WELCOME AND APOLOGIES FOR ABSENCE (PPPH/24/035)

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.

UNCONFIRMED MINUTES OF THE PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE HELD 13 AUGUST 2024 (PPPH/24/036)

The Committee **APPROVED** the minutes of the meeting held on 13 August 2024, as being a true and accurate record subject to the following amendment:

It was noted that Simon Wright's title would be corrected to Independent Member (University).

COMMITTEE ACTION LOG (PPPH/24/037)

The Committee Action Log was received, and ongoing actions were discussed.

PPPH/24/024a- Strategic change (Radiotherapy Satellite)

A briefing note had been received and would be circulated to members after the meeting.

PPPH/24/026- Better Together

Financial Innovation and Transformation projects to be included in future reporting.

Action: Director of Corporate Governance to discuss expectation with the Director of Transformation and Value

PPPH/24/012 - Antibiotic Resistance

Members noted the Public Health significance of this and what frequency would committee expect to see report updates?

MB explained that a national action plan is in place and she would discuss the reporting frequency with the Director of Nursing, Quality, Women and Family Health who is the Executive lead on this area. This would be confirmed at the next meeting.

Action: Director of Public Health

PPPH/24/027 – Maternity Dashboard is Not Yet Due and remains on track.

Six items were recommended and AGREED for closure.

The Committee **AGREED** the updates provided for implementation to the Action Log for closure.

ESCALATED ITEMS

There were no items for inclusion within this section.

ITEMS FOR ASSURANCE

STRATEGIC CHANGE REPORT (PPPH/24/038)

NJ presented the report and provided an update against the stocktake of Strategic Change programmes which may impact on Powys patients and services. Key actions within the Plan are collated under the five priority objectives.

A list of the escalation status for all Wales Health Boards was highlighted with the following changes in recent weeks:

- Cwm Taf Morgannwg University Health Board escalation to level 3 for CAMHS;
- Swansea Bay University Health Board and PTHB both escalated to level 4 for Strategy, Planning and Finance.

PTHB had increased the alignment of planning and escalation response to allow focus on areas that are most likely to lead to greatest improvement.

Powys' Transformation team are working alongside Hywel Dda's planned changes to learn from their approach to support local plans. Recent SE Wales Regional Partnership and Delivery Board meetings discussed Stroke services configuration.

Independent Members sought assurance by asking the following questions:

What are the implications for Powys regarding the National Standards for Palliative care?
The Director of Planning, Performance and Commissioning agreed to provide detail outside of the meeting.

Action: Director of Planning, Performance and Commissioning

Given Herefordshire are setting up a Diagnostic Centre and Surgical Daycare facility, and Robert Jones & Agnes Hunt are adding considerable capacity, what impact does this have on Powys waiting lists?

NHS England are incentivising efficiency and productivity with Day case activity welcomed for the benefits of patient experience and access. Further work is required to develop contracting with providers into 2025/26. It is thought that waiting times would continue to fall across NHS England with plans to track financial implications locally, noting that Day case activity would see longer term benefits for the Powys population.

Work has been undertaken to support diagnostic capacity through the North Powys Wellbeing Programme in terms of scoping additional capacity and to support onward planning. Powys has piloted supporting Orthopaedic capacity through MSK workstreams to develop a strong strategic partnership with Rhobert Jones and Agnus Hunt. This has underpinned the now approved Business case regarding additional resources for triage and management to ensure optimisation of MSK and Orthopaedic provision. It is planned that we should see a shift in referrals to local MSK services.

Given the investments into English trusts and challenges around financial planning, what is the plan and process to ensure Powys is in the best position given the opportunities that maybe available but are not affordable?

A recent JET (Joint Executive Team) meeting had taken place with Welsh Government, and this had been raised. PH explained that Powys' approach is using current resources to deliver the best outcomes for the population. Should additional capacity across English providers become available, this poses an opportunity for Powys, however also the need to understand what this means for patient flow and financial impact. These plans would link to Powys' Integrated Medium-Term Plan (IMTP) and future sustainability programme.

Does Powys have a free standing CAMHS service or are we dependent on other Health Boards?

CAMHS services have a number of levels, levels 1-3 are delivered by the Health Boards, CAMHS level 4 is an in-patient service and is nationally commissioned through the NHS Wales Joint Commissioning Committee arrangements.

Is there further information on how Powys plans to roll out support of new Stroke Services?

NJ explained that across the UK acute stroke services are being centralised in line with the National Standards to improve outcomes and ensure utilisation of new technology available. Powys will need to ensure we provide rehab and primary care support to mitigate the travelling time for patients and their families.

A full update would be provided to members outside of the meeting.

Action: Director of Improvement & Transformation

Given the recent announcements made this week for NHS English Trusts and new Chairs approach to review performance, do we know what this means for the population of Powys?

NJ acknowledged this was very recent news and should a change impact upon Powys residents, this will be incorporated into the next report to this Committee or DPC

Service Change Engagement Report

HB introduced the item and AO presented the report providing 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:

- Temporary Service Changes: Engagement on temporary changes to Powys services including MIU and community hospital inpatient wards closed on 8 September 2024. The proposals were approved by the Board on 10 October and move to implementation.
- EMRTS: The next steps of the EMRTS review are due to be discussed at the NHS Wales Joint Commissioning Committee in November. The existing 23-010 is being retained to reflect the legacy engagement on EMRTS and Wales Air Ambulance, 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 had been updated to include temporary changes in place in Hywell Dda and next steps in developing clinical service plans.

HT attended a recent JCC meeting and reported that the committee approved recommendation 4. The outcome of the response from WAST is due imminently, recognising the issues within recommendation 4 will form part of next stage planning, this is expected to be addressed and considered at the JCC.

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

INTEGRATED PLAN 2025/2026 DEVELOPMENT AND DRAFT MATURITY MATRIX (PPPH/24/039)

NJ presented the report with the proposed approach for the development of the Powys Integrated Plan (IMTP) 2025 – 2028, noting the Health Board had been placed into level 4 escalation with Welsh Government. The Plan will have the themes of Risk, Recovery

and Sustainability. A recent Board Development Session discussed the escalation criteria for Finance, Planning and Strategy and our work to progress these will be included in the Plan, whilst maintaining routine monitoring status for quality, and performance governance and leadership. A baseline assessment would be undertaken to include assessment of growth with commissioned providers with the first draft Plan to be presented to the Board in January 2025. The NHS framework planning or Ministerial Directions are yet to be received.

NJ welcomed feedback from the Committee on the refreshed PESTLE analysis and the draft Strategic Priorities which have been formed based on the strategic framework and emerging work from the Routemap and Sustainability Programme. NJ highlighted the importance of this work to be signed off at the November Board as a first draft to enable planning to develop. The Planning Maturity Matrix forms part of the de-escalation criteria providing assurance to Welsh Government on the organisation's planning maturity baseline.

Independent Members sought assurance by asking the following questions:

Can you clarify if the proposed format of the Planning Maturity Matrix has been set by Welsh Government?

Yes, and there is a requirement set by the Director of Planning at Welsh Government for all health boards to complete it on a six-monthly basis.

What are the timescales for the Health Board to develop a clinical services plan to guide Estates, Workforce and Digital?

This will be the end product of the Routemap to Sustainability work which is being worked through at pace. It is anticipated that outputs would be recognised over the coming weeks with an update to be shared with members at the February 2025 meeting. HT clarified the use of Clinical Services Plan language, which may not suit Powys tHB, given its unique provider and commissioner configuration.

Action: Director of Improvement & Transformation

How are third sector partners going to be involved in engagement to deliver outcomes or is there element of co-creation?

Powys are in discussion with the Local Authority regarding the Route Map and temporary service change work. Discussions around a sustainable model and engagement had taken place with Partners and Third Sector. The service continues to seek opportunity to maximise collaboration with service provision and communication with communities. LC added that an organisational development, communications and engagement workstream as part of the transformation programme to look at a formal engagement approach to build into the Route Map work. An evaluation framework on the Temporary Service Changes includes stakeholder feedback from various partners to ensure learning is evaluated.

HT highlighted that a formal process of service change and development is required to look at long term options for the future of Powys. A formal consultation process with the public would be undertaken and consideration of what resource and capacity is needed to determine a scale of co production and process allocated. HT raised the importance of the Regional Partnership Board (RPB) requirements and how Powys works alongside the Local Authority. Interface mapping had been undertaken, recognising further work

is needed to complete a realistic timetable to demonstrate key points and shared narrative with Third sector.

The following observations were made against the PESTLE analysis:

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

The committee recognised the need for further discussion on the planning maturity matrix at Board. .

The self-assessment made is in context of the criteria set within the Planning Maturity Matrix by Welsh Government. The following clarification was provided of the rating levels:

- Level 2 – Early Progress, Approvability outcome of IMTP meets statutory requirements.
- Level 3- Results, demonstratable improvement
- Level 4- Maturity outcome has coherent aligned plans.

The Board had approved the plan as seen to be realistic and deliverable, however, to meet the necessary statutory requirements Powys are not able to score higher against the criteria. HT explained the organisation is in the early stages of increased escalation of targeted intervention, a meeting to discuss next steps and to ensure appropriate response to the status is due imminently. Further discussion and consideration will be required from the Board of the delivery assessment and expectations.

Does the Board provide sufficient time to look at implementation of the plan and monitor its deliverability, and how will this be evaluated?

The Plan is monitored through quarterly reporting with the Delivery Confidence Assessment and Performance Report regularly reported to the Board for assurance. HT recognised further work is required to undertake a deep dive against evaluation and impact assessments to track outcomes against the plan. Positive feedback was received from a recent Structured Assessment on current arrangements, recognising further work is needed against evaluating outcomes.

Will Powys be submitting a single rating levels against the Dynamic and Engaged Planning, or a range?

NJ explained the aim is to submit single rating level to provide clear assurance on the current position, as this is a baseline assessment in the first instance and improvements are continued to be worked through over the coming weeks.

The Committee:

- **NOTED** the current position and national requirements,

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

TRANSFORMATION AND CHANGE (PPPH/24/040)

LC provided a presentation on the Route map to Sustainability work and wider Transformation Programme. A detailed update was provided on the achievements delivered which align with PTHB Integrated Medium Term Plan (IMTP). Key messages from the Accelerated Sustainable Model (ASM) and Better Together Programme were noted.

The next phase of the programme would include the following:

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

Independent Members sought assurance by asking the following questions:

Is it anticipated that the next phase of work will be completed on time provided the timescales set?

The plan is developed to align the clinical model with the Estates Strategy and Financial Plan, with opportunities to deliver against this to timescales. There is a need to focus on commissioned provision which is key and how areas of greatest value are prioritised. This work has already begun considering the resource required. Capacity to successfully deliver has been recognised as a fundamental and key part of the programme restructure.

Given the cost of delays into social care has been assessed, should this be part of the explicit discovery phase narrative to achieve against financial delivery?

The financial pressures and opportunities are already part of the Discovery Phase narrative. Recent JET meetings have discussed shining a light on impact and costs for transparency with all NHS providers across the UK being in a similar position. Collective discussions with Board and Cabinet have also taken place, being clear on the extent of challenges Powys is faced with.

The Committee observed that a key focus remains with staff resource and to ensure assurance is provided within the narrative that Powys has a strong workforce to deliver the plans.

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

WINTER PLAN 2024/2025 (PPPH/24/041)

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

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

WINTER RESPIRATORY VACCINATION CAMPAIGN (PPPH/24/042)

MB presented a summary of the work undertaken to date against the Plan to deliver the Winter Respiratory Vaccination Campaign. MB highlighted the following key elements:

Covid-19 Vaccination:

- Autumn 2024 campaign commenced on 1 October 2024. Delivery predominantly through Vaccination Service with six GP Practices offering Covid-19 vaccination to 721 residents vaccinated with further 'mop up' visits planned;
- Care home uptake 77.5% (1st in Wales)

Flu Vaccination:

- 890 2 & 3-year-olds vaccinated - 42.5% uptake (1st in Wales),
- 17,601 adults over 65years vaccinated – 45.5% uptake (1st in Wales),
- 575 PTHB staff vaccinated -25.85% uptake and;
- Clinical Risk Flu vaccination – 3,850 citizens vaccinated (1st in Wales)

RSV Vaccination:

- 6 GP Practices offering older adult routine programme, Powys supporting the other 10 practices patients,
- Maternal programme delivered by midwifery service - 108 doses of RSV administered,
- Work currently ongoing with maternity service to ensure that women over 28 weeks are vaccinated before their delivery date,
- 41 doses (2.25%) of RSV vaccine administered in the older adult catch-up programme (1st in Wales)

Independent Members sought assurance by asking the following questions:

Are the rates good enough to protect patients and staff throughout Winter and what is the plan increase uptake of vaccination?

A Covid-19 wave is anticipated towards the end of November 2024, noting that Communications with staff, patients and communities will be fundamental to encourage uptake of vaccination to protect individuals. Work has been undertaken to encourage uptake of Flu and Covid Vaccination and this will continue over the coming weeks and months to increase protection levels for the population.

What is the position on Staff vaccination uptake in comparison to last year?

When comparing year on year uptake, to date the percentage of staff uptake this year has increased in comparison to last year's data, however uptake in general is low across NHS Wales. Ward walk arounds have continued across hospital sites which had seen greater impact of vaccination uptake. The service continues to raise awareness through divisions and senior managers to encourage staff to uptake vaccinations. HT added it had been recognised on a national basis that further reinforcement of communications with the public is required, given the importance of vaccination uptake for protecting individuals and others.

Given the recent announcement of Independent Pharmacies possible strike action across the UK due to a shortage of funds provided, is Powys sighted on any contingency planning should this happen?

MB noted that this would be discussed with Primary Care colleagues who lead on primary care contracting to provide detail on contingency plans if required.

Action: Executive Director of Primary, Community Care and Mental Health

Are we seeing any hospital admissions related to unprotected individuals of Flu and/or Covid-19?

Hospital admissions which are Covid related are currently very low in numbers, however some ward patients are Covid positive, although it is unclear if the virus was present during admission or transmitted during the time on the ward. The key action remains to reinforce messaging around vaccination uptake to increase protection rates prior to additional pressures during winter months.

Is there a threshold that triggers escalation in RSV that would impact the delivery strategy on vaccination uptake?

RSV is a newly introduced vaccine this Winter and delivery of the programme including uptake and impact on levels of RSV infections will be monitored nationally

The Committee:

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

ORAL HEALTH – DESIGN TO SMILE PROGRAMME (PPPH/24/043)

MB provided an update on children's dental health focusing on early years up to and including age five years and focusing on dental decay which has seen a continued improvement across Powys. MB outlined the recent trends together with data on children's dental health in Powys and how this compares to other Health Boards in Wales. Considerable work has been undertaken to reestablish the Design to Smile Programme post pandemic which relies on Partnerships and collaboration with pre school settings. There has been an improvement of uptake of eligible settings taking part within the programme, however it has been recognised that further work is required to understand

why some settings have not taken part within the programme and to offer support going forward.

Is there specific action to be taken to reverse the trend of inequality?

There are Programmes such as the Healthy Child Wales and Design to Smile Programme which are designed to provide greater support in areas of deprivation. Assurance is required that individuals are participating, and this is supported through the Health Visiting programme where toothbrushes are being supplied as part of the encouragement to prevent tooth decay.

Do maternity services offer information to families regarding the benefits of breastfeeding for good dental health in early years?

MB explained that this is already part of the maternity services across Powys with the Weaning programme recently refreshed, staff have undertaken training and delivered the programme. This was noted to form part of the Healthy Weights programme which continues to be improved.

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

The Committee:

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

CHILD IMMUNISATION ANNUAL REPORT (PPPH/24/044)

MB provided an update on the uptake of childhood vaccinations across Powys from April 2023 to March 2024 and the continued emphasis to maintain high uptake rates. Mererid Bowley thanked GP practices for the delivery of childhood vaccinations which is part of the General Medical Services (GMS) contract.

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

- 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.

The Committee:

- **CONSIDERED** the uptake in childhood immunisations and took **ASSURANCE** of the actions being undertaken to maintain and further increase the uptake of childhood immunisations, including targeted catch-up campaigns and;
- **NOTED** the successful implementation of the targeted MMR vaccination catch-up to increase rates in primary and secondary schools in Powys.

LOCAL AND NATIONAL CIVIL CONTINGENCY ARRANGEMENTS (PPPH/24/045)

MB provided an overview of the Local and National Civil Contingency arrangements and explained that the PTHB Board at its meeting on the 24 July following its consideration of the Civil Contingencies Annual report asked for a more detailed discussion to take place at the PPPH Committee. The report provided detail of the current Civil Contingencies planning and preparedness arrangements that are in place at national level through the NHS Wales Executive. Discussions were held around the cross border working arrangements and links with the UK's CONTEST strategy.

Members asked the following questions:

Are the 9 trained Gold Command staff still employed by the health board?

DB confirmed that out of the 9 trained staff over the past three years, some members had since left the organisation. It was noted that 15 out of 27 staff on 'Gold on call' had received either Wales Gold or Wales Lite training through the multi-agency resilience group. All members of Gold had received the internal induction prior to being placed on the rota.

The LRF Annual Training has limited spaces, and training is limited to 3 places on the annual Gold training. This has been raised by the Health Boards in the region that increased number of spaces are required.

Can assurance be provided that the impact of Civil Contingencies Act arrangements for English authorities have been strengthened, alongside the approval process from the Home office and Welsh Government to ensure they are in tandem?

From a health protection perspective arrangements had improved, regular meetings setup cross border post Covid-19 pandemic to monitor progress and local working arrangements had been strengthened. Positive feedback regarding communications had been received regarding the Public Protection aspect and had seen an improvement over recent months.

HT explained that cross border and relationship management discussions across England and Wales are in place led from Welsh Government and are disseminated down to a local level to respond appropriately. HT agreed that further detail would be provided in terms of the arrangements following discussions at the Leadership team meeting.

Action: Chief Executive Officer

Members welcomed the report and recognised the alignment to the Corporate Risk Register. Thanks were given for the work undertaken to date.

The Committee RECEIVED the update of the current Civil Contingencies planning and preparedness arrangements at a national, regional and local levels for awareness and took ASSURANCE from the plans in place.

COMMITTEE RISK REGISTER (PPPH/24/046)

HB presented the report explaining that the Committee Risk Register had been in development and now provides an actioned based Risk 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. HB explained that depending on the Committee cycle and timing of meeting would impact if the risk register had already been considered by the Board or not. The version shared in meeting had been presented to the September Board.

The Committee has a key role to consider the relevant risks in more detail seeking assurance about the effective management of corporate risks.

Members asked the following questions:

With the demand across Primary Care, how are communications working to continue to improve Cluster leads performance and quality?

HB acknowledged that the Executive Director of Primary, Community Care and Mental Health was not present to provide an update and therefore would be asked to join the next meeting to provide further detail.

Action: Executive Director of Primary, Community Care and Mental Health Services

The Committee:

- **RECEIVED** and **DISCUSSED** the corporate risks within the Committee's remit and;
- **TOOK ASSURANCE** that risks are being managed in line with the Risk Management Framework.

ITEMS FOR DISCUSSION

There are no items for inclusion within this section.

CONSENT AGENDA

NWSSP MID-YEAR PERFORMANCE REPORT (FOR ASSURANCE)(PPPH/24/047)

The Committee **RECEIVED** the NWSSP Mid-Year Performance Report.

INTERNAL AUDIT REPORTS: INTEGRATED PLAN DEVELOPMENT REPORT (FOR INFORMATION) (PPPH/24/048)

The Committee **RECEIVED** the Integrated Plan development report.

COMMITTEE WORK PROGRAMME (PPPH/24/049)

The Committee **RECEIVED** the Work programme.

OTHER MATTERS

ANY OTHER URGENT BUSINESS (PPPH/24/050)

There was no urgent business raised.

ITEMS TO BE BROUGHT TO THE ATTENTION OF THE BOARD AND/OR OTHER COMMITTEES (PPPH/24/051)

There was none.

COMMITTEE REFLECTIONS (PPPH/24/052)

The following summary and reflections were provided by Committee members:

- Welcomed detail of the Strategic Change report
- Quality reporting and comprehensive discussions
- HB to reflect timing allocations for reports going forwards to allow sufficient time for discussions
- Good meeting flow and well chaired

DATE OF THE NEXT MEETING (PPPH/24/053)

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

Meeting ended: 12:33

Powys Teaching Health Board 04 February 2025

In response to outstanding action at Planning, Partnership and Population Health (PPPH) Committee Ref: PPPH/24/038

Action: To share detail of the implications for Powys regarding the National Standards for Palliative Care with Committee members

- **Situation:** 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. A request was made at the Planning, Partnership and Population Health Committee on 14th November to provide further information on the standard and its impact on Powys patients.
- **Background:** There is a national programme looking into palliative care pathways to develop standards and identify opportunities for simplifying models through a shared cross organisational workforce approach.

In 2023, the National Clinical Lead for the National Palliative and End of Life Care Programme asked the Mid Wales Joint Committee team for support in facilitating group discussions on a Mid Wales level to inform the national programme work. Feedback from a Mid Wales Joint Committee facilitated workshop with Mid Wales Health Board palliative care leads outlined the current issues and challenges faced across Mid Wales, in particular, out of hours and weekend working.

The Mid Wales Joint Committee team were due to meet with the National Clinical Lead on 6th June 2024 to discuss what further support they require and the next steps for this work, however, this meeting was rearranged for 16th July 2024 during which it was agreed that it would be beneficial for the National Clinical Lead to meet with the Palliative Care Leads for Mid Wales to understand the current palliative care pathways and service provision across Mid Wales for informing the work of the National Palliative Care and End of Life Programme.

Meeting for Mid Wales Leads to review standards in November postponed as standards not yet published.

- **Assessment:** The standards will be reviewed once published and assessed for impact on the Powys population.

Powell Bethan
03/02/2025 20:04:45



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.1

Planning, Partnerships and Population Health Committee **4th February 2025**

Subject:	Strategic Change Report
Approved and presented by:	Nicola Johnson, 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 - 22 January 2025

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	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	
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 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 'Commissioning Quality Performance Review Monitoring' 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.

*Howell, Bethan
03/02/2025 20:04:45*

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).

Information included in the slides for this quarter include:

- Changes in Escalation and Intervention Status for Cwm Taf Morgannwg University Health Board, Powys Teaching Health Board, Swansea Bay University Health Board
- Updates relating to Powys County Council "Sustainable Powys", "North Powys Wellbeing Programme" and "Better Together"
- An update from Hywel Dda University Health Board November Board meeting is included
- Swansea Bay University Health Board independent review into maternity and neonatal services are undertaking staff engagement activities
- Cwm Taf Morgannwg University Health Board have implemented a temporary change to stroke service provision to the Royal Glamorgan Hospital (Llantrisant) from Prince Charles Hospital (Merthyr Tydfil). (An additional paper on stroke has been included as an appendix to this paper)
- Work is progressing at Aneurin Bevan University Health Board to develop the new Velindre satellite radiotherapy centre at Nevill Hall Hospital, which is due to open to patients in June 2025
- An update from the South East Wales Regional Portfolio Delivery Board in January 2025 has been included
- The NHS Executive launched the first Women's Health Plan for Wales setting out a 10-year vision to improve healthcare services for women
- NHS England launched "The Elective Reform Plan" which sets out a whole system approach to hitting the 18-week referral to treatment target
- NHS Shropshire, Telford and Wrekin have received national approval of its Full Business Case for the Hospitals Transformation Programme
- The Shrewsbury and Telford NHS Trust have signed the design and build contract which will include construction to facilitate the Princess Royal Hospital site in Telford to specialise in planned care and the Royal Shrewsbury Hospital specialise in emergency care

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 – NOT REQUIRED FOR THIS REPORT

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

QUALITY:

	No impact	Negative	Positive	Both
Safe				
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
03/02/2025 20:04:45

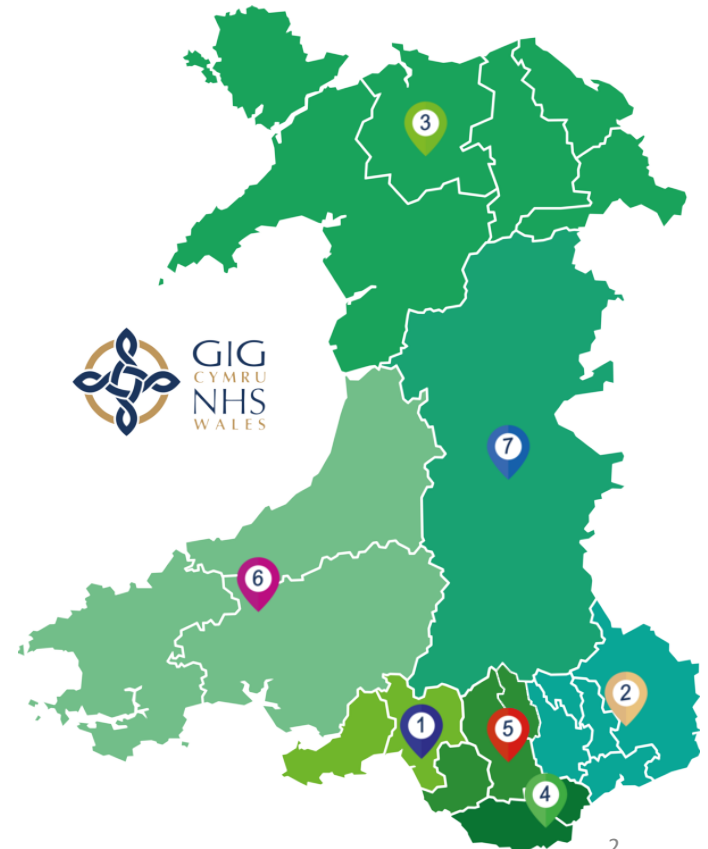
Strategic Change Update

Planning, Partnerships and Population Health Committee
4th February 2025

Powell, Bethan
03/02/2025 20:04:45

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.



Powell, Bethan
03/02/2025 20:04:45

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.

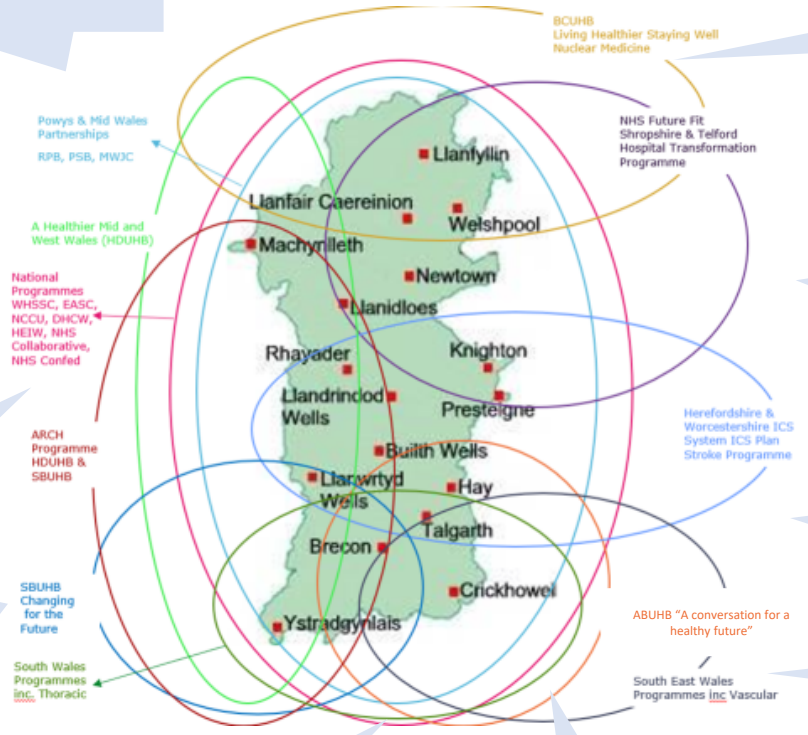
All organisations in Wales submitted Plans to Welsh Government 31st March 2024.

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 are developing a 10-year plan for healthcare in Gwent.. "A conversation for a healthy future .



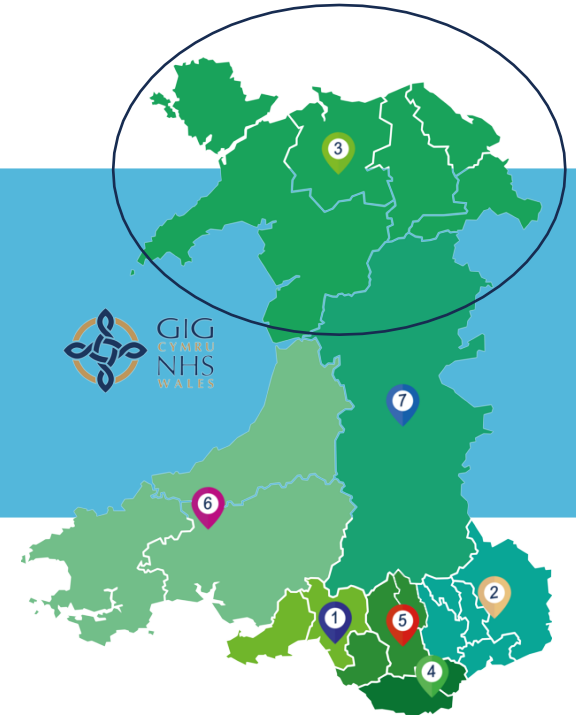
Welsh Government Escalation and Intervention Arrangements

(Latest statuses published 5th November 2024)

Organisation	Current Status
<ul style="list-style-type: none"> Aneurin Bevan University Health Board 	<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Betsi Cadwaladr University Health Board 	<ul style="list-style-type: none"> Level 5 - Special measures
<ul style="list-style-type: none"> Cardiff and Vale University Health Board 	<ul style="list-style-type: none"> Level 3 - Enhanced Monitoring for finance, strategy and planning
<ul style="list-style-type: none"> Cwm Taf Morgannwg University Health Board 	<ul style="list-style-type: none"> Level 4 - Targeted Intervention for performance and outcomes relating to urgent and emergency care, cancer and planned care Level 3 - Enhanced Monitoring for finance, strategy and planning Level 3 – Enhanced Monitoring for performance and outcomes relating children and adolescent mental health (CAMHS)
<ul style="list-style-type: none"> Hywel Dda University Health Board 	<ul style="list-style-type: none"> Level 4 - Targeted intervention
<ul style="list-style-type: none"> Powys Teaching Health Board 	<ul style="list-style-type: none"> Level 4 – Targeted Intervention for finance, strategy and planning
<ul style="list-style-type: none"> Swansea Bay University Health Board 	<ul style="list-style-type: none"> Level 4 – Targeted Intervention for finance, strategy and planning Level 4 – Targeted Intervention for performance and outcomes Level 3 – Enhanced Monitoring for maternity and neonatal
<ul style="list-style-type: none"> Public Health Wales NHS Trust Velindre University NHS Trust Welsh Ambulance Services University NHS Trust Digital Health and Care Wales Health Education and Improvement Wales 	<ul style="list-style-type: none"> Level 1 - Routine arrangements

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North Wales



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Betsi Cadwaladr University Health Board

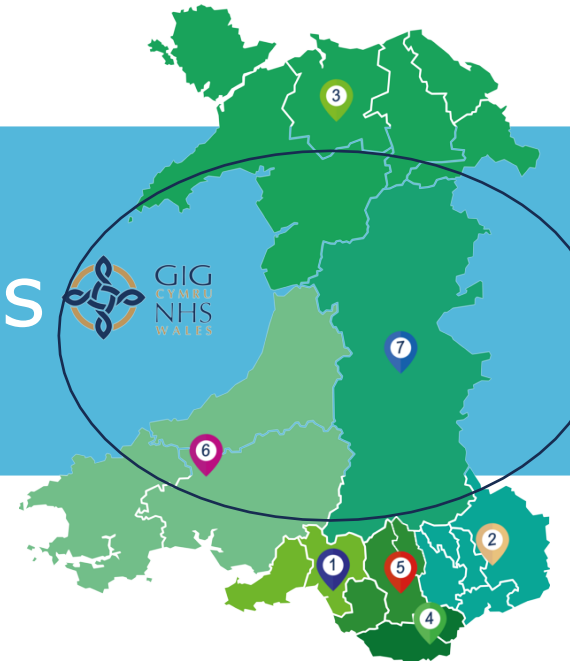


Betsi Cadwaladr University Health Board covers a large North Wales footprint spanning six Local Authority areas of Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham.

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"> 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 followed by a refresh in 2024.
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 un-supportable 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"> A series of workshops have taken place in partnership with Powys County Council from November to January 2025 to share issues and themes from Sustainable Powys and Better Together with County Councils & Town and Community Councils in each of the five proposed hub areas.
North Powys Wellbeing Programme	<ul style="list-style-type: none"> Scope has changed to phased approach with submission of Strategic Outline Case/Outline Business Case for Integrated Hub / Front Door element only in Q3 2025. An update was issued to stakeholders on 10 January 2025 to share the current position and next steps.
Better Together	<ul style="list-style-type: none"> Progress 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 the Better Together model. Further work this quarter has included participation in Powys County Council events for 'Sustainable Powys'. A series of internal workshops is underway in January to engage clinical and professional leads on priority setting for 2025 onwards

Powys – Plan on a Page



Plan on a page 2024 - 2029



Better Together for a Sustainable Model of Care

Whole System Approach to Wellbeing & Prevention

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

Faster, effective diagnosis and treatment

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

Working together across Major Conditions, Physical and Mental Health

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

Home first and back home fitter and faster

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

- 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	<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 Bronlais 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)

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

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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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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
<p>A Healthier Mid and West Wales</p> <p>Clinical Services Plan</p>	<ul style="list-style-type: none"> • “A Healthier Mid and West Wales”, (published in 2018), detailed the issues in providing care across a large and predominantly rural setting, with some services provided across multiple sites. The update report on the strategy presented at the November 2024 Public Board outlined that, while the vision set out in the 2018 A Healthier Mid and West Wales (AHMWW) strategy remains valid, there is a need to review the route to realising this vision; given the time that has elapsed, delays with the capital investment programme and the broad set of impacts resulting from the pandemic (health of the population, economic challenges etc). An update being provided at their January Board meeting is proposing a Strategic refresh of the purpose, objectives and timing of delivery • A Clinical Services Plan has been developed to support services with recognised fragility or sustainability issues. Following the Board agreement in November 2024 to progress to consultation, this activity will support the wider strategy refresh, including testing of the role of the four acute sites based on the learning from the options development process. Alongside this work, regional impact assessments will be carried out, to allow further engagement with partners to understand and shape future service delivery on a local and regional basis. • The services included are: <ul style="list-style-type: none"> • Critical Care • Urgent and emergency paediatrics • Planned Care (Dermatology, Elective Orthopaedics, Ophthalmology and Urology) • Emergency general surgery • Stroke • Diagnostics (Endoscopy and Radiology) • Primary Care and Community • The options development process included potential changes to the four acute sites including Bronglais Hospital, with the stated aim to move towards sustainable services, improve quality, safety, experience and outcomes (this included potential configuration of stroke services which would change the pathway for Powys patients, as noted in the appended paper on Stroke) • HDUHB are planning formal public consultation from May to August 2025, conscientious consideration to October 2025 and final presentation of feedback to Board in November 2025

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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. Staff engagement activities are underway and will continue throughout December and January in order to hear the experience of those working in the service. 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 (HDUHB). 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
<p>South West Wales Cancer Centre (SWWCC) Regional Strategic Programme</p> <p><i>Powell Bethan 03/02/2025 20:04:45</i></p>	<p>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).</p> <p>A regional programme looking specifically at improving cancer services for the benefit of patients across South West Wales. The strategic objectives are:</p> <ul style="list-style-type: none"> ✓ 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 <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.

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
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- 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.

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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.

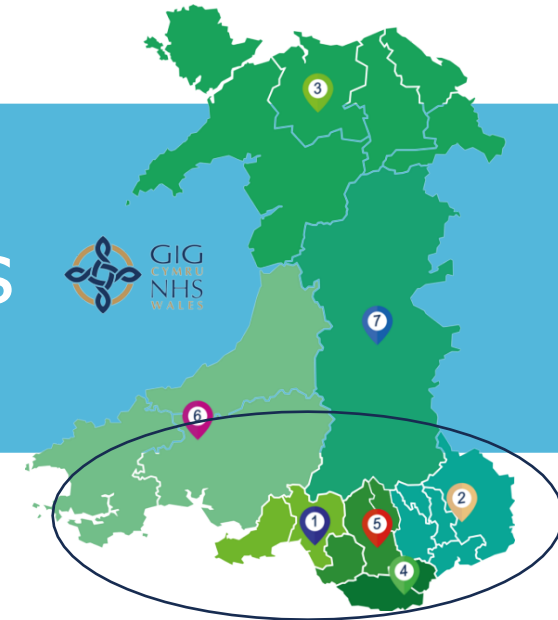
Programme	Key Points
<p>Regional and Specialised Services Provider Planning Forum</p> <p><i>Powell Bethan 03/02/2025 20:04:45</i></p>	<ul style="list-style-type: none"> • The partnership will progress the following workstreams in 2024/25: <ul style="list-style-type: none"> • Development of a Specialised 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 supra-regional 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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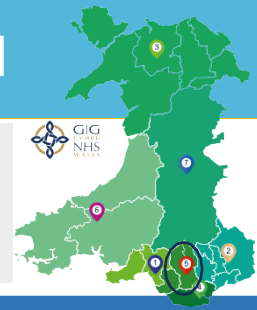
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South / South East Wales



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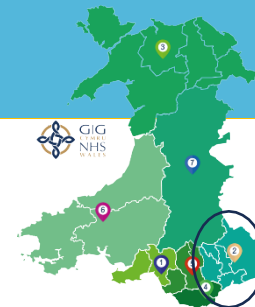
Cwm Taf Morgannwg University Health Board



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> <p>Finance</p> <p>Performance</p> <p>Temporary closure of maternity and neonatal services at Princess of Wales Hospital</p> <p>Temporary change to Stroke service provision at Prince Charles Hospital</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. 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. 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. 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. In October 2024, CTMUHB needed to make urgent changes to their stroke services and move emergency stroke services from the Princess of Wales Hospital in Bridgend into the Royal Glamorgan Hospital in Llantrisant due to roofing repair works. Due to urgent issues facing CTMUHB they are making additional emergency temporary changes to their specialist hospital stroke services. From week commencing 6 January, expert staff and services for those requiring emergency treatment and care for a stroke, will be based at the Royal Glamorgan Hospital at Llantrisant rather than at Prince Charles Hospital. This further move is being made as the health board manages a severe shortage of specialist medical staff with the training, skills and experience to safely care for patients experiencing a stroke. By moving to a single acute stroke unit they aim to make the best use of their highly skilled and specialist stroke workforce, and ensure a safe and effective stroke service. CTMUHB have advised that these are temporary changes that will be in place whilst they stabilise the service. Alongside this, they plan to work with patients and communities including South Powys to develop a clear plan for the future of safe and sustainable stroke services.

Aneurin Bevan University Health Board



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

- 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"

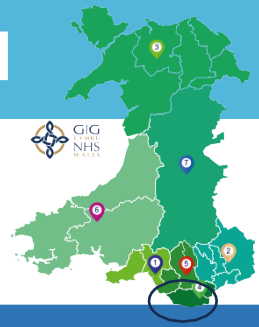
- The Health Board is currently engaging on a long term strategy "We are currently starting to develop a 10-year plan for healthcare in Gwent.." [A conversation for a healthy future - Aneurin Bevan University Health Board \(nhs.wales\)](https://www.nhs.uk/news/2024/03/02/2025-2034-45)

Satellite radiotherapy centre

- Work is progressing to develop the new Velindre satellite radiotherapy centre at Nevill Hall Hospital, which is due to open to patients in June 2025. This will provide radiotherapy services closer to the homes of residents in Gwent and those living in the north and east of catchment area of Velindre Cancer Centre.

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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	<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	<ul style="list-style-type: none"> “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

Update from Regional Portfolio Delivery Board January 2025

- **Orthopaedics** - Programme closed down and subsequent transition to a network. Network will provide quarterly updates to delivery board to retain line of sight to their agenda.
- **Diagnostics (Radiology)** – Workforce session has been planned, meetings held with C&V UHB regarding commissioning plans, business case completed.
- **Diagnostics (Pathology)** - Workshops have taken place and further data validation required which will inform the dashboard. Further Demand and capacity work to be undertaken e.g. workforce.
- **Diagnostics (Endoscopy)** - Procurement process to identify preferred supplier completed. Mobilisation of preferred supplier within the CTM footprint expected March 2025.
- **Stroke** – Completion of the Baseline Service Map Assessment, ensuring a thorough understanding of current emergency, acute, and rehabilitation services in the region, development of the clinical service specification (CSC/HASU and clinical model(s) for (sub) acute services) underway by the National Stroke team, Clinical Advisory Group designing patient pathways for each option/scenario, aligning with national optimal pathways and modelling each option/scenario which will include considering patient flow, conveyance processes, workforce requirements, revenue implications.
- **Cancer** - Initial work completed to include analysis of each organisation and nationally agreed strategies and priorities to identify key themes and requirements, mapping of existing regional and bi-lateral programmes and initiatives to ensure appropriate join up.

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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.

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).

- The first **Women's Health Plan for Wales** was launched on 9 December 2024 setting out a 10-year vision to improve healthcare services for women. The plan, created by the National Strategic Clinical Network for Women's Health, part of the NHS Wales Executive, sets out how NHS organisations in Wales will close the gender health gap by providing better health services for women, ensuring they are listened to and their health needs are understood.

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 the legal process to confirm the next steps.</p>

Powell Bethan
03/02/2025 2:00pm

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.

B. J. Bethan
15/07/2025 20:04:45

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**

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**

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**

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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

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

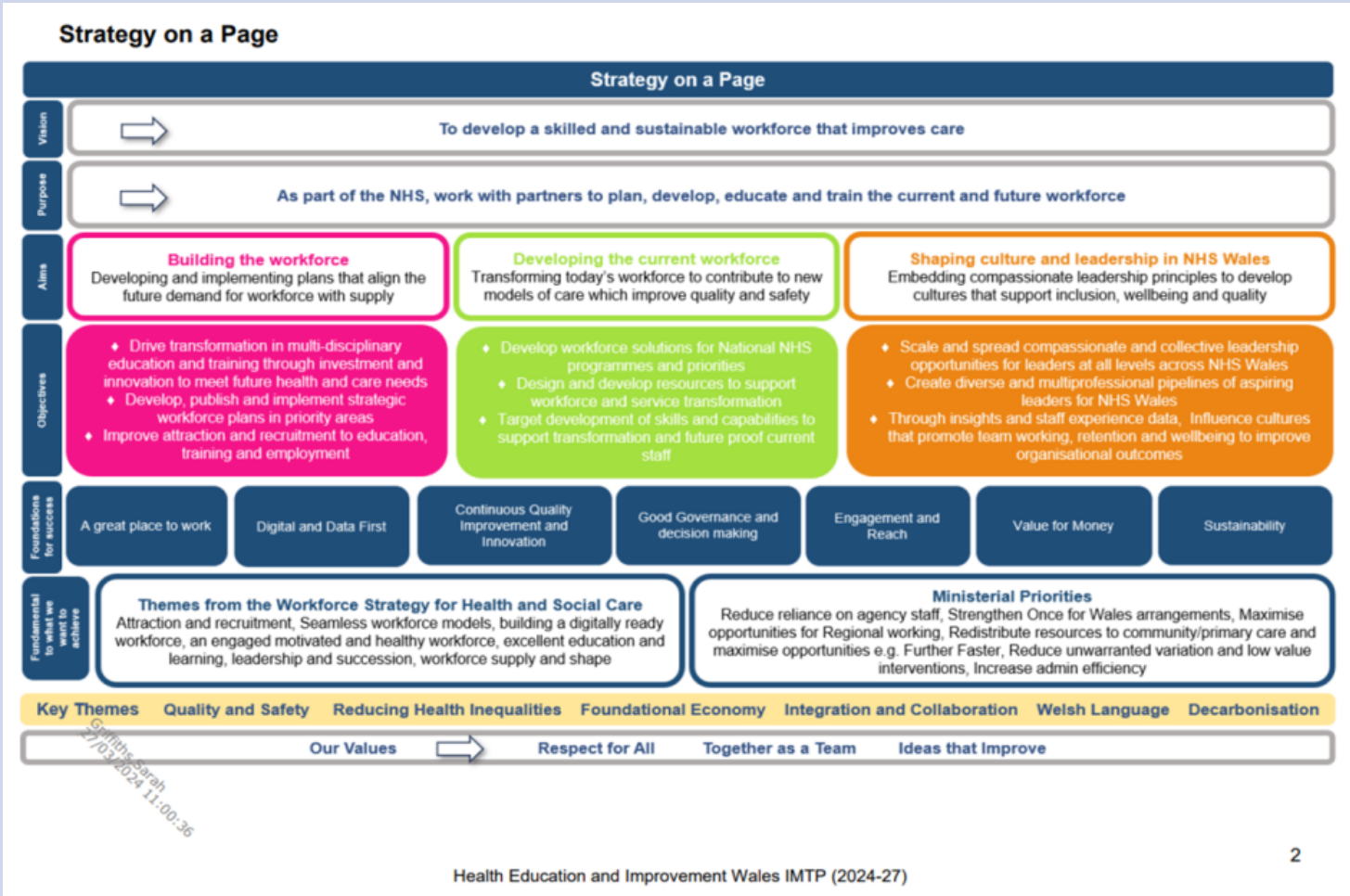
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Health Education and Improvement Wales (HEIW)

Strategy	Key Points
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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.



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Griffiths Sarah
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Strategy/ Plan

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

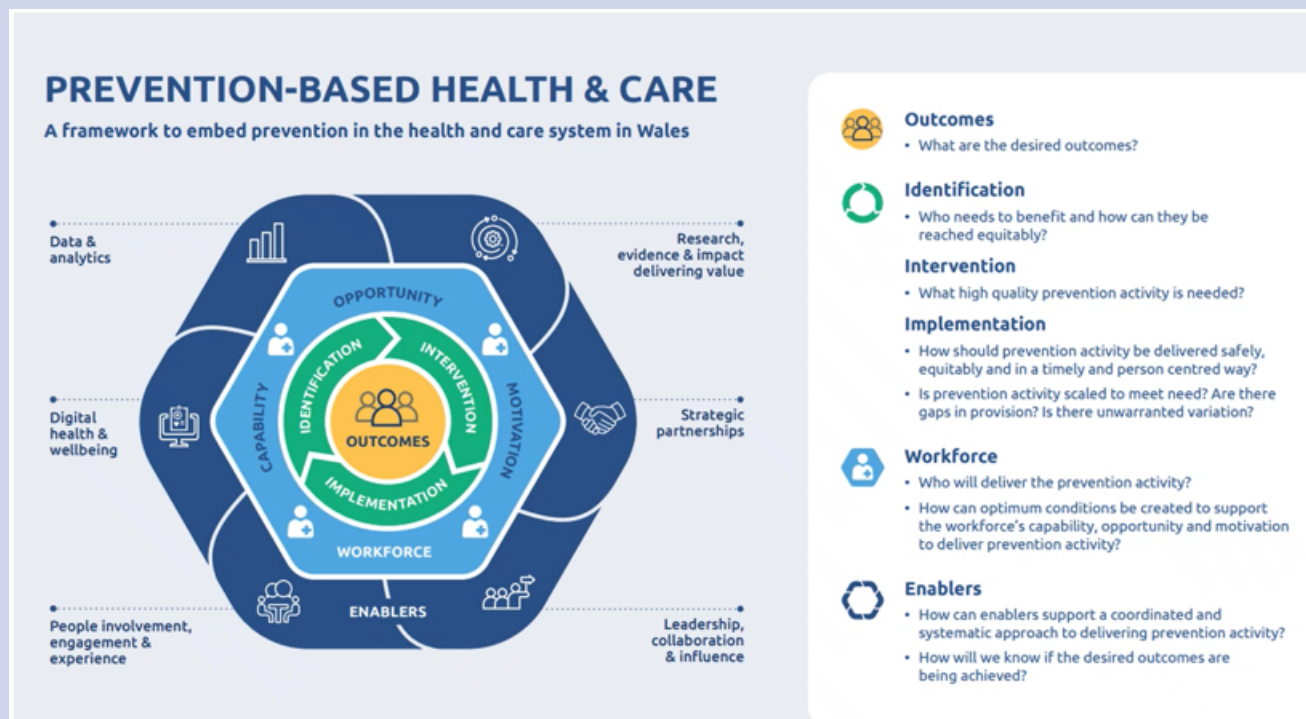
Strategic Plan (IMTP) 2024-27

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.	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.	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 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 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 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 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 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 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 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.	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.	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.



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Escalation and Assurance Arrangements in NHS England

NHS Trusts in England are assessed and rated by the Care Quality Commission which is the independent regulator for health and care services in England. Current ratings for the main providers of services for Powys residents are as follows:

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

NHS England has established an [Oversight Framework](#) which outlines their approach to escalation and recovery support.

Shropshire and Telford & Wrekin ICB and The Shrewsbury and Telford Hospital NHS Trust are currently in the highest level of escalation (Level 4).

Herefordshire & Worcestershire ICB, The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust and Wye Valley NHS Trust are in Level 3.

NHS England - Elective Reform Plan (6th January 2025)

The Elective Reform Plan sets out a whole system approach to hitting the 18-week referral to treatment target by the end of this Parliament. This includes expanded use of Community Diagnostic Centres 12 hours a day, seven days a week, increasing the availability of same-day tests and consultations and enabling GPs to direct patients straight to diagnostic testing. 14 new surgical hubs will be created within existing hospitals by June and three others expanded - with more expected in coming years supported by the £1.5bn capital investment confirmed at the Autumn budget. The new hubs will be ring-fenced from winter pressures and will cut waiting lists for standard surgeries, in turn freeing up beds in acute wards needed for more complex cases.

Under the plan, 65% of patients will be treated within 18 weeks by the end of next year. Based on the size of the current waiting list, that would mean a fall of more than 450k people waiting more than 18 weeks for treatment.

Further measures include:

- Using the NHS app to give patients greater choice and control over their treatment - better access to information via the app, such as the details of appointments, results and waiting times, and use it to book appointments in the location of their choice, with information about waiting times and patient satisfaction
- Preventing unnecessary referrals - GPs will be funded to work with hospital doctors to get specialist advice before making referrals
- Giving patients choice over non essential follow up appointments as part of a drive to free up around 1 million appointments a year for those who need them
- Making more appointments available in the community instead of hospitals
- Making convenience for patients a priority through the roll out of innovative 'collective care' approaches, for example, one stop clinics where patients can be assessed, diagnosed or reviewed on the same day, offering group appointments where patients with long term conditions may benefit from being supported together; opening 'super clinics' which bring together a wider range of clinicians to oversee patient care under the oversight of a consultant
- Driving up patient experience through a set of national standards for elective care that patients should expect to experience in elective care, including giving patients a shortlist of providers to choose from and clarity on how long they are likely to wait
- Harnessing the benefits of new technology and AI is a central part of the government's mission to rebuild the NHS. Healthcare providers will be supported through these reforms to use technology to tackle inefficiencies holding up appointments (including drawing on predictions by AI on which appointments are most likely to be missed) , remote monitoring technology (using wearable tech to collect vital health data on patients without having to see a healthcare professional face to face)

Reform will also tackle deep seated structural issues which have held back improvements to date by bringing funding mechanisms, performance oversight and delivery standards together with incentives for positive change. Trusts who make the fastest improvements in cutting waiting times will be rewarded with additional funding for capital projects tailored to local needs including investment in cutting edge AI diagnostic equipment or hospital ward maintenance. Greater transparency on performance and support will be in place for providers facing the greatest challenges, and new support for clinical and operational leaders on how to deliver more effective elective pathways.

The plan will also provide greater funding certainty, to help commissioners deliver their operational planning with more stability over their finances.

A 10-Year Health Plan is currently being developed in consultation with NHS staff and the wider public and set to be published in spring 2025; shifting reform hospital to community; analogue to digital; and sickness to prevention.

NHS 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	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. Further information is available at Integrated Care Strategy and Joint Forward Plan - STWICS

Programme	Key Points
Hospitals Transformation Programme (HTP)	<ul style="list-style-type: none"> • The Trust has received national approval of its Full Business Case (FBC) for the Hospitals Transformation Programme (HTP), which is the final stage of approval. This releases the full £312million investment in local services and means implementation of a new model of healthcare in the county, including construction, can begin. • 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>SATH Trust Strategy 2022-27</p> <p>Development works</p> <p><i>Powell Bethan 03/02/2025 20:04:45</i></p>	<p>Our vision “ To provide excellent carer for the communities we serve”</p> <p>Six strategic themes:</p> <ul style="list-style-type: none"> • Improve the quality of care that we provide • Deliver a better patient journey and experience • Ensure seamless patient pathways • Make our organisation more sustainable • Enhance wider health and wellbeing of communities • Make SaTH a great place to work <ul style="list-style-type: none"> • New Community Diagnostic Centre – opened in October 2023 with teledermatology added from January 2024. Further considerations being made to potentially open a 2nd. • 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. • 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.

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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Agenda item: 5.1b

Planning, Partnerships and Population Health Committee	Date of Meeting: 4th February 2025
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Subject:	Changes to Stroke services and the potential impact on Powys patients
Approved and presented by:	Nicola Johnson - Director of Planning, Performance & Commissioning Claire Madsen – Executive Director of Allied Health Professions, Health Science and Digital
Prepared by:	Planning Manager
Other Committees and meetings considered at:	Executive Committee - 22 January 2025

PURPOSE:

The purpose of this paper is to update members on the progress being made to ensure clinically sustainable stroke services are in place for Powys residents

RECOMMENDATION(S):

The Committee is asked to:

- **RECEIVE** and **DISCUSS** the paper, and
- Take **ASSURANCE** in regard to the actions in place to progress being made to ensure clinically sustainable stroke services are in place for Powys residents.

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

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Objective	Alignment	Notes
1. Focus on Wellbeing	N	This paper aligns with the Health Boards Wellbeing Objectives particularly Focus on Wellbeing, Provide Early Help and Support and Tackling the Big Four (in relation to Stroke). Additionally the paper outlines Joined Up Care and Transforming in Partnership due to ongoing conversations with other organisations.
2. Provide Early Help and Support	N	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	
6. Promote Innovative Environments	N	
7. Put Digital First	N	

BACKGROUND AND ASSESSMENT:**Definitions**

Stroke is the fourth leading cause of death in Wales and has a significant long term impact on the survivors of stroke. There are currently almost 70,000 stroke survivors living in Wales, and an estimated 7,400 people experience a stroke each year.

Stroke can change lives in an instant, but with the right specialist support people can make a good recovery and go on to rebuild their life. With the number of stroke survivors expected to increase by 50% during the next 20 years, it is vital that a stroke is effectively prevented where possible, that high-risk conditions are detected as early as possible and optimally managed with people properly supported and able to co-produce and where appropriate self-manage their care.

The National aim is for people of all ages to have the lowest possible risk of having a stroke, and, when it does occur, to have an excellent chance of surviving, and returning to independence as quickly as possible. (Welsh Government, Quality Statement for Stroke, 2022)

Context

Powys Teaching Health Board commissions stroke services from a wide range of service providers. A number of these are discussing stroke service provision with the aim of creating more sustainable services and improved clinical outcomes

Powys Teaching Health Board remains engaged with all the above programmes in order to determine the impact on Powys residents. All providers of stroke care are seeking to deliver services in line with the Getting it Right First Time (GIRFT) review. Powys Teaching Health Boards priority as a commissioner is to ensure that the revised Clinical Guidelines for Stroke are met as far as possible for our population and nationally reported outcomes are maximised.

South Wales Programme

Prince Charles Hospital (Merthyr Tydfil) is the main provider of hyperacute and acute stroke services for Brecon and communities in south Powys, as agreed as part of the South Wales Programme (2014).

In 2013, there was major consultation through the South Wales Programme on the future configuration of consultant-led maternity and neonatal care, inpatient children's services and emergency medicine (Accident & Emergency), for South Wales and South Powys.

The approved five site model for consultant led emergency medicine, maternity, neonatal and inpatient children's care and the creation of three acute care alliances were University Hospital of Wales (Cardiff), Morriston Hospital (Swansea), the Grange University Hospital (Cwmbran), Prince Charles Hospital (Merthyr Tydfil) and Princess of Wales Hospital (Bridgend).

Prince Charles Hospital, in Merthyr Tydfil, was recognised as being of strategic importance for South Powys offering the nearest District General Hospital for the majority of the South Powys population.

The South Wales Programme recommendations were supported by all five health boards and Welsh Ambulance Service NHS Trust in 2014.

Since the original South Wales Programme, a number of strategic changes have been progressed or are being planned – further detail of these is provided below:

Service changes by providers:

- **Aneurin Bevan University Health Board**

A review of Stroke Services and stroke rehabilitation is currently underway with further development of services to reflect the Quality Statement. The Hyper Acute Stroke Unit is located at the Grange University Hospital and is likely to see a temporary increase in Powys patients following the changes at Prince Charles Hospital as described above.

- **South Central Region / Cardiff and Vale University Health Board**

A South Central Wales regional model is currently being developed with implementation of a centralised Hyper Acute Stroke Unit (HASU) for Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Board. This will have permanent implications for the Powys population and we are represented in the programme arrangements.

Our understanding is that this is the programme through which Cwm Taf Morgannwg University Health Board will work in partnership with Cardiff & Vale University Health Board to develop and agree the permanent future shape of stroke services in the region (including responding to the current temporary changes at Prince Charles Hospital).

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An initial period of engagement on this future model commenced in October 2023 but was paused in November 2023. (Engagement has not yet resumed but a new Programme Manager has recently commenced in post with the intention of reinvigorating this programme).

- **Swansea Bay University Health Board**

A regional model is currently being developed with implementation of a centralised Hyper Acute Stroke Unit (HASU) for Swansea Bay University Health Board and Hywel Dda University Health Board at Morriston Hospital.

- **Hywel Dda University Health Board**

Hywel Dda University Health Board is currently developing the next stage of its Clinical Service Strategy as noted in the main Stocktake report to this Committee. This includes potential changes to the configuration of stroke services which would potentially change pathways in relation to nearest site locations for Powys residents. These are subject to public consultation which is planned for May to August 2025.

- **Betsi Cadwaladr University Health Board**

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

- **Cwm Taf Morgannwg University Health Board**

On 17th December 2024, Powys Teaching Health Board were notified by Cwm Taf Morgannwg University Health Board that, in order to maintain a safe and effective acute Stroke Service for patients and communities, immediate urgent plans were being put in place to temporarily centralise all Cwm Taf Morgannwg University Health Board Stroke services at the Royal Glamorgan Hospital from 8th January 2025. At present there is no confirmation of the end date of this change.

CTMUHB have noted that this urgent change is driven by existing, severe workforce challenges within stroke services across their hospitals that have made it extremely challenging to provide a resilient, safe, and sustainable service.

For the acute phase of treatment this move entails:

- Moving the Prince Charles Hospital Acute Stroke Ward to Royal Glamorgan Hospital which will provide a 22 Stroke beds as well as the 27 Stroke beds already on site (total of 49 beds)

- Creating a dedicated Therapy space to enhance the inpatient Therapy Service provided for patients
- Moving all Transient Ischemic Attack (TIA) clinics from Prince Charles Hospital to Royal Glamorgan Hospital or Community Hospitals as appropriate
- Self-presenting patients with suspected Stroke symptoms (FAST+ve) are to continue to be directed to their nearest Hospital as per national pathways
- All Emergency Departments (Prince Charles Hospital, Princess Of Wales and Royal Glamorgan Hospital) will administer time critical treatment for patients that present with suspected stroke symptoms (thrombolysis). All patients with a confirmed diagnosis of Stroke will then be conveyed to the Royal Glamorgan Hospital for admission onto a Stroke inpatient ward
- Patients identified as suspected Stroke by Welsh Ambulance Service NHS Trust will continue to be conveyed to the nearest Acute Stroke Unit as per the pathway

Discussions with Cwm Taf Morgannwg University Health Board and Welsh Ambulance Service NHS Trust have included detailed consideration of the impact for Powys residents and Welsh Ambulance Service NHS Trust have carried out modelling to determine the nearest hospital for residents of Powys. The majority of patients conveyed by ambulance will now receive their treatment at the Grange University Hospital with a small number in Hereford Hospital and Morriston Hospital. Patients who self-present at A&E in Prince Charles Hospital will receive thrombolysis and be transferred for the remainder of their acute stay to Royal Glamorgan Hospital.

To minimise travel times for families, and to ensure flow through the acute sites, Powys Teaching Health Board has also worked with both Cwm Taf Morgannwg University Health Board and Aneurin Bevan University Health Board to ensure clear discharge pathways for patients back into Breconshire War Memorial Hospital rehabilitation ward, or if appropriate, directly back to home from Royal Glamorgan Hospital and the Grange University Hospital.

Assurances have been given that any patient experiencing a stroke or suspected stroke, regardless of where they live, will be seen and treated as swiftly as possible in the setting that can provide the most effective treatment.

All other specialist hospital stroke services for South Powys residents are unaffected and South Powys communities will continue to be served by a network of services including Hereford County Hospital, Grange University Hospital, Morriston Hospital, and Glangwili Hospital - in addition to the Royal Glamorgan Hospital. These hospitals can provide 24-hour access to specialist treatment such as brain scans, or thrombolysis using 'clot-busting' drugs to restore blood flow to the brain.

The Communications team has publicised the change and the advice for the public which remains the same: when you experience stroke symptoms act F.A.S.T. (referring to Face, Arms, Speech, Time) and dial 999 for emergency stroke care.

There is also work by Cwm Taf Morgannwg University Health Board to evaluate these changes regarding quality and safety which will be assessed and managed through the respective Quality teams. The South East Wales Regional programme manager has also committed to assessing the impact across the region.

All partners have committed to ensuring that future options, relating to the situation for Cwm Taf University Health Board but also across Wales as a whole, will be determined through the NHS Wales National Stroke Programme Board. It will be important that this work takes a whole system perspective based on Welsh residents pathways – which include cross border flows (further detail follows).

National Stroke Programme Board

The NHS Wales Executive has established a National Stroke Programme Board with four regions: North (Betsi Cadwaladr University Health Board), South West (Hywel Dda University Health Board and Swansea Bay University Health Board), South Central (Cardiff & Vale University Health Board & Cwm Taf Morgannwg University Health Board), South East (Aneurin Bevan University Health Board) and all seven health boards.

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.

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.

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)

Stroke services changes in England

The impact for Powys also needs to be considered in the context of stroke programmes in England. There are interdependencies for Powys residents with the review under way on the future shape of stroke services in Herefordshire and Worcestershire.

- **Hereford and Worcestershire Stroke provision**

Work is under way to agree the future shape of stroke services. A period of engagement took place in 2022 which identified the preferred option as establishing a centralised Hyper Acute Stroke Unit at Worcester Royal Hospital, with Hereford County Hospital moving to triage-treat-transfer.

There is a preferential model that sees the whole Integrated Care System footprint receive sustainable services and better outcomes overall but that model has not been agreed upon yet and requires Clinical Senate sign off from that area.

Any changes would be subject to formal consultation, which may commence during 2025. This means that the overall scheme is unlikely to be operational before 2026/27 to allow for consultation and relevant capital approvals to support the expansion of facilities at Worcester Royal Hospital.

- **Shropshire and Telford & Wrekin: Hospitals Transformation Programme includes relocation of Hyper Acute Stroke Unit from Telford to Shrewsbury**

Stroke services provided by The Shrewsbury and Telford Hospital NHS Trust were temporary centralised at the Princess Royal Hospital (including relocation from Royal Shrewsbury Hospital) in 2013, with a decision made in 2014 to retain this interim configuration pending a decision on the longer term configuration of services through the NHS Future Fit programme. Subsequently, formal consultation has taken place on NHS Future Fit proposals resulting in agreement that the Royal Shrewsbury Hospital will become the Trust's main centre for emergency and critical care which will include stroke services. The Full Business Case has been approved, and work is commencing towards the new clinical model. It is currently anticipated that stroke services will resume at Royal Shrewsbury Hospital from 2028.

NEXT STEPS:

Continued surveillance and oversight of the complex and multiple changes via the Strategic Change Stocktake process will be key to identify areas of focus and clinical / professional engagement. Active participation in the NHS Wales National Stroke Programme will be of particular importance in the coming year, with key areas of focus as noted above.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS ITEM

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
03/02/2025 2:00:45

Briefing to PTHB Planning, Performance and Population Health Committee on 4 February 2025

Subject:	NHS Service Change Engagement and Consultation Quarter 3 (October to December 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 have now moved to implementation. Regular updates are presented to Board including on 29 January 2025.• 24-004 EMRTS Rec 4: An update in relation to engagement in relation to Recommendation 4 of the EMRTS review had been anticipated to a meeting of the JCC in January, following which engagement would take place on this Recommendation. However, this update has been deferred to later in Q4 and an update on the proposed engagement timetable is awaited. In the meantime, judicial review hearings on the EMRTS / WAA review took place in January.• The Commissioned and Cross-Border Services Watch List has been updated to include: urgent measures to make temporary changes to stroke services at Cwm Taf with transfer from PCH to RGH which impacts residents in the south of the county; and, temporary changes in place in HDUHB re: paediatric inpatient services at Bronglais General Hospital and MIU at PPH. An update on the HDUHB clinical services plan was discussed at their Board Meeting in November 2024 with engagement on the next steps including potential changes to stroke services anticipated from Spring 2025.

Reviewed by: [Signature]
2025/02/20 10:04:45

NHS Service Change Engagement and Consultation Report

Q3 UPDATE

Last updated 24 January 2025

Powell, Bethan
03/02/2025 20:04:45

Engagement and Consultation Exception and Highlight Report

Engagement Under Way	None	
Consultation Under Way	None	
Engagement Planned, Paused 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 Better Together	Expected during 2025
	24-004 Engagement on Recommendation 4 following the WAA/EMRTS review (see also 23-010)	Expected March 2025
Consultation Planned or Under Consideration	23-007 South Wales Specialist Auditory Hearing Implant Services	Expected during 2025
	23-008 Herefordshire and Worcestershire Stroke Services	Expected during 2025
Outcome awaited	23-003 South East Wales Cataract Services	Outcome awaited
Watch List:	PTHB Primary Care Watch List	See Slide
	Commissioned and Cross-Border Services Watch List	See Slide
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 approval 10/10/24
Archived:	No projects have been archived since the Q2 report	Any programmes can be re-opened in future reports if further engagement or consultation actions become apparent.

Powell, Bethan
03/02/2025 20:04:45

Current Status	<ul style="list-style-type: none"> • South East Wales regional planning group held a briefing session with Llais on 27 November 2024. We expect further clarification regarding next steps on engagement shortly. In the meantime, temporary urgent changes have taken place to stroke services at the Prince Charles Hospital from w/b 6 January 2025.
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 work is now resuming and a briefing for Llais took place on 27 November 2024 to share progress to date and current draft plans.
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"> • Briefing with Llais regional directors took place on 27 November 2024. • Urgent temporary changes to stroke services at PCH announced December 2024 and commencing from w/b 6 January 2025: • Further updates on the next steps on engagement awaited
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. • PTHB is in contact with stroke teams and undertaking stakeholder mapping to identify potential opportunities to engage with affected communities via third sector and direct comms/engagement.
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"> • 22 January 2025

Powell Bethan
09/02/2025 20:04:45

Current Status	<ul style="list-style-type: none"> • PTHB and PCC have written to Welsh Government to set out a phased approach to the North Powys Wellbeing Programme, and have bid for IRCF funding for Phase One of the scheme.
Lead Body	<ul style="list-style-type: none"> • PTHB & PCC / 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 is on the site. • Welsh Government has indicated that a phased approach is more likely to be affordable within public sector capital constraints. PTHB and PCC have set out a phased approach and submitted an IRCF bid for capital funding for Phase One of a three phase programme.
Impact and interdependency	<ul style="list-style-type: none"> • The scheme supports overall mitigation associated with the NHS Future Fit decisions being implemented in Shropshire and Telford & Wrekin through the Hospitals Transformation Programme (HTP). Specifically, the HTP aims to establish 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. • The scheme has a key interdependency with the PCC schools' transformation programme including plans for a co-located new school build. • The future development of the North Powys Wellbeing programme will interface with the Better Together programme.
Key Dates	<ul style="list-style-type: none"> • Next phase of structured engagement to be agreed subject to decision on IRCF bid, and wider decisions and announcements on the WG capital funding programme. • Following the IRCF bid, stakeholder communication has been issued during January 2025 to raise awareness of the phased approach. • As part of the wider partnership work between PCC and PTHB, a rescheduled workshop for Town and Community representatives took place in Newtown on 15 January 2025. This was the final event in a series of five workshops covering each of the five hub areas in Sustainable Powys. The Newtown workshop was rescheduled from November 2024 due to snow.
Key Materials	<ul style="list-style-type: none"> • Regular Programme Bulletins are issued to stakeholders: North Powys Wellbeing Programme Have Your Say Powys.
Engagement Planning	<ul style="list-style-type: none"> • Following the IRCF bid, stakeholder communication has been issued during January 2025 to raise awareness of the phased approach. • The next phase of engagement activity will be developed subject to outcome of the IRCF bid.
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"> • 22 January 2025

Powys Health Board
03/01/2025 10:04:45

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

Powell Bethan
03/02/2025 20:04:45

Current Status	<ul style="list-style-type: none"> National engagement and communication workstream have been paused since Spring 2024 and an update has been requested.
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"> Several 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. A new Network Support Manager has been appointed, which it is hoped will support the reinvigoration of national programme activity.
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, to consider the 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"> 22 January 2025

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03/02/2025 20:04:45

Current Status	<ul style="list-style-type: none"> • Planning is under way towards the next phase of engagement on the future permanent shape of safe and sustainable health services in Powys. The programme methodology is being finalised during Q4 2024/25 with public engagement anticipated from spring 2025.
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 and agree the future model of health services for Powys residents • An initial period of integrated engagement by PTHB and PCC on Better Together / Sustainable Powys took place in February and March 2024. Progress was affected by the General Election period and then by the need to re-focus on measures to improve the immediate and in-year financial position. • The Better Together approach is being refreshed following the appointment to the key role of Director of Improvement and Transformation. Programme governance and methodology is being finalised, with the expectation that engagement on a detailed case for change will commence during Q4 initially with staff and system stakeholders before wider testing and socialisation with public and communities. • In support of this work, a review of engagement activity during 2024 has been undertaken in order to identify key insights to support the development of the case for change.
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. • There are interdependencies with public experience and perception of both council and health services, and with the Powys County Council Sustainable Powys Programme.
Key Dates	<ul style="list-style-type: none"> • An initial period of engagement took place during February and March 2024. Outputs from this work 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 currently expected to commence by the end of Q4 2024/25.
Key Materials	<ul style="list-style-type: none"> • The outputs of engagement during February and March 2024 are available from the Have Your Say Powys website at Better Together Engagement - a sustainable approach for Powys Have Your Say Powys • Next phase materials are expected to include summary Case for Change materials as the basis for engagement for staff and system stakeholders; following by public, community and wider external stakeholder engagement.
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. Better Together Programme governance currently being developed.
Last Updated	22 January 2025

Powys Bethan
03/01/2025 20:04:45

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 to commence late Q4 2024/25
Lead Body	<ul style="list-style-type: none"> • JCC is co-ordinator for 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 led to the establishment of a task and finish group to look at options for an enhanced rural road service. • An update on this work was presented to a meeting of the JCC on 12 November 2024 setting out the high level commissioning intentions, the work of the Task & Finish group and some operating principles which were all supported. WAST has been asked to develop a delivery model for the service in response to these commissioning intentions. An update on this work is expected to be presented to JCC later in Q4. • Subject to work on the delivery model, further engagement is anticipated following consideration by JCC during 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"> • 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"> • 22 January 2025

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Current Status	<ul style="list-style-type: none"> • Following publication of a service specification in November 2024, formal consultation is anticipated during 2025
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 service specification has been published, and 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"> • 22 January 2025

Current Status	<ul style="list-style-type: none"> • Formal consultation is expected in 2025.
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. The 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 in other parts of Powys (e.g. Princess Royal Hospital, Bronglais Hospital, Morrision Hospital – although temporary changes to stroke services at Prince Charles Hospital have been introduced from January 2025). • There are important interdependencies with proposals for the future shape of stroke services in Wales (see 23-006) and in neighbouring regions (see 23-002).
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"> • 22 January 2025

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 eLGHBs 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 took a reactive approach to engagement.
Llais Liaison	<ul style="list-style-type: none"> • Regular fortnightly touchpoints with Llais regional director provide an opportunity for ongoing liaison.
Last Updated	22 January 2025

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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.
Montgomery Medical Practice branch surgery relocation	Relocation of Ladywell branch surgery to St David's House.	Montgomery Medical Practice will move from their current premises in Ladywell Surgery in Newtown to new premises in St Davids House in Newtown in March 2025. 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.
Shropshire and Telford & Wrekin GP Out of Hours	Re-procurement of GP Out of Hours in Shropshire and Telford & Wrekin	Shropshire and Telford & Wrekin Integrated Care System is currently re-procuring their GP out of hours service. The service is currently provided by ShropDoc which is also the provider for the majority of Powys. We are therefore keeping a watching brief in relation to synergy and market sustainability. More information is available from the STW website.
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. Llais has indicated plans for follow-up engagement activity with local communities but timing has not yet been confirmed.

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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 • Urgent temporary service changes to stroke services are in place from w/b 6 January 2025 including the transfer of stroke services from Prince Charles Hospital to the Royal Glamorgan Hospital. Work under way with CTM, WAST and other partners regarding impact for residents in the south of the county for whom PCH is normally their nearest stroke centre.
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 update on the Hywel Dda clinical strategy was presented to their Board in November 2024. Based on this update, their current anticipation is for public engagement and/or consultation no earlier than Spring/Summer 2025. Scenarios set out by HDUHB have attracted media and political interest, including that all current scenarios envisage Bronglais Hospital moving to a "treat and transfer" model for stroke services. A Protect Bronglais Services campaign group has been established with a public meeting scheduled for 24 January 2025. • 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 Q4 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 transferred to the Joint Commissioning Committee. Phase I: 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 2024. • An application was made for a judicial review into the decisions made in May and was accepted. First hearings took place in January 2025, with further hearing currently expected in February 2025.
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"> • 24 January 2025

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. Progress reports are presented to PTHB Board every two months. Work is under way to clarify the decision-making process following the 6-month temporary period.
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). 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 ran from 29 July to 8 September 2024. Board Approval on 10 October 2024 MIU temporary changes implemented from w/b 18 November 2024. Inpatient temporary changes implemented from w/b 2 December 2024.
Key Materials	<ul style="list-style-type: none"> Bespoke leaflets created for Ready To Go Home Units and Rehabilitation Units Regular updates issued via HB channels including static content available from PTHB website
Engagement Planning	<ul style="list-style-type: none"> Work is under way to clarify the decision-making process following the 6-month temporary period. This will include consideration of future engagement requirements.
Llais Liaison	<ul style="list-style-type: none"> Ongoing liaison through Llais touchpoints and Strategic Change Programme Board
Last Updated	22 January 2025

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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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Agenda item: 5.3

Planning, Partnerships and Population Health Committee **04 February 2025**

Subject:	Better Together Portfolio Update
Approved and presented by:	Debra Wood-Lawson, Executive Director of People & Culture; Lucie Cornish, Director of Improvement & Transformation
Prepared by:	Director of Improvement & Transformation; Assistant Director Transformation & Value; Assistant Director Innovation & Improvement; Senior Programme Manager Transformation & Value
Other Committees and meetings considered at:	Executive Committee 22 January 2025 – who supported the paper to the Committee.

PURPOSE:
To provide an update on the progress and next steps of the Better Together Transformation portfolio

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

- Take **ASSURANCE** on the progress made in relation to the Better Together Portfolio/Route Map to Sustainability
- **NOTE** the planned forward activity
- **NOTE** the risk identified in relation to organisational capacity to deliver the Portfolio and actions in place to support assessment of this
- **NOTE** further actions to be taken in relation to future reporting arrangements

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Better Together Portfolio is aligned with all Health & Care strategy 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 an update on the Better Together Transformation Portfolio over Quarter 3 FY 2024/5 and outlines next steps. The background to the Transformation programmes within the organisation is outlined and an assessment of the following is provided:

- Implementation of the agreed portfolio structure
- Approach, including draft planning framework and Case for Change
- Programme and Workstream delivery
- Emerging risks

The existing reporting arrangements for the portfolio and wider Directorate functions are noted and the Executive Committee have agreed to review future reporting arrangements.

SITUATION

The Health Board has an approved health and care strategy, which sets out our vision for health and care services across Powys. This remains our direction of travel and work has been undertaken to deliver a plan to deliver the strategy through the Accelerated Sustainable Model (ASM) and Better Together Transformation & Value programmes. Quarterly progress updates on the Better Together programmes have been delivered to Executive and PPPH Committees.

With the establishment of the Route Map to Sustainability workstreams in Summer 2024 and a new Directorate of Improvement & Transformation in October 2024 there has been an opportunity to review the existing programme structure and its delivery mechanisms. Since establishment of the new Directorate, the Health Board has gone into Escalation & Monitoring Level 4 (Targeted Intervention) for Finance, Strategy and Planning. Evidence of a clear roadmap and implementation of the health board’s Clinical Services Plan is included in Welsh Government de-escalation criteria.

The purpose of this report is to provide an update on the Better Together programmes and Route Map to Sustainability.

BACKGROUND

The ASM Discovery Phase informed the Better Together Programme structure which has been in place and delivering against the FY 2024/25 Integrated Plan. It was recognised that this plan does not go far enough to deliver the level of strategic change in the Health & Care Strategy and in the context of current system pressures. In response to this, a Route Map to Sustainability group was established in Summer 2024 to examine three areas - the future model (building on existing work), options around financial breakeven and decisions around the when and new opportunities based on analysis of data & benchmarking.

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The [October Executive and PPPH Committee update on the Better Together Transformation & Value programmes](#) outlined the Q2 position against the FY 2023/24 Delivery Plan and the impact of the programme year to date. This information is also provided in the Quarterly Integrated Plan progress report to the Delivery & Performance Committee.

An additional PPPH Committee update was provided on the Route Map to Sustainability in presentation format in October 2024 ([Route map to Sustainability Update - PPPH.pptx](#)). This outlined workstream progress to date and plans to review the Better Together programme and Route Map to Sustainability workstream structures.

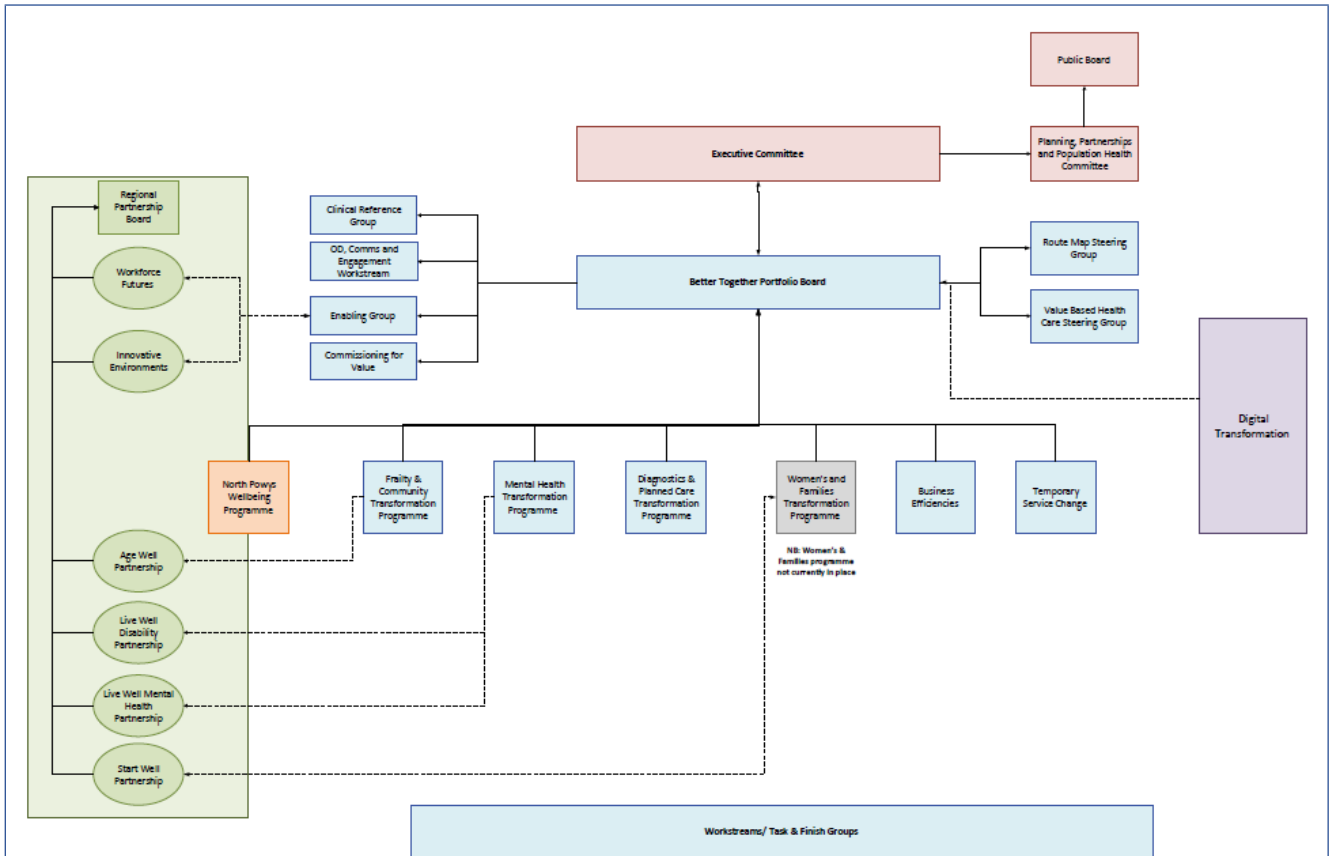
The previously agreed reporting arrangements for Transformation and Value were a quarterly update report through Executive Committee to PPPH Committee. Research, Innovation & Improvement does not produce a routine report but reports to the PEQS committee as required. With the establishment of the new Directorate and the revised Better Together Portfolio structure there is an opportunity to review routine reporting arrangements for the Directorate and Portfolio. It was agreed at the Executive Committee meeting on 22nd January that this will be reviewed and agreed in line with the Portfolio timeline and critical path development.

ASSESSMENT

Portfolio Update

A revised structure has been agreed which incorporates Route Map to Sustainability workstreams into the Better Together structure. This has transition from Programme Board to Portfolio Board oversight from January 2025. This provides a clear delivery mechanism and governance framework. The structure is outlined below and has been developed to meet the planning parameters and decision-making principles previously agreed as part of the Opportunities Group and Temporary Service Change processes.

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The inaugural Better Together Board meeting under the revised structure took place in December 2024 with a priority focus on the governance and structure of the portfolio. Further updates below include the planning approach and framework, programme and workstream updates, as well as an update on key risks.

Approach

The approach will be broadly split into three Phases:

Phase 1 – Case for Change and Development of Portfolio approach

Phase 2 – Options Development

Phase 3 - Consultation

A framework is currently in development for the portfolio approach, the overarching structure was presented for discussion at the January Better Together Portfolio Board with further development of the products in February.

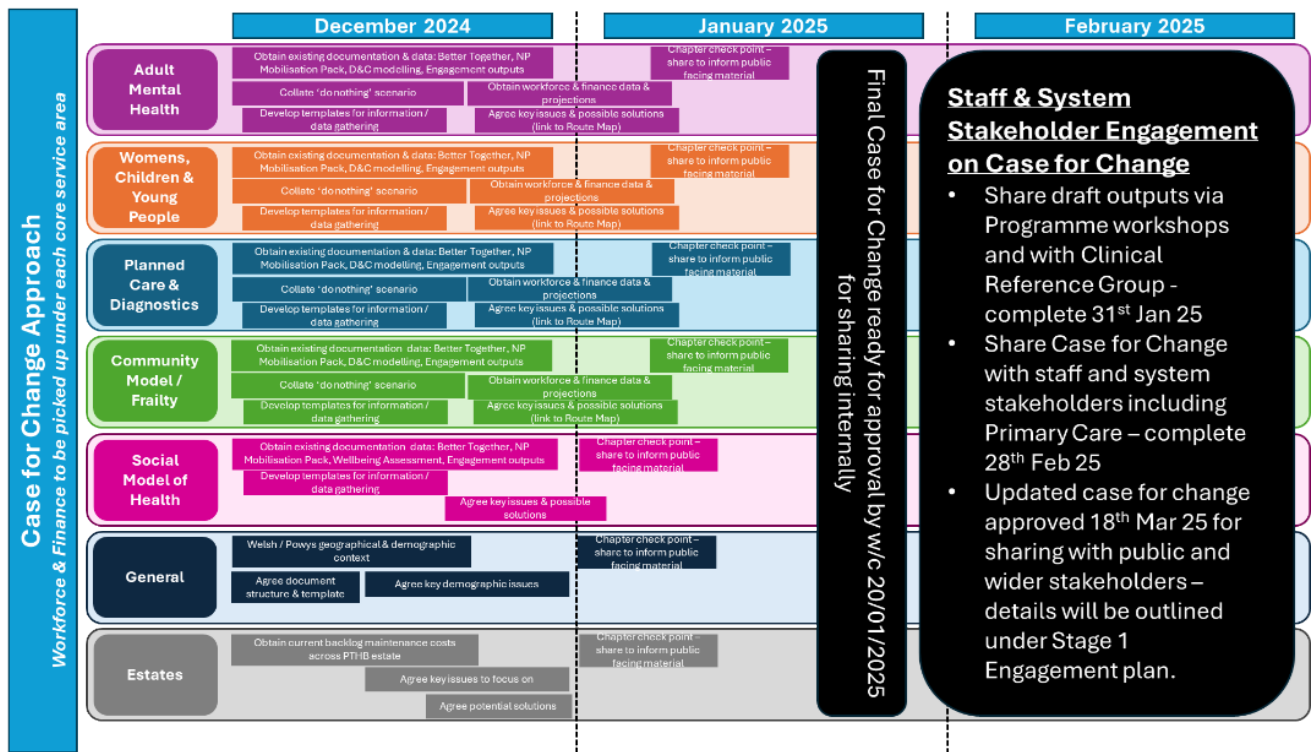
The **draft** framework contents are outlined below:

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1 Introduction & Purpose	3 OD Engagement and Consultation
Scope	Branding
Route map to sustainability definition	Master Messaging
Horizon planning (less than 1 year, 2-4 and 5 plus years)	Stages of Engagement and Consultation
Journey (steps) to Consultation	Legislation and Best Practice
Descriptions of steps and roles of groups and individuals	Change Management and Readiness Assessments
Definitions and Terminology	3 C's – Cognition, Capability and Capacity
2 Options Development	4 Assurance and Risk
Population bases and current travel times	Clinical check and challenge (internal /external)
Geographical footprints i.e. 13 localities, clusters etc	Operational check and challenge (internal / external)
Scenarios Framework to inform options development <ul style="list-style-type: none"> • Baseline (pre-temporary changes) • Do nothing • Mid range (achievable and realistic) • Max range (ambition and aspirational) 	Risk Appetite and Assessments
Workforce Parameters	Impact Assessments (EQUIA, QIA, Health Impact)
	Assurance on delivery and impact of actions

The case for change is in development and currently undergoing Professional and Operational review.

The indicative timeline for this is detailed below:



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Programme & Workstream Updates

Each programme and workstream has designated Transformation Programme Manager support, Programme Initiation Documents and workbooks are in place. Highlight Reports will be submitted to the Better Together Portfolio Board and Executive Committee monthly. Executive Leads, Senior Responsible Officers, Clinical and Operational Leads will be finalised at workshops planned for January.

The programmes continue to work to the FY 2024/25 Delivery Plan, an update on Q3 progress has been included as part of the Health Board Q3 Integrated Plan progress report to the Delivery & Performance Committee. A summary of the BRAG status for Q3 for the Key Deliverables related to the Transformation Programme is shown below. Detailed assessment of the reasons and mitigations for red rated actions are included in the Q3 Integrated Plan progress update.

BRAG Status of Key Deliverables in Q3 2024/25	Number	Percentage
Blue	10	24%
Red	9	22%
Amber	7	17%
Green	15	37%
Total	41	100%

Q3 FY2024/5 Impact

Mental Health Transformation: The numbers of appointments / contacts are increasing month on month at the Child & Adolescent Mental Health Service Crisis Hub, with a 25% reduction in average monthly Welsh emergency department attendances (0-17yr olds), throughout 2024/25 from an average of 7.2 attendances per month in 2023/24 to 5.4 attendances per month in 2024/25 from April – August, (6 Goals for Urgent & Emergency Care 2021-2026).

Diagnostics & Planned Care: Due to the timing of this report, there is no impact data available for this period beyond that reported for Q2. The interim data from the North Powys Dermatology Advice & Guidance pilot will be reported in the next update.

Frailty & Community Model Transformation (including the Six Goals for Urgent & Emergency Care): The number of super-stranded patients has reduced by 37% by the end of Q3 (12 [Dec]: 19 [Sep]) and has reduced by 20% when compared with the previous Q4 baseline (12 [Dec]: 15 [Q4,23/24]). The average length of stay in PTHB community hospitals has reduced by 12% throughout Q3 (48.67 [Sep]: 42.80 [Dec]). This represents a 2% reduction when compared with the same period of the previous year (43.49 [Dec 23]: 42.80 [Dec 24]).

At the time of writing, workshops are scheduled for January 2025 for the following programmes:

Diagnostics & Planned Care – 27th January
Frailty & Community – 28th January
Mental Health – 31st January

A further workshop is being planned with Primary Care with the aim of this taking place in February if availability allows.

Workshops will build on the existing work from ASM, Better Together and the Route Map to Sustainability workstreams to meet the following objectives and enable refinement of FY 2025/26 Integrated Plan deliverables through the Portfolio.

- Review of draft Case for Change & Demand & Capacity Modelling assumptions
- Assessment of cognition, capability, capacity to deliver
- Agreement of future vision
- Agreement of actions/deliverables required across 3 horizons – short, medium, long
- Agreement of programme & workstream leadership and timeframes for delivery

Workshop outputs will inform the following:

- Programme workplan
- Route Map Timeline
- Engagement & Consultation approach
- Resource Plan

Key updates for other Better Together Workstreams and Groups are outlined below.

OD, Communications & Engagement Workstream

This group was established in November 2024 and held a planning workshop on 18th December. Key deliverables and outline timelines were agreed by the group and a draft engagement plan is in process for review at the Better Together Portfolio Board. This will incorporate lessons learnt from the Temporary Service Change engagement process. The development, review and approval process for the Case for Change will be co-ordinated by this workstream, this will include staff and stakeholder feedback prior to public communication.

Branding for the Better Together Portfolio has been developed and approved through the Portfolio governance arrangements to provide an identity ahead of commencing the engagement process. This is included at **Appendix 1**.

PTHB senior leadership and Transformation team representatives attended a series of joint engagement events with Powys County Council with Town & Community Councils across Powys in December and January with an output report delivered to the Joint Leadership Team meeting on 15th January. It is intended that these joint engagement events will be conducted on a 6 monthly basis going

forwards. To facilitate this and joined up working with the PCC 'Sustainable Powys' programme a joint working group has been set up for Transformation and Communication & Engagement team members across both organisations. PCC have commissioned external consultancy support to develop their Transformation plans with an internal review in process at present, we have been asked to support external stakeholder workshops which are likely to take place in February. Further meetings are scheduled with PCC colleagues to understand the scope of the review and opportunities for joint working.

Enabling Group

Work is ongoing under the Site Review workstream to align Clinical Strategy with Estates Strategy, an update was presented to Informal Executive Committee on 18th December. Next steps were identified, and these are being progressed. A High-Cost User Data subgroup has reviewed analysis undertaken and identified additional data requirements which are being worked through. Further meetings are planned for January to determine plan for clinical analysis of data. The Enabling Group holds joint responsibility for oversight of an Evaluation & Monitoring Framework and associated data requirements with the Value Based Health Care Steering Group.

Business Efficiencies Programme

An update on the Administration Review was provided to Executive Committee on 8th January and areas of focused agreed including Planned Care and identifying potential of Digital Solutions including Robotic Process Automation. A Referral Management subgroup has been established and scoping underway.

Commissioning for Value

The delivery plan for the Commissioning for Value group is in development and drawing from an Executive Committee discussion on Strategic Commissioning and the programme workshops. The plan will be developed before end of February in line with Integrated Plan and Better Together portfolio timelines.

Clinical Reference Group

A Clinical Reference Group has been established to provide Clinical oversight and Check & Challenge for the Portfolio. The first meeting of this group is scheduled for 28th January. The group will be asked to review elements of the Case for Change, planning framework and the draft Evaluation & Monitoring Framework.

Value Based Health Care Steering Group

The Value Based Health Care Programme has been changed to a Steering Group with its first meeting planned for February, this group will have oversight of Value & Sustainability Board requirements and joint responsibility for oversight of the Evaluation & Monitoring Framework with the Enabling Group.

Risks

A risk register is in place for the three main delivery programmes – Mental Health, Diagnostics & Planned Care, and Frailty & Community. A portfolio risk register is

in development. The most significant risk identified for the present phase is the capacity across the organisation and partner organisations to deliver the Better Together portfolio, affected by:

- Operational pressures
- Delivery of Temporary Service Changes
- Existing Integrated Plan commitments and timescales
- Enhanced monitoring and reporting requirements following escalation to Targeted Intervention
- Actions required to address the in-year financial position
- Short term funded posts, for example RIF funded posts across Workforce Futures and North Powys Wellbeing Programme
- Current clinical model

Assessment of the Cognition, Capability and Capacity for Improvement, Transformation & Change is an important step in understanding organisational readiness and capability and capacity to enact change. The development of the Case for Change and outputs of the OD, Communication and Engagement workstream will be key in supporting this. A resource plan is being developed for presentation to the February 2025 Better Together Portfolio Board. An Improvement & Transformation Directorate Development Day took place in January to bring the three teams under the new Directorate together to build relationships and discuss how they work together effectively as a directorate and with key stakeholders going forwards to optimise capacity and capability within the team across the existing Health Board Research, Improvement, Innovation, Transformation & Value resource.

In addition, as part of establishment of the new Directorate of Improvement & Transformation, work is underway under oversight of the Assistant Director of Innovation & Improvement to review Quality Improvement Capacity & Capability within the organisation through the Safe Care Collaborative/Institute of Healthcare Improvement Self-assessment tool. Use of the NHS England IMPACT assessment tool is also being reviewed.

NEXT STEPS:

Next steps are as follows:

- Ongoing delivery of the portfolio under the structure detailed in the report
- Delivery of the planned forward activity outlined in the report
- Agreement of future reporting cycle

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Appendix 1 – Approved Better Together Portfolio branding approach

Programme Name and Branding

The approach to programme name and branding has been approved by the Better Together Portfolio Board and Executive Committee.

Better Together / Gwella Gyda'n Gilydd has been endorsed as the overall name of our programme of work to create a routemap to sustainability.

This creates continuity and coherency with the work that has taken place to date, which has a level of understanding and awareness with key stakeholders although does not yet have broad public awareness.

The name encompass multiple concepts:

- "Better" embraces improving health and reducing health inequalities, and also indicates improvement in quality, and service transformation
- "Together" recognises that this can only be achieved in partnership, not just through conversations and co-production, but also by embracing the skills and assets across all partners and communities

The name evokes similar sentiments in both English and Cymraeg:

- Better Together
- Gwella Gyda'n Gilydd

This is supported by a simple strapline: **Shaping the future of safe, quality health services for Powys**

A simple and visual programme logo has been developed to help ensure that programme materials are quickly and easily associated with the Programme, with two logo variants (round and lozenge) suitable for different channels and documents types. A vibrant colour palette allows for brand expansion – for example, by applying a designated highlight colour to individual workstreams or projects whilst attending to good practice guidance on colour and contrast to support readability.



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Agenda item: 5.4

Planning, Partnerships & Population Health Committee **04 February 2025**

Subject:	North Powys Transformation Programme
Approved and presented by:	Debra Wood Lawson, Executive Director People & Culture Lucie Cornish, Director of Improvement & Transformation
Prepared by:	Assistant Director of Transformation & Value Governance & Transformation Senior Manager
Other Committees and meetings considered at:	Previous version reviewed Executive Committee (08 January 2025); this paper has since been updated to reflect additional activity within the programme

PURPOSE:

To provide an update on the North Powys Wellbeing Programme.

RECOMMENDATION(S):

The PPPH Committee is asked to:

- **NOTE** progress on the programme;
- **NOTE** the commitment of the partners to the whole campus and original strategy but acknowledgment of the decision to a phased approach due change in funding strategy from Welsh Government (WG) due to availability of funding; and
- **Take Assurance** that robust programme management is being applied and that the Partnership has processes in place to determine the future strategy for delivery of the Campus.

Approve/Take Assurance	Discuss	Note
Y	Y	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

EXECUTIVE SUMMARY:

This report provides an update on the North Powys Wellbeing Programme advising of key activity and a look forward for the next six months where the programme will be faced with decisions pending a decision by WG on capital funding for the Integrated Wellbeing Hub.

The report outlines the work undertaken in the last 6 months, the current position with the phasing of the campus, an update on the service redesign work and amendments to the approach to service redesign given current issues regarding operational capacity to progress the work and recognising changes in both partners strategies and priorities.

The report provides assurance that risks are being fully assessed and there is a robust plan to enable the partners to determine the appropriate way forward to deliver the case for change for Newtown that was strongly articulated in the Strategic Outline Case (SOC), dependent on WG funding decisions. The current governance arrangements have been reduced, all workstreams are currently paused awaiting outcome of decision on funding, with exception to the student, key worker and supported living accommodation. Resource and work plans have been re-aligned with Better Together / Sustainable Powys in the interim.

BACKGROUND

The North Powys Wellbeing programme continues to progress in line with the case for change and original investment objectives. The Partners (PTHB & PCC) have signed up to a vision of a multi-agency wellbeing campus to be achieved through a state-of-the-art campus on PCC and PTHB owned land in Newtown, to improve population health enabled transformation of health and social care for future generations. The Programme has been awaiting approval and support by Welsh Government of the Strategic Outline Case (SOC) that was submitted in March 2022. The programme is resourced through RIF via the RPB and was established in such a way to progress with fundamental transformation workstreams in service delivery models alongside WG approval of the SOC / OBC and release of necessary capital funding.

The programme has been in an escalated risk position since March 2023 due to delays by WG on funding and overall strategy support, but work has continued looking at alternative service models, working with core teams on baseline data and participation in workshops to understand the art of the possible and to help define a strong and compelling case for change. In August 2024 Programme Board agreed an interim Service Redesign and Resource Plan to continue to progress work on the future models of care, to be reviewed in November 2024 where it was hoped there would be more clarity over WG's position. This enabled further opportunity to work with teams to understand transformation opportunities and new ways working. Models of care have been updated to support with facility planning (subject to approval of capital funding), and the outputs of this work have been aligned under the Better Together / Sustainable Powys programmes.

Over the Autumn discussions have been ongoing with the Council and WG on the phasing opportunities to manage issues with affordability and complexity of funding. The benefits of this approach were highlighted in the previous update to the Committee.

A phased approach would focus in the immediate term on the development of an Integrated Wellbeing Hub before further phases focusing on expanded facilities including (a) replacing the existing Montgomery County Infirmary and (b) broadening the range of diagnostic and treatment services.

This work is continuing to progress alongside the separate Council project for a new school under the WG Sustainable Communities for Learning programme. The ability to progress the first phase of the campus (which will include children, young people and families) will continue to support a joined-up approach between health, education and social care with focus on prevention and early intervention.

Where are we now? - February 2025

The key steps since the last meeting of the Committee include:

- Submission of a joint letter from the CEOs of PTHB and PCC setting out a phased approach for capital development, but also clearly seeking full approval for the whole programme before partners could commit to taking forward the Integrated Wellbeing Hub as Phase 1.
- Submission of a bid to the Health & Social Care Integration and Rebalancing Capital Fund (IRCF) for first phase of the development: the Integrated Wellbeing Hub. The bid is to develop a combined Strategic and Outline Business Case (SOC/OBC) for the Hub to secure further capital funding to deliver the scheme. At this stage (subject to options review at SOC/OBC) the Hub would include:
 - Focus on wellbeing - a place and space for community led activities via bookable spaces to enable a more co-ordinated community led approach including a one-stop shop for information on healthy living
 - a women's health hub
 - provision for children and young people (linking together education, social care, third sector and health)
 - mental health and social care provision for children and adults (linked to third sector and wider health services on site)
 - space for primary and community care services
 - training facilities for the future health, care and social care workforce
 - housing advice and support, including for people who are homeless
- Ongoing liaison with WG officials to discuss next steps in relation to the IRCF application, in readiness for a panel meeting on 19th February 2025 with outcome expected by mid March 2025.

If WG approve the request for funding, then the programme will focus its attention on drawing all relevant partners and services together to plan out the work needed to develop a robust and impactful combined SOC/OBC for phase 1 of the campus – building on all the existing work.

Key partners for design / modelling / capital project management may have to be commissioned to build on the work already done (e.g. site investigations) and this would be led through due procurement process by the appropriate service e.g. estates for design.

Wider stakeholder engagement on the programme has been on hold (pending WG outcome on funding). An engagement and communication plan has been prepared for the development of the Integrated Wellbeing Hub. Community and stakeholder involvement will be key in the development and design of the combined SOC/ OBC.

On this basis, revenue funding for the programme (team and supporting costs (for modelling and service redesign) has been supported by the RPB Executive up until end of Q1 2025-26 to align with WG funding decision timescales, as the team would need to mobilise quickly if funding was secured. This is subject to endorsement via the RPB on 31st January 25. The Programme Board has reviewed options on how to manage the programme during this continued period of uncertainty and as a result resource has been aligned to support with Better Together / Sustainable Powys objectives aligned with the NPWP on an interim basis whilst awaiting a decision from WG on the funding. Contingency planning has also commenced to mitigate against risks associated.

The Contingency Plan is looking at two scenarios – IRCF funding is supported / IRCF funding is not supported. If IRCF funding is successful, there will still be a requirement to assess the impact of deferring phase 2 (new hospital) for example there may be a requirement to consider investment in the estate etc. If the IRCF is funding is not supported contingency plans need to also consider alternative options to address the case for change.

The programme has ongoing contractual commitments it would like to honour particularly in terms of demand & capacity modelling to inform service redesign but also appreciates the pressures on services to participate and take forward the transformation work if the capital funding is not there to support the programme. To mitigate against this, some of this work has been aligned under the Better Together / Sustainable Powys programme arrangements to support delivery of wider transformation activities – the outputs of this will inform facility planning for both phase 1 and phase 2 of the campus – this includes the demand, capacity and financial modelling.

The work on the Social Model for Health has been positive, there is a strong commitment from partners to progress this and to build on existing good practice and align current projects supporting this agenda. This will bring greater benefits

and enable better utilisation of resource. Learning from elsewhere has been fundamental to this work. As a result this has been elevated to the wider RPB and a new steering group will be formed to support delivery of an all-Powys model with North Powys proposed as the pilot/ test concept area, supported by the NP programme resource. This was approved by the RPB Executive Group in December 2024.

The Mental Health service re-design work has been aligned under the Better Together Mental Health Transformation Programme (with the council continuing to be a key partner). The Children, Young People and Families service re-design work has been put on hold temporarily and alternative arrangements to progress this work will be made pending a planned Executive Director discussion on transformation of Children's Services. The position on this will be reviewed again at the end of February 2025, but it does present a risk to delivery phase 1 SOC / OBC if IRCF funding becomes available.

Steps have also been taken to progress the Student and Key Worker accommodation outside of the original business case process. This was originally considered in the Strategic Outline Case as part of the multi-agency wellbeing campus site in Newtown, on the basis that successful development of the campus vision is predicated on embedding the vision to 'grow our own' workforce, as well as attracting staff to work in Powys.

Following assessment, there are immediate gaps in meeting accommodation needs for student and key workers in north Powys and due to the current service pressures, combined with ongoing issues on availability of WG capital funding to progress the wider campus, it was agreed by Programme Board (25/7/24) this element of the campus could be taken forward separately and that alternative funding would be considered including regeneration funding, RSLs etc in order to progress this. A similar approach is also being taken with the Supported Living accommodation required to support children in transition and homeless people. The Service Brief has been drafted and feasibility funding is currently being sourced.

It is fully recognised that since the inception of the North Powys Wellbeing programme a lot has changed, and the work needs to be of value to both organisations and align to their new strategies – Better Together / Sustainable Powys. The establishment of the new Improvement and Transformation Directorate has already added value with bringing teams together. The next 6 months (Jan-Jun 2025) provides an opportunity to further take stock and determine priorities for the future of the North Powys Wellbeing programme.

The programme continues to be managed through a robust governance framework, whilst workstreams have been stood down. The PTHB CEO continues to chair the Programme Board and the Programme is led jointly by the Director of Improvement & Transformation (PTHB), and the Director of Social Services &

Well Being (PCC). A robust risk assurance process has been adopted and high-level risks and issues are reported to each Programme Board meeting.

Looking forward a clear priority for the partners is the IRCF Panel Meeting on 19th February 2025 and the preparation of a comprehensive and persuasive presentation for a successful determination by WG. However, it is recognised that successful funding for the Integrated Wellbeing Hub does not deliver all aspects of the vision. Work therefore is being undertaken to ensure all the elements from the Case for Change are captured and during February and March 2025 a comprehensive view will be taken on how those aspects can be taken forward (through a Contingency Planning approach referenced above).

Whilst the operating context has changed considerably since inception of the programme, the case for change remains valid and partners remain committed to the overarching vision. Following approval of the IRCF funding there will need to be a forward look at how the Better Together / Sustainable Powys work supports delivery of this programme and review and alignment of inter-dependencies to ensure delivery of the benefits to Newtown and the wider population.

High Level Programme Risks:

- **Gap in Capital Funding** - Funding may not be secured to support programme A failure to secure capital investment and revenue affordability due to current and future capital and revenue availability. - 20
- **Numerous WG funding routes** - There is a risk that the numerous funding streams resulting in complex and timely approval processes and project delay.
- **Disparities in pace of project:** ensure that the differing pace of constituent elements of the campus can be supported / maintain overall campus ethos.
- **Resource Capacity:** There is not sufficient Corporate, Operational and Strategic capacity available to support the delivery of the service re-design workstream which is impact on ability to progress.

STAKEHOLDER AND PUBLIC ENGAGEMENT

The concept of the campus in Newtown is positively received by the public and stakeholders. Therefore, keeping people informed on progress is very important. Stakeholder communication and a press release have been issued to keep key stakeholders and the wider public informed of the current position and anticipated next steps.

NEXT STEPS:

1. Prepare for the WG IRCF Panel on 19th February 2025.
2. Key officers / services from across the partnership are to be engaged to make them ready for a WG decision so there is no delay in response should WG make a positive decision.

3. Finalisation of the Contingency Plan to ensure mechanisms are in place to address the case for change and understand mitigating actions to address funding and phasing position.
4. Review and develop programme requirements and timescales (subject to approval of IRCF funding).

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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Appendix 1
Communications Issued:
Stakeholder Letter
Press Release

Email to stakeholders (sent from the Powys Wellbeing generic email account)

North Powys Wellbeing Programme – Newtown health and wellbeing campus

Dear xxxx

Update on Newtown Health and Wellbeing Campus

I am writing to let you know that the North Powys Wellbeing Programme has now submitted our bid for funding to the Welsh Government Health and Social Care Integration and Rebalancing Capital Fund, for Phase One of the wellbeing campus development.

The Programme is taking a phased approach to the campus in response to a request from Welsh Government, to ensure that the scheme is affordable to the public purse at a time when there is pressure on the public sector capital budget.

Phase One would be focused on the community and primary care aspect of the programme, and on developing state of the art new facilities on the campus in the centre of Newtown, from which to deliver all campus services in a joined up and cost-effective way. Phase One services would include:

- a women's health hub
- services for children and young people
- mental health provision for children and adults
- clinic space for primary and community care services
- bookable spaces for a range of community led wellbeing activities
- a one-stop shop for information on healthy living
- training facilities for the future health, care and social care workforce
- housing advice and support, including for people who are homeless

We expect to know the outcome of our Phase One bid later this Spring. Funding bids for the next phases are now being developed. Phase Two would develop replacement facilities for the services currently provided at Montgomeryshire County Infirmary in Newtown, while Phase Three would expand the range of diagnostic and treatment services available in North Powys and reduce the need to travel to acute hospitals outside the county for some treatments. We remain firmly focused on securing commitment from Welsh Government for all three phases

A news release is due to be issued on Monday which will reflect the content of this email and will be made available on our website. As a valued local partner we want to make you aware of the current position and next steps. We will be encouraging the public and stakeholders to sign up for updates via our website at www.powyswellbeing.wales, and subject to a successful funding bid we expect a further programme of community events later this year. Should you have any questions about this development, or any aspect of the programme, please don't hesitate to ask. Your contact for further information is Rachel Jowitt, who is the Interim Programme Manager for the Programme. Her email address is: rachel.v.jowitt@wales.nhs.uk

Yours sincerely,

Hayley Thomas, CEO, Powys Teaching Health Board
and

Councillor Sian Cox, Cabinet Member for a Caring Powys, Powys County Council

Press release:

Update on Newtown health and wellbeing campus

The first phase of a new multi-agency health and wellbeing campus in Newtown could become a reality by Spring 2028 if a new funding bid to Welsh Government is successful.

The new development is part of the North Powys Wellbeing Programme. It would replace several outdated facilities in the town, so that future services can be provided in a more joined up and cost-effective way in one location.

The state of the art new facilities at the town centre site in Newtown would include:

- a women's health hub
- services for children and young people
- mental health provision for children and adults
- clinic space for primary and community care services
- bookable spaces for a range of community led wellbeing activities
- a one-stop shop to receive information on healthy living
- training facilities for the future health, care and social care workforce
- housing advice and support, including for people who are homeless
- replacement facilities for the Montgomery County Infirmary
- an expanded range of diagnostic and treatment services.

The Programme aims to deliver this innovative scheme in three phases.

Phase One would provide new accommodation for a range of services currently provided in multiple locations across the town including Park Street Clinic and Ynys Y Plant. A funding bid for the first phase has now been submitted. If successful, work can commence later in 2025.

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

Hayley Thomas is Chief Executive of Powys Teaching Health Board: "This is a very important step forward in our shared committed to deliver services in ways that will meet future needs and that remain affordable to the public purse. We will continue to work closely with Powys County Council and with Welsh Government in the months ahead, and if our funding bid is successful then work could start later this year.

"Taking a phased approach to this programme will help us deliver our ambitions for local health and wellbeing whilst recognising the pressures on public sector capital funding. The health board and

the council remain firmly focused on securing commitment from Welsh Government for all three phases.”

Plans for a replacement school for Ysgol Calon y Dderwen on the campus are also progressing well. The design work for a replacement school building for Ysgol Calon y Dderwen will now recommence following the Council's decision to bring the school and Treowen CP School together. This will mean that the size of the new building will need to increase and the design work will take that into account.

Councillor Sian Cox, Cabinet Member for a Caring Powys, Powys County Council: “I do hope that we will be able to take Phase One of the Wellbeing Programme forward. Wellbeing means different things to different people but usually includes health, and being connected to the people and services that matter to us. The Wellbeing Programme would provide those services, and the modern facilities to deliver them from. At a time when a shrinking working age population is affecting health and care provision, those facilities would also help us to attract, recruit and train our future health and care workforce.

“I believe in involving people in designing the services they need. If our funding bid is successful, we will launch the next phase of community engagement in the unfolding programme. If you’d like to be involved, please do sign up for updates.”

More information about how to sign up and get involved is available from the North Powys Wellbeing Programme website at www.powyswellbeing.wales. A programme of community events is also expected later this year, subject to the decision on the funding bid.

ENDS

The North Powys Wellbeing Programme is a partnership between Powys Teaching Health Board and Powys County Council with support from Powys Association of Voluntary Organisations. More information is available from the Programme website at www.powyswellbeing.wales

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Addysgu Powys
Powys Teaching
Health Board

Agenda item: 5.5

Planning, Partnerships and Population Health Committee **Date: 04 February 2025**

Subject:	The Additional Learning Needs and Education Tribunal (Wales) Act 2018 update
Approved and presented by:	Claire Roche, Executive Director of Nursing, Quality and Family Health
Prepared by:	Designated Education Clinical Lead Officer (DECLO); Interim Assistant Director, Women and Children
Other Committees and meetings considered at:	Executive Committee – 22 January 2025

PURPOSE:

This paper provides the Committee with an update on the Health Board’s activity under the Additional Learning Needs and Education Tribunal (Wales) Act 2018 (the ALN Act) since the May 2024 report. It provides assurance:

- that structures are now in place to ensure that the Health Board complies with its statutory duties under the ALN Act, and for the management and escalation of compliance issues.
- that activity is progressing, and that structures are in place, to support ongoing collaboration between the Health Board and Powys County Council (PCC), in keeping with the ethos of the legislation.

RECOMMENDATION(S):

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

- **RECEIVE** the attached report and accept this as an accurate overview of activity from the Health Board to fulfil the requirements of the ALN Act.
- Take **ASSURANCE** regarding activity to date and plans moving forward to meet the requirements of the ALN Act.

Approve/Take Assurance	Discuss	Note
Y	Y	N

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

Objective	Alignment
1. Focus on Wellbeing	N
2. Provide Early Help and Support	N
3. Tackle the Big Four	N
4. Enable Joined up Care	Y
5. Develop Workforce Futures	N
6. Promote Innovative Environments	N

7. Put Digital First	Y	
8. Transforming in Partnership	Y	

EXECUTIVE SUMMARY:

This paper provides an update on the implementation of the ALN Act and national challenges. It goes on to provide an update of progress over the last year, especially around collaboratively working through the implementation of a new operational process through which the Health Board fulfils its legal duties under the ALN Act and development of a digital infrastructure providing data about compliance. It is noted that validated compliance data is not currently available. However, this will be available from April 2025 as a result of changes set out in this paper that have been, and are being, implemented. Key priorities for the next period and challenges associated with the Act are outlined in closing.

BACKGROUND AND PROGRESS:

1 Background: Context

1.1 The national context - Implementation of the ALN Act

The ALN Act is Education legislation that aims to improve outcomes and experience for children and young people (up to age 25) with additional learning needs and their families. It introduced new legal duties on Health Boards, in recognition of the importance of joined up working between Education and Health for many children and young people whose healthcare needs impact on their learning.

Implementation of the legislation commenced in 2021 with a phased implementation period that was extended through to September 2025, meaning that from this date, the legislation will become 'business as usual'. Several national reports regarding the ALN Act over the last year have highlighted severe pressures within the Education system and challenges in implementing what is widely seen as highly 'intellectually challenging' legislation with inconsistencies in interpretation nationally, some of which has implications for Health Boards. To address this Welsh Government is carrying out a review of the ALN Code, which is the statutory guidance that supports the legislation, to ensure greater clarity for all.

National reports have also raised concerns about the role of Health Boards in delivery of the Act. An Interim Report by the Senedd's Children, Young People and Education (CYPE) Committee published in July 2024 raised several concerns about multi-agency collaboration and support within the ALN system, including concerns about:

- The extent to which Health Boards are fulfilling their legal duties (National assurance Framework is anticipated).
- The fact that that legal duties for Health Boards are able to be 'triggered' by Local Authorities but not schools.

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- Health Board professionals not always being able to attend person-centred planning meetings.
- There being 4 Designated Education Clinical Lead Officers (DECLOs) nationally, covering 7 Health Boards (engagement between the Cabinet Secretary for Education and Health Boards is expected to explore this issue further).

Health Boards are not currently required to report on their compliance with their legal obligations under the ALN Act, though Welsh Government have advised that a national assurance framework will be implemented in due course, to address some of the concerns noted above. Work is progressing, supported by Digital Health Care Wales, to finalise the required dataset and ensure clear data definitions for Health Boards' reporting. There is not clear timescale for the completion of this work, meaning that in the interim, it is critical that Health Boards are able to provide robust internal assurance that they are fulfilling their legal duties.

1.2 The Local Context: Previous Reports to Committee

The last report provided to PPPH Committee in May 2024, provided assurance that there had been a 'launch' of the new process by which the Health Board would fulfil its legal duties under the ALN Act and report on its compliance.

It highlighted that the number of statutory requests for involvement to the Health Board had been low and were expected to increase with new processes in place. Data that was available showed a high rate of compliance with the Health Board's statutory duties. The report outlined ongoing work between the Health Board and Powys County Council to establish a joint, longer-term strategic approach to the collaboration required to ensure positive outcomes and experience for children and young people with ALN.

2 Progress since May 2024

This section of the report highlights progress over the last period in the following key areas:

1. Collaboratively working through implementation of the operational processes through which the Health Board complies with its key legal duties under the Act.
2. Ongoing development of the digital infrastructure that will provide the Health Board with assurance that it is complying with its key legal duties.
3. Establishing internal Health Board processes to provide assurance.
4. Collaboration with Powys County Council through the ALN Integrated Steering Group (AISG).

It is important to note that at present, validated data regarding the Health Board's compliance with its legal duties under the ALN Act is not available, but activity in work areas 1-3 above means that such data and the assurance it enables will be available from the start of the 2025-26 period.

2.1 Implementation of operational processes

While new ALN Health / Education operational processes were introduced in April 2024, a number of points of detail in the operational processes have required careful working through between the Health Board and Powys County Council over the past months. Consequently, reliable data for the period April – September is not available, though there is shared confidence that processes are being correctly followed from September 2024 between the Council and the Health Board. From November 2024 onwards, the same operational processes have been extended to schools requiring the involvement of Health Board services. This is a key development in view of concerns raised in national reports regarding engagement between Health Boards and schools.

As a result of this work there is now a single operational process in place in Powys, both for the Local Authority and for schools, through which relevant Health Board services:

- Are invited to attend person-centred planning meetings for children with ALN.
- Are asked to provide relevant information to support Education planning and decision-making.
 - Statutory duty applies to requests for information from Local Authorities (ALN Act, Section 65).
- Are asked whether there is a relevant treatment or service likely to be of benefit in addressing a child or young person's ALN.
 - Statutory duty to respond to the request, and to secure the provision where needed, applies (ALN Act, Section 20).

Significant activity has progressed to ensure that relevant operational services have a clear understanding of the Health / Education processes and mechanisms to ensure that these are correctly followed, and that staff have a clear understanding of their roles and responsibilities.

2.2 Ongoing development of the ALN digital infrastructure

While a digital infrastructure to monitor compliance has been in place since April 2024, significant ongoing work with the support of Digital services has been required to finalise the digital infrastructure (the ALN App). Power BI dashboards have been developed to enable the Health Board to monitor its compliance and to provide Services with the information required to manage open requests. Digital Healthcare Support Wales have highlighted the Powys-developed App as a 'best practice' model for ensuring accurate and reliable data for Health Boards and it has been adopted by some neighbouring Health Boards.

The App and power BI dashboards are now fully operational with activity ongoing to quality assure them. Once finalised, the Health Board will have the full digital infrastructure it needs to report on its compliance to Welsh Government when this is required, and to provide internal assurances regarding its compliance in the interim.

2.3 Establishing internal assurance processes

Challenges with access to the ALN App and the development of dashboards have delayed the development of robust data validation processes. Consequently, while key compliance data from September onwards is available on the App, there is limited assurance in the reliability and validity of this data.

However, with these issues having been largely addressed, the Assistant Director for Women and Children's Services and the DECLO have agreed a structure of regular meetings between the DECLO, and relevant Service Leads, and bi-monthly reporting into the Women and Children's Quality and Performance Meeting, that will enable assurance to be provided going forwards.

2.4 Collaboration with Powys County Council through the ALN Integrated Steering Group

The Powys ALN Integrated Steering Group (AISG) has continued to provide a joint vehicle between the Health Board and Powys County Council for progressing activity that supports effective implementation of the ALN Act and collaborative problem-solving.

The primary focus of this group over the last year has been linked to working through the implementation of operational processes, as outlined at 2.1. Outside of this work, progress has been more limited around areas of work that include:

- Refining the process by which Health board professionals notify the Local Authority of pre-school children likely to have ALN.
- Establishing processes through which the Health Board supports Education to fulfil its duties to meet children's healthcare needs under the *Supporting Learners with Healthcare Needs* statutory guidance.
- Finalising a process through which the Health Board collaborates with the Council where required to contribute during appeals made to the Education Tribunal for Wales.
- Establishing a process for joint decision-making for post-16 learners with the most complex needs who may require placement at an Independent Specialist Post-16 Institute.

To support improved progress moving forward, changes to Terms of Reference for the group have recently been made and agreed and an annual AISG review meeting with the meeting Chairs (Assistant Director for W&C; Service Manager for Inclusion and Youth Services) and the DECLO has been held. Changes to strengthen the governance of the work programme overseen by the AISG have been agreed at this meeting, to support improved pace and progress.

Linked to the work of the AISG, Powys County Council has developed an ALN and Inclusion Strategic Plan for 2024-2030. This strategic plan explicitly references the importance of multi-agency collaboration and a workshop session with the Health Board fed into its development. The strategic plan aims to create a comprehensive, inclusive, and equitable education system in Powys that meets the needs of all learners, including those with ALN.

3 What's Next? Priorities for the Next Period

3.1 Finalisation of the Compliance Data Infrastructure

Timescale: by March 2025

It is anticipated that by March 2025 the compliance data infrastructure will be fully developed, meaning that anticipated Welsh Government reporting requirements can be met in full and giving the Health Board accurate data.

3.2 Implementation of a compliance monitoring structure

Timescale: by March 2025

Agreed structure to support compliance including regular meetings between the DECLO and Service Leads to review compliance data. These meetings will inform Women and Children's Quality and Performance meetings on a bi-monthly basis, ensuring co-ordination across services and senior-level engagement and ownership within the Directorate.

3.3 Audit

Timescale: March 2025

Audit and Assurance Services will be carrying out an audit of the Health Board's arrangements to meet the requirements of the ALN Act. This work had been planned to take place in 2024 but was delayed due to pressures on Audit and Assurance Services. Fieldwork will be carried out during January - February 2025, and it is aimed that the final report will be presented to Audit Committee in March 2025.

3.4 Ensuring AISG progress and establishing priorities to support a longer-term strategic approach

Timescale: For review September 2025

An annual review of Powys' ALN Integrated Steering Group has taken place to agree on changes needed to improve the pace and accountability of work progressed through the group. Activity will be taken to support improved progress against existing priority areas of work as outlined at section 2.4, with strengthened programme governance.

Powys County Council's recent publication of its ALN and Inclusion Strategic Plan has potential to catalyse positive change regarding the activity of the AISG, and activity will be progressed in the group to establish forward-looking priorities that align with the Council's strategic vision for ALN.

3.5 Assessing and articulating the demand / capacity impact of the ALN Act on operational services

Timescale: For review December 2025

The ALN Act places new statutory demands on NHS operational services (especially children's therapies services, and in particular Speech and Language Therapy) but has been introduced without additional resource for the NHS. Planned work to assess the demand / capacity impact of the Act on operational services has previously been noted but has not been prioritised due

to low numbers of requests for statutory involvement. It is expected that numbers of requests for statutory involvement and thus pressures on operational services will increase, and the data infrastructure now in place will support analysis of the impact of this.

Over the next period, with a pace and depth to be determined by the level of the demand / capacity pressures facing services, initial analysis of the demand / capacity implications of the ALN Act and its implications for longer-term service planning will be carried out.

4 Challenges Moving Forward

The ALN Act does present some challenges for the Health Board as it needs to comply with its new statutory obligations and to continue to develop its collaboration with PCC to meet the Act's requirements. These challenges are expected to increase over the coming year as, with maturation of the existing systems, the numbers of statutory requests for involvement will rise. Consequences of not meeting these challenges would include potential breaches of the Health Board's statutory duties; risk of complaints, appeals to Education Tribunal and potentially even Judicial Review; and risk of poorer outcomes for children and young people.

However, these challenges are mitigated by a number of factors:

- the clear and effective operational processes through which the Health Board fulfils its key statutory duties under the ALN Act;
- the digital infrastructure that both supports compliance and provides data for purposes of assurance;
- collaborative arrangements in place between the Health Board and its key delivery partner, PCC, through the AISG;
- the compliance monitoring infrastructure that will be put in place, as noted at 3.2; and
- processes to monitor and escalate concerns within Women & Childrens services and PCC.

It is recognised that full implementation of the Act will place additional demand on operational services, especially in the Women and Children's Directorate. As the new and additional demands presented by the Act come into fuller effect over the next year, the demand / capacity activity noted at 3.5 will be key to articulating this risk and identifying potential solutions.

NEXT STEPS:

The Committee are requested to receive assurance that operational implementation along with robust governance processes for management are in place and aligned to the ALN Act.

The Committee is also asked to note that an internal audit is currently underway reviewing the structures and processes in place within the Health Board for ensuring compliance with the requirements of the Additional Learning

Needs and Educational Tribunal Act (Wales) – an update on this work will be provided when available.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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ALN Update



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Powys Teaching
Health Board

Agenda item: 5.6

Planning, Partnerships & Population Health Committee **Date: 04 February 2025**

Subject:	Adult Population Screening Programmes Update
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Public Health Consultant Head of Service: Public Health Programmes
Other Committees and meetings considered at:	N/A

PURPOSE:

This paper provides a summary of current screening uptake figures in Powys for all UK National Screening Committee approved adult screening programmes. The purpose of the paper is to inform Committee members about screening uptake in the Health Board population, and to provide assurance about actions being taken to maintain or improve uptake and reduce inequity locally and nationally.

RECOMMENDATION(S):

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

- **CONSIDER** the uptake of adult population screening programmes, and
- take **ASSURANCE** from the actions being undertaken to maintain and/or further increase uptake and reduce inequity.

Approve/Take Assurance	Discuss	Note
Y	N	N

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Objective	Alignment	Description
1. Focus on Wellbeing	Y	Screening promotes wellbeing by aiming to detect the early stages of disease or prevent disease occurring, helping to ensure support is provided as early as possible.
2. Provide Early Help and Support	Y	
3. Tackle the Big Four	Y	
4. Enable Joined up Care	Y	
5. Develop Workforce Futures	N	Screening directly addresses cancer incidence and impact.
6. Promote Innovative Environments	N	
7. Put Digital First	N	
8. Transforming in Partnership	N	

EXECUTIVE SUMMARY:

This paper provides a summary of uptake of adult population screening programmes in the Health Board population. The time periods used are all 2022/23, except for breast and cervical screening where 2021/22 figures are used due to a lack of more recently published data. (In response to an enquiry, Public Health Wales (PHW) Screening Division report that Breast Test Wales and Cervical Screening Wales are currently in the process of producing annual statistical reports for 2022/23).

Across Wales, there is geographical variation in screening uptake at health board and local authority level. Compared with the average for Wales, rates of uptake in Powys Teaching Health Board are generally higher than in other health boards. Breast screening is the only programme where uptake is slightly below the national average.

Within Powys there is some variation, which tends to follow the national pattern where participation in general:

- Decreases with increasing deprivation;
- Increases with age;
- Is slightly higher in women than men;
- Is higher in those who have previously attended screening.

This paper provides an update to a paper previously presented to Planning, Partnerships and Population Health Committee in February 2024.

BACKGROUND:

Screening aims to detect the early stages of disease or prevent disease occurring. By identifying people at higher risk of having a health condition early, more effective treatment options can be offered, or information provided to inform decision making about future care. Screening can also reduce the chance of developing a serious condition, preventing ill-health and the harm that would otherwise occur.

Screening programmes are evidence-based population interventions which have been recommended following rigorous evaluation against agreed criteria. Each UK nation sets its own screening policy based on the recommendations of the UK National Screening Committee. In Wales, the Wales Screening Committee is the national advisory forum which considers the evidence and advises on the implementation of new programmes or modifications to existing programmes.

Public Health Wales' Screening Division is responsible for the following adult population-based screening programmes in Wales:

- Bowel Screening Wales;
- Breast Test Wales;
- Cervical Screening Wales;
- Wales Abdominal Aortic Aneurysm Screening Programme;
- Diabetic Eye Screening Wales.

All adult screening programmes have now fully recovered following the pause in screening during the COVID-19 pandemic. Recovery means that everyone who is eligible for screening in Wales should now be receiving an invitation to attend within the recommended time intervals for individual screening programmes.

SCREENING UPTAKE BY PROGRAMME

1.0 BREAST SCREENING

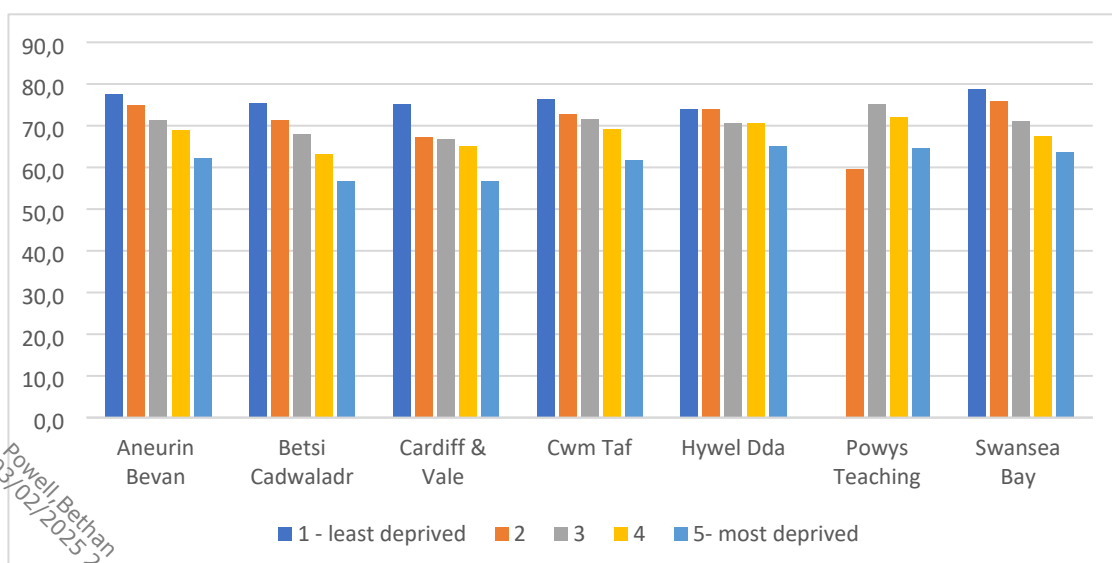
Breast Test Wales invite women aged 50-70yrs every three years for a mammogram (x-ray) to look for breast cancer before symptoms show. Most appointments are in one of the mobile clinics which cover each GP surgery in Wales on a 3-yearly screening round.

Across Wales in 2021/22, the uptake of breast screening was 70%. In Powys Teaching Health Board, it was marginally lower at 69.1%.¹ The difference between health boards is narrow, and across all seven health boards, there was only a 4.4 percentage point difference in uptake.¹ (In response to a direct request, Public Health Wales Screening Division report a provisional coverage figure for Powys Teaching Health Board of 71.9% as at 31/03/23, the highest health board figure in Wales).

There is a more marked socioeconomic difference in uptake, and Wales has a 15.3 percentage point difference in uptake between the least and most deprived quintiles of the population (76.2% vs 60.9%).¹

The socioeconomic pattern was different in Powys Teaching Health Board where uptake was lowest in the second least deprived quintile (figure 1). However, the data must be viewed with caution as less than 2,000 women were invited overall, and data for the least deprived quintile data is not shown due to the small numbers.

Figure 1. Uptake (%) of Breast Screening by deprivation quintile by Health Board, 2021/22



Source: PHW Screening Division Inequity Report 2023¹

Uptake of breast screening increases with age, with uptake lowest in the youngest age group (50-52yrs).¹ People are more likely to attend if they have attended screening before, which aligns with the data showing that older people are more likely to attend.

2.0 BOWEL SCREENING

Bowel Screening Wales send people a home test kit in the post every 2 years. The test aims to find cancer at an early stage by measuring blood in stools. People are invited to complete the test and return it by post.

Bowel screening is undergoing a multi-year age extension programme which means that the data presented in this paper relates to individuals aged 58-74yrs between April to September 2022, and 55-74yrs between October 2022 to March 2023. As of October 2024, people aged 50yrs started being invited for bowel cancer screening for the first time in Wales. This is being rolled out gradually over the next 10 months. By the end of this period, everyone aged 50-74yrs will be automatically invited for screening every two years. This will mark the completion of the bowel screening age extension (optimisation) programme in Wales.

Across Wales, uptake was 65.9% in 2022/23, with only a small 2.7 percentage point difference between health boards (table 1). Uptake in Powys Teaching Health Board was the highest, although Powys did have the widest gender-based difference in screening uptake with a 6.1 percentage point difference in favour of females. Despite this, Powys Teaching Health Board still had the highest uptake among males across all seven health boards.

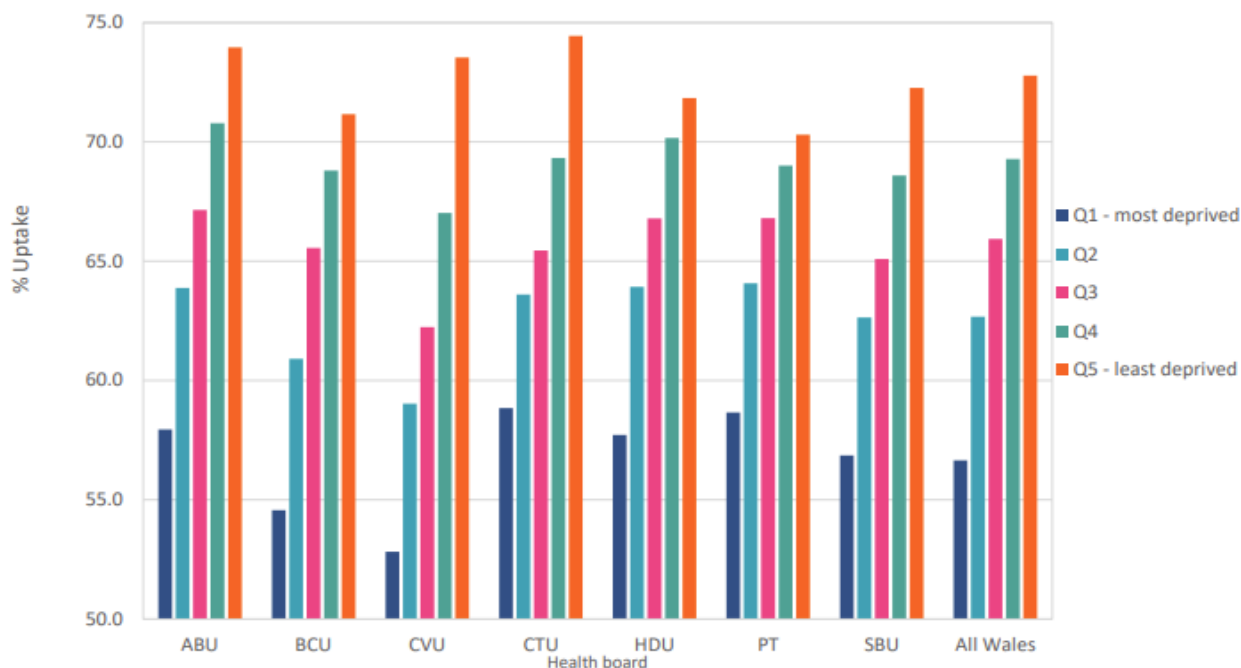
Table 1. Bowel screening uptake by gender and health board, 2022-23

Health Board	Total			Female			Male		
	Eligible	Responded	% Uptake	Eligible	Responded	% Uptake	Eligible	Responded	% Uptake
Aneurin Bevan UHB	77,750	51,480	66.2	39,037	26,717	68.4	38,713	24,763	64.0
Betsi Cadwaladr UHB	96,444	63,527	65.9	48,616	33,178	68.2	47,828	30,349	63.5
Cardiff and Vale UHB	55,424	36,269	65.4	27,820	18,959	68.1	27,604	17,310	62.7
Cwm Taf Morgannwg UHB	57,368	37,468	65.3	28,905	19,264	66.6	28,463	18,204	64.0
Hywel Dda UHB	56,716	37,935	66.9	28,880	19,995	69.2	27,835	17,939	64.4
Powys Teaching HB	20,964	14,183	67.7	10,534	7,444	70.7	10,430	6,739	64.6
Swansea Bay UHB	49,219	31,975	65.0	24,877	16,551	66.5	24,342	15,424	63.4
Unknown	147	91	61.9	73	49	67.1	74	42	56.8
All Wales	414,032	272,928	65.9	208,742	142,157	68.1	205,289	130,770	63.7

Source: PHW Bowel Screening Wales Annual Statistical Report 2022-23²

Alongside gender, PHW Screening Division have also published figures illustrating socioeconomic differences in bowel screening uptake (figure 2). This shows an 11.6 percentage point gap in screening uptake between the least and most deprived quintiles in the Powys Teaching Health Board population (70.3% vs 58.7%). This inequity gap was below the Wales figure of 16.2 percentage points.

Figure 2. Bowel Screening Uptake (%) by deprivation quintile and health board of residence, 2022-23



Source: PHW Bowel Screening Wales Annual Statistical Report 2022-23²

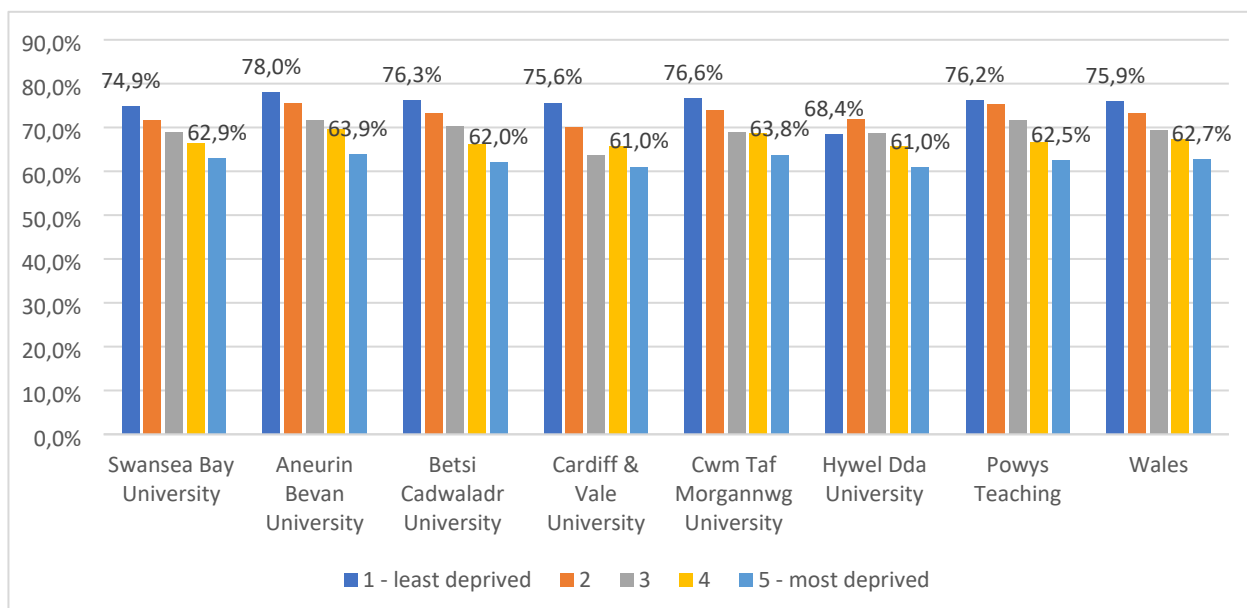
3.0 CERVICAL SCREENING

A few types of human papillomavirus (HPV) are responsible for almost all cases of cervical cancer. The cervical screening ('smear') test looks for the high-risk types of HPV that can cause cell changes in the cervix. Finding cell changes can prevent cervical cancer from developing. Women and people with a cervix aged between 25-64yrs are able to have cervical test undertaken by their GP practice or a sexual health clinic in some instances. Those aged 50-64yrs are invited by Cervical Screening Wales every five years. Those aged 25-49yrs were invited three yearly, but since 2022, routine recall for those who did not have HPV in a sample changed to every five years.

In 2021/22, uptake across Wales was 69.6% vs 72.8% in Powys Teaching Health Board.³ The pattern in the Health Board was consistent with that of Wales as a whole, where uptake was lower in the most deprived areas and higher in the least deprived (figure 3). The uptake rates in the least and most deprived quintiles in Powys Teaching Health Board corresponded to a 13.7 percentage point inequity gap.

The pattern of uptake by age in Powys was consistent with Wales, where it tends to be lower in the youngest age group (25-29yrs).³

Figure 3. Uptake of cervical screening by deprivation quintile by health board, 2021/22



Source: PHW Screening Division Inequity Report 2023¹

4.0 ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING

AAA screening looks for a swelling (aneurysm) of the aorta (the main blood vessel) in the abdomen. A ruptured AAA can lead to serious blood loss that will need immediate emergency treatment, but the chances of getting to hospital and surviving surgery are poor. Men over the age of 65yrs are invited by the Wales AAA Programme to attend for a one-off ultrasound scan at a GP surgery or local hospital.

Powys had the highest uptake out of all the Health Boards in 2022/23, 82.1% compared with 77.6% for all Wales (table 2).

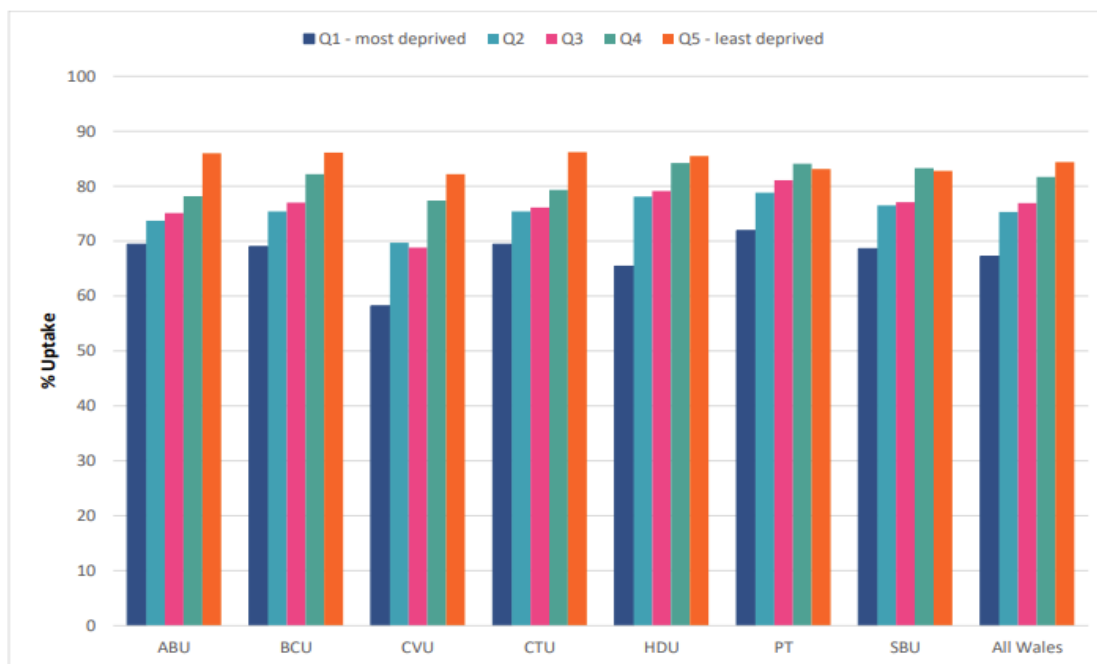
Table 2. Abdominal aortic aneurysm screening uptake by health board, 2022/23.

Health Board	Invited	Tested	% Uptake
Aneurin Bevan University	4,633	3,520	76.0
Betsi Cadwaladr University	5,421	4,312	79.5
Cardiff & Vale University	3,331	2,445	73.4
Cwm Taf Morgannwg University	3,844	2,936	76.4
Hywel Dda University	4,103	3,285	80.1
Powys Teaching	1,280	1,051	82.1
Swansea Bay University	3,452	2,668	77.3
Unknown	4	4	100.0
All Wales	26,068	20,221	77.6

Source: PHW Wales Abdominal Aortic Aneurysm Screening Programme Annual Statistical Report 2022-23⁴

Across Wales, uptake was 67.2% in the most deprived quintile and 84.4% in least deprived quintile, a difference of 17.2 percentage points (figure 4). The population of Powys Teaching Health Board does not show a linear pattern of increasing uptake with decreasing deprivation, and the range between the most and least deprived quintiles was 11.2 percentage points. This figure and the underlying pattern must be viewed with caution, however, as it is based on just 1,280 men invited for screening in 2022/23.

Figure 4. Uptake of AAA Screening by deprivation quintile by health board, 2022/23



Source: PHW Wales Abdominal Aortic Aneurysm Screening Programme Annual Statistical Report 2022-23⁴

5.0 DIABETIC EYE SCREENING WALES (DESW)

Diabetic retinopathy is one of the most common causes of blindness in the UK. It has no obvious symptoms, therefore eye screening can identify the condition early, enabling treatment to commence and help save a person's sight. Everyone aged 12yrs and over with a diagnosis of diabetes and registered with a GP in Wales is invited by DESW either annually or, since July 2023, bi-annually for patients identified as low risk. Patients receive eye drops and photographs of the back of each eye are taken with a special camera. Screening can be carried out within hospitals, health centres or community venues. There are mobile DESW screening teams who travel to different sites as scheduled, bringing a mobile camera with them.

In 2022/23, Powys Teaching Health Board had the highest rate of eye screening uptake in Wales, although the difference between the highest and lowest health boards was small, at just 6.9 percentage points (table 3).

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Table 3. Diabetic eye screening uptake by health board 2022-23

LHB	Attended	Invited	Uptake (%)
Aneurin Bevan UHB	11,524	14,166	81.4
Betsi Cadwaladr UHB	16,375	19,550	83.8
Cardiff and Vale UHB	9,576	12,311	77.8
Cwm Taf Morgannwg UHB	10,802	13,362	80.9
Hywel Dda UHB	9,685	11,485	84.3
Powys Teaching LHB	2,858	3,375	84.7
Swansea Bay UHB	7,722	9,405	82.1
All Wales	68,970	84,156	81.9

Source: PHW Diabetic Eye Screening Wales Annual Statistical Report 2022-23⁵

The diabetic eye screening programme has not published any figures showing variation in uptake by socioeconomic group. This is being explored as part of optimisation and transformation ongoing in the programme and findings will be shared when available.

A summary of eligibility and performance set out in this paper across all the adult screening programmes is shown in table 4 below.

Table 4. Summary of screening programme performance.

Screening programme	Eligibility in the reporting period	Screening interval	Reporting year	PTHB uptake rate	PTHB Health Board rank	Inequity gap**
Breast	Women aged 50-70yrs	Three yearly	2021/22	69.1%	=4th	No data
Bowel	Men and women aged 55/58-74yrs	Two yearly	2022/23	67.7%	1st	11.6pp
Cervical	Women & people with a cervix aged 25-64yrs	Five yearly	2021/22	72.8%	1st	13.7pp
AAA	Men aged 65yrs*	Once	2022/23	82.1%	1st	11.2pp
Diabetic eye	Everyone 12yrs+ with diabetes	Annually or two-yearly depending on risk	2022/23	84.7%	1st	No data

* Men over 65yrs not previously screened for AAA can self-refer for screening.

** Inequity gap is the percentage point difference in uptake between the least and most deprived quintiles of the PTHB population.

The main points to note in the table are that Powys Teaching Health Board performed relatively well in terms of overall screening uptake. However, as noted in this paper, the relative difference in uptake across health boards in individual screening programmes tended to be small. This means that a small percentage change in uptake in any health board could significantly alter its rank. The inequity gap within individual programmes is perhaps a more reliable finding and one where activity should be focused. Some of the work that is taking place by PHW Screening Division to address inequity is described in the next section.

A Note on Targeted Lung Cancer Screening

In June 2022, the UK National Screening Committee recommended the introduction of targeted lung cancer screening in the UK for people aged 55-74yrs who currently or used to smoke. Screening should be carried out via computed tomography (CT) scanning on a two yearly basis. A scoping exercise into how a

lung cancer screening programme could be introduced in Wales is currently being led by Public Health Wales Screening Division. Findings from the scoping exercise are expected to be presented to Welsh Government by September 2025.

NATIONAL WORK ADDRESSING INEQUALITIES

Public Health Wales Screening Division aims to ensure that everyone eligible for screening has equitable access and opportunity to take up their screening offer. This includes being able to use reliable information to make a personal, informed choice.

It is recognised that making an informed choice is influenced by language, as well as cultural and economic factors. Taking up an offer can be affected by a range of interlinked barriers, such as:

- logistical or physical challenges that reduce access to locations where screening is taking place. These could be economic or environmental factors.
- not receiving information in a way that enables individuals to gain the necessary knowledge to make an informed choice.
- preventative screening may not be considered as part of their social norm or cultural identity.

Tackling inequity is a key priority and PHW Screening Division has published a screening inequity strategy which focuses action in five key areas.⁶ Examples of actions undertaken in 2022/23 by PHW Screening Division in relation to each of the five areas is set out below.

1. Communication

- A complete review of websites to ensure consistency of layout and approach, based on web best practice and user feedback.
- An audit of provision of accessible information.
- Public information development process reviewed, including the revision of a toolkit to aid development of public information.

2. Community and engagement

- An audit of the Engagement Team Stakeholder Database has been carried out.
- Work has been ongoing with specific community groups in order to better understand barriers and enablers to participation in screening.

3. Collaboration

- A Screening Engagement Network has been established for third sector partners and Local Public Health Team Senior Practitioners.
- The Screening and Inequalities group continues to meet every other month, with representatives from Local Public Health Teams and the Screening Division.
- The Screening Engagement Team has undertaken a survey of primary care cluster leads, looking at what data and information would be helpful and the best methods of communication.

• The division has rolled out invitation and reminder letters for the Bowel Screening Wales programme that are endorsed by the service user's GP.

4. Service delivery

- Each programme has a nominated Equity Champion.
- Work continues to embed Equality and Health Impact Assessment (EHIA) as part of routine practice.
- Work is ongoing to ensure that people in prisons, people in long term care facilities, and people in the Military are aware of eligibility in a timely way so that they can access screening.

5. Data and monitoring

- Publication of an equity report, sharing data but also an update on actions to date following the publication of the strategy last year.

POWYS SPECIFIC ACTIONS:

In addition to national work, targeted work to promote uptake of screening is underway locally. This includes:

1. Developing a Diabetic Eye Screening Wales mid-Wales team

A Public Health Wales DESW Mid-Wales Project Team was established with the aim of helping improve health outcomes in Powys, by addressing inequity in access and travel times to screening for people with diabetes, bringing it more in line with provision in other parts of Wales. Building back the DESW service in Powys since September 2020 had challenges, including a reduction in the number of venues/clinic capacity used previously.

The intention was to create a small Mid-Wales screening team of five people based in a central location. As part of the project, accommodation for a team base was secured in Newtown. However, after several unsuccessful recruitment attempts locally, DESW have instead been able to recruit staff based in South Wales who will form a Mid-Wales team, staying overnight for one week per month. It is planned that the team will be trained and operational by April 2025.

2. Screening Champions

Screening Awareness training provides participants with the skills and knowledge to raise awareness of screening within communities, and to dispel myths and encourage uptake. A training session was held in December 2023, and 14 individuals attended from a range of organisations across Powys including: Powys County Council, PAVO, Llais and the Health Protection Team.

3. Local participation in the national Screening Engagement Network

This network has been recently set up with the aim of keeping partners up to date with screening developments, and to provide a platform to share good practice.

4. Lingen Davies Cancer Champions

Joint work with Lingen Davies Cancer Fund Powys Cancer Champion Initiative, who have so far (June 2023-December 2024) recruited and trained 248 Cancer Champions. The Champions are volunteers equipped to have conversations with their family, friends and colleagues to increase their knowledge of issues such as cancer signs and symptoms, and encourage them to take part in screening.

5. Local participation in national Screening and Inequalities Group

This is a forum for sharing learning about local and national work. It provides an opportunity for Public Health Teams to share local knowledge and understanding, to improve uptake, equity of uptake and accessibility of national screening programmes.

6. Bowel Screening letter endorsement initiative

This initiative began in early 2023, and 12 Powys practices so far have opted to endorse the bowel screening letter.

7. Mobile breast unit

Queries had been raised in the community around the mobile unit not being sited in Knighton in the previous screening round with residents required to travel to access the mobile unit. In 2022, Breast Test Wales had been unable to find suitable bed and breakfast accommodation for staff, nor toilet facilities (the community centre had not yet reopened post-Covid). These issues have been resolved and the plan is for the mobile unit to be sited in Knighton for February and March 2025.

NEXT STEPS:

The data presented in this paper provides an annual update on the uptake rates of adult screening programmes in the Powys Teaching Health Board population. The paper also describes recent activity to improve uptake and reduce inequity. The data will be monitored to ensure uptake in Powys continues to remain high and that inequities are being addressed. Update reports will be brought to the Committee when new information becomes available.

References

1. Public Health Wales Screening Division (2023) *Screening Division Inequity Report 2023*. Available from: <https://phw.nhs.wales/services-and-teams/screening/screening-division-inequity-report-2023/> [Accessed 03/01/2025]
2. Public Health Wales Screening Division (2023) *Bowel Screening Wales Annual Statistical Report 2022-23*. Available from: <https://phw.nhs.wales/services-and-teams/screening/bowel-screening/programme-reports/> [Accessed 28/12/24]
3. Public Health Wales Screening Division (2022) *Cervical Screening Wales Annual Statistical Report 2021/22*. Available from: <https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/programme-reports/annual-statistical-reports/> [Accessed 03/01/25]
4. Public Health Wales Screening Division (2023) *Abdominal Aortic Aneurysm Screening Programme Annual Statistical Report 2022-23*. Available from: <https://phw.nhs.wales/services-and-teams/screening/abdominal-aortic-aneurysm-screening/programme-reports/> [Accessed 28/12/24]
5. Public Health Wales Screening Division (2023) *Diabetic Eye Screening Wales Annual Statistical Report 2022-23*. Available from: <https://phw.nhs.wales/services-and-teams/screening/diabetic-eye-screening-wales/programme-reports/> [Accessed 22/12/24]

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

QUALITY:

	No impact	Negative	Positive	Both	
Safe					A Quality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Duty of Quality processes (under development). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Quality Impact Assessment should be available as a supporting document to inform the decision making process.
Timely					
Effective					
Efficient					
Equitable					
Person Centred					
Workforce					
Leadership					
Culture					
Information					
Learn, Improve, Research					
Whole Systems Approach					

EQUALITY:

	No impact	Negative	Positive	Both	
Age					An Equality Impact Assessment must be undertaken for all reports requesting approval, ratification or decision in line with health board Equality Impact Assessment policies and procedures (CGP009). In this space you should provide supporting narrative to explain the potential adverse and positive impacts that may arise from a decision being taken, and the steps being taken to mitigate adverse impacts. Where required, the full Equality Impact Assessment should be available as a supporting document to inform the decision making process.
Disability					
Gender reassignment					
Marriage / civil partnership					
Pregnancy / maternity					
Race					
Religion or Belief					
Gender					
Sexual Orientation					
Welsh Language					
Socio-economic status					
Social exclusion					
Carers					

RISK ASSESSMENT:

	Level of risk identified				
	Very Low (0-3)	Low (4-8)	Moderate (9-12)	High (15-25)	
Clinical					A Risk Assessment should be undertaken for all reports requesting approval, ratification or decision in line with health board Risk Management Framework CGP005. In this space you should briefly describe the key risks and the steps being taken to manage them, and also how these risks relate to the Board's stated Risk Appetite.
Financial					
Corporate					
Operational					
Reputational					

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Agenda item: 5.7

Planning, Partnership and Population Health Committee	Date: 04 February 2025
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Subject:	Health Protection Summary
Approved and presented by:	Mererid Bowley, Executive Director of Public Health
Prepared by:	Executive Director of Public Health with contributions from Senior Manager – Community Health Protection & Wellbeing
Other Committees and meetings considered at:	Updates on Health Protection incidents and threats regularly to Executive Committee over the last 12 months

PURPOSE:

The purpose of the paper is to provide a summary of health protection incidents and outbreaks responded to during the last 12 months, and an update on some of the proactive health protection work undertaken to respond to wider health protection threats.

Please note that where reported incidents are less than 5 or currently under investigation, information has been summarised to protect identity.

RECOMMENDATION(S):

The Committee is asked to:

- RECIEVE the contents of the report regarding health protection incidents/outbreaks responded to during the last 12 months,
- Take ASSURANCE that a process is in place to collect and report the information
- NOTE the proactive work undertaken to respond to wider health protection threats.

Approve/Take Assurance	Discuss	Note
Y	N	Y

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

Wellbeing Objective	Y	N
1. Focus on Wellbeing	Y	
2. Provide Early Help and Support	Y	
3. Tackle the Big Four		N
4. Enable Joined up Care	Y	
5. Develop Workforce Futures		N

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

EXECUTIVE SUMMARY:

The Covid-19 pandemic reaffirmed the importance of health protection. The last few years have been hugely challenging for the health protection system in Wales in responding to many communicable disease incidents and outbreaks with public health implications.

Welsh Government (WG) conducted an independent review of the health protection system in Wales, published in February 2023, which concluded '*the system needs to recover, building on the greater integration and cross discipline understanding achieved over the last two years in order to ensure stronger, more equitable and sustainable routine public health service*'. Health Boards have been allocated health protection funding to transition and develop an agile, integrated team with the ability to maintain ongoing response to the pandemic / post emergency pandemic phase, respond to 'all hazards' and prepare for future health protection threats.

This report provides a summary of health protection incidents/outbreaks responded to during the last 12 months, and an update on the proactive health protection work undertaken to respond to wider health protection threats.

DETAILED BACKGROUND AND ASSESSMENT:

1.0 Regional Health Protection Oversight Group

A regional Health Protection Partnership Group, chaired by the Executive Director of Public Health, is well established with representatives with health protection roles from Local Authority, Public Health Wales and the Health Board. The Group maintains oversight and assurance in relation to the surveillance, planning, and delivery of a safe, effective and timely response to the health protection needs of the population of Powys.

2.0 Powys Health Protection Service

The Powys Health Protection Service, consisting of a small team, was formed following the end of the local Test, Trace, Protect Service which was established in response to the Covid-19 pandemic. Regions were asked to transition and develop an agile, integrated team with the ability to maintain ongoing response to the pandemic / post emergency pandemic phase, respond to 'all hazards' and prepare for future health protection threats. The former TTP Team predominately focused on reactive testing for COVID-19 and other respiratory viruses in community settings in the North and South of the County. The Health Protection

Team needed to evolve to be able to support the response to a much wider range of health protection challenges – ‘all hazards approach’. In addition to responding to threats of infectious disease e.g. COVID-19, flu, these challenges include working towards elimination of Hepatitis, reducing health inequalities, health needs support for refugees, outreach work to promote and protect the health of vulnerable groups, health inclusion, responding to incidents and outbreaks etc.

An organisational change process was undertaken during March/April 2024, and transition to new structure commenced following this. Evolving towards a new model will take time as the resources, skill set and capability to respond to wider health protection threats are developed.

Given the coterminous nature of Powys Teaching Health Board (PTHB) and Powys County Council (PCC), the Health Protection Service is delivered in partnership with roles spanning both organisations, and is a continuation of the strong partnership approach to protecting the health of our residents during the Covid-19 pandemic.

3.0 Priorities 2024/25

The work of the Service for 2024/25 is aligned to the Welsh Government core health protection principles as set out in Figure 1.



Figure 1: Welsh Government Core Health Protection Principles

Three priority areas have been identified (listed in order of priority):

- 1. Health Protection Response:** the key priority for the Health Protection Service is that of timely and effective health protection response. The partnership team will always prioritise response to any outbreaks or incidents. If necessary proactive work will be stood down to ensure that the partnership team is able to support with protecting our residents and communities from infectious disease or non-infectious environmental

hazards. Additionally, the Health Protection Service will work closely with the Emergency Preparedness, Resilience, and Response functions of PTHB and PCC to support them with any wider issues.

2. **Proactive Health Protection:** the Health Protection Service will work across the public sector and with high risk/vulnerable settings taking a preventative approach to support (as far as reasonably practical) the reduction of hazards, and to support with preparedness.
3. **Health Equity/Improvement:** the Health Protection Service will have a focus on supporting the improvement of health and wellbeing of Powys residents and communities, so that that more people can expect to live life in good health.

4.0 Managing local Incidents and Outbreaks

The demand to prepare for and respond to wider health protection incidents and outbreaks has been significant over the last 12 months. A summary of some of the incidents and outbreaks responded to, and managed during this period are set out below.

4.1 Communicable Disease Outbreak Control Plan for Wales

The Communicable Disease Outbreak Control Plan for Wales (Wales Outbreak Plan) is the formal agreed document which is used as the framework for managing and responding to communicable disease outbreaks with public health implications within Powys and across Wales. Following a multi-agency review of the Wales Outbreak Plan (led by Public Health Wales) a revised document was published by the Chief Medical Officer for Wales in December 2024 and adopted by all partners to follow in the event of an outbreak.

Powys Teaching Health Board, together with the Local Authority, participated in an all Wales multi-agency exercise of the Plan on 19 March 2024.

4.2 Mpox (previously monkeypox)

Mpox virus (MPXV) is a virus from the same family as smallpox, that presents with a rash illness which may be mild and localised, or severe and disseminated.

There are two distinct clades of the virus: Clade Ib and Clade II.

Clade II MPXV is responsible for the global outbreak that began in 2022, and circulating at low levels in the UK since 2022 primarily among gay, bisexual, and

other men who have sex with men. The virus is transmitted through skin-to-skin contact and whilst the illness is usually mild, severe illness can occur in some individuals. Following JCVI guidance, the NHS in Wales continues to offer through sexual health clinics smallpox (MVA) vaccination to people who are most likely to be exposed to mpox. NHS Sexual Health Services proactively invited eligible cohorts for vaccination, prioritising those who are likely to be at highest risk to come in first. Healthcare workers caring for patients with confirmed or suspected mpox should be able to access through the Occupational Health Service of their employer.

Clade Ib MPXV is currently considered more severe than Clade II MPXV, leading to its classification as a high consequence infectious disease (HCID).

On 14 August 2024 the World Health Organisation determined that the upsurge of mpox virus in the Democratic Republic of Congo and a growing number of countries in Africa constituted a public health emergency of international concern under the International Health Regulations (2005). Since this time, imported cases have been detected in a number of countries including in Europe and the UK. The overall risk of Clade I MPXV to the UK population has been assessed as low nationally, although in the context of the outbreak in parts of Africa, UKHSA reports that it expects the potential for occasional imported cases.

The Health Board responded swiftly by setting up a Task and Finish Group in August 2024 to ensure the Health Board is as prepared as possible to effectively respond and manage any Clade I MPXV infection. This includes:

- Developing locally SOPs and pathways for managing a possible and confirmed case of mpox.
- Identifying and offering FIT testing training to targeted staff to maintain competency (training undertaken by the Health & Safety Team)
- Exercising Health Board pathways by undertaking unannounced tests 'the management of Mpox pathway at PTHB MIU sites' on 17/10/24
- together with partners organisations, participated in an all-Wales - Exercise Fad Felen, on 05 September 2024, which aimed to explore the system response to case(s) of Mpox in Wales.

The task and finish group, chaired by the Consultant Nurse in Infection and Prevention Control, regularly reports progress on preparedness to Executive Committee.

4.3 MMR campaign in response to Measles outbreak

In response to the measles outbreak across the Midlands, a Powys multi-agency MMR Working Group was swiftly established in January 2024 following incident

management principles to identify un/under vaccinated children and young people and to proactively offer vaccination to maximise MMR uptake rates in children and young people to prevent outbreaks occurring in the community. This work adopted a systems way of working across organisations which was successful in increasing vaccination rates in school-aged children and young people.

4.4 Incident Management Team - response

Incident Management Teams have been established during the last 12 months to respond, manage and prevent further cases of pertussis, hepatitis C, scabies, and respiratory infections.

4.5 Outbreak Control Team - response

Outbreak Control Teams have been convened to respond to outbreak(s) including responding to food poisoning outbreak and respiratory infections in vulnerable settings. The Team (IMT) undertake investigative work to identify the source of the infection and implement controls to manage and prevent further spread.

4.6 Respiratory Infections

WG set out that the approach to testing and contact tracing for respiratory infections (Covid-19, influenza, RSV) should be to reduce both volume and costs wherever the public health risks are considered to be low. For testing, this means that whilst we will continue to focus provision on those at higher risk of serious outcomes from respiratory viruses, the Winter Respiratory Testing Framework sets out a more clinical model of patient testing, based on local clinical decision making in support of incidents/outbreaks in vulnerable settings (e.g. care homes, special schools, prisons).

Similarly, contact tracing for Covid-19 is similar to other communicable diseases and is undertaken where there is a locally determined health protection need, such as an incidents / outbreak in a high-risk setting.

The regional Health Protection Team has an agreed pathway for managing incidents in care homes with roles and responsibilities set out for responding to residents reporting respiratory symptoms and to support management of incidents/outbreaks.

5.0 Proactive Health Protection work

The Health Protection Service works across the public sector and with high risk/vulnerable settings taking a preventative approach to support (as far as reasonably practical) the reduction of hazards, and to support with preparedness

with the aim to prevent and minimise incidents/outbreak occurring, where possible.

5.1 Care Home Support

The regional Health Protection Team implemented a proactive care homes educational and support programme to support homes to prevent, control and manage respiratory incidents/outbreaks. This involved delivery of onsite training for residential/nursing homes for older adults covering Infection Prevention and Control, outbreak management, PPE, testing guidance & swabbing, and importance of vaccination. This has worked well to establish relationships and supporting infection prevention control measures in nursing and residential care homes.

5.2 Surge Response

There is a recognition that Health Boards may need to provide a surge response to outbreaks (e.g. surge respond to covid infection waves). The reduction in funding and subsequent reduction in Test Trace Protect capacity impacts on ability and capacity to deliver a surge response, as documented in the Risk Register. The funding and current team provides capacity to deliver testing through the Health Board and tracing through the Local Authority to outbreaks within vulnerable settings, and to surge within a covid stable position. Vaccination is the best defence and the Health Board has developed and tested its surge capacity for vaccination which would be dependant on additional funding (in the event of a request to surge). Additionally, staff within the Health Board Health Protection Team have been trained to deliver covid and flu vaccinations and frequently support with the delivery of the Autumn Respiratory vaccination campaign. The team will continue to work with the vaccination team to support further work to increase uptake and equity across all of our vaccination programmes as required.

The Health Protection Service also has a role in promoting vaccine awareness and uptake. Work has included engaging with care homes to promote and support vaccination for both residents and staff and action on raising awareness on the importance of flu vaccination in 2 and 3 years olds through preschool settings.

5.3 Hepatitis B and C Elimination Plan

Welsh Government has set an ambition to eliminate hepatitis B and C as a public health threat by 2030. A Welsh Health Circular (WHC) was issued in January 2023 setting out the key strategic and operational tasks identified to eliminate hepatitis B and C including increasing awareness, increasing funding, improving access to vaccination, testing and treatment. On paper, Powys does not appear to have a big issue with hepatitis B or C. However, for elimination to be successful

it is imperative that every area of Wales implements actions in line with the WHC and adopts a proactive approach.

A Powys hepatitis B and C elimination action plan has been developed with progress monitored through the 'Powys Hepatitis B and C Elimination Group', reporting to the Area Planning Board, and annually to the Health Board Executive Committee and to WG.

Staff in the Health Protection Service support delivery of the actions within the plan by undertaking outreach testing for hepatitis to expand the offer of testing through offering outreach model with the aim of raising awareness and increasing access to those at greater risk. This includes targeting vulnerable groups in Powys to offer testing though working with Probation Service, substance misuse service providers, organisations working with individuals experiencing homelessness.

NEXT STEPS:

The Health Protection Team will continue to:

- prioritise resources to deliver to meet the requirements to manage community incidents / outbreaks to protect the most vulnerable residents **and** undertake proactive health protection work to respond to wider health protection threats.
- work collaboratively with the Local Authority and Public Health Wales to respond to and manage health protection incidents/outbreaks in line with The Communicable Disease Outbreak Control Plan for Wales.



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Agenda item: 5.8

Planning Partnerships Population Health Committee **04 February 2025**

Subject:	Joint Advisory Group on Gastrointestinal Endoscopy (JAG) Update – PTHB Endoscopy Service
Approved and Presented by:	Elaine Lorton, Executive Director Primary Community Care and Mental Health
Prepared by:	Assistant Director, Community Services Group Head of Planned Care
Other Committees and meetings considered at:	N/A

PURPOSE:

The purpose of this paper is to provide an update on the PTHB Endoscopy Service Joint Advisory Group (JAG) site reaccreditation assessment undertaken in March 2024 and progress against the resulting JAG actions.

RECOMMENDATION(S):

The Committee is asked to:

- RECEIVE the report and
- Take ASSURANCE that actions are in place in readiness JAG reaccreditation approach later in 2025.

Approve/Take Assurance	Discuss	Note
Y		

ALIGNMENT WITH THE HEALTH BOARD'S WELLBEING OBJECTIVES:

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

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EXECUTIVE SUMMARY

The purpose of this report is to provide an update on the PTHB Endoscopy Service JAG site reaccreditation assessment undertaken in March 2024 and progress against required JAG actions.

Progress is detailed against JAG advised improvement requirements; all actions other than in reach speciality medical leadership have been completed.

The JAG assessment process involves a significant amount of additional workload for the Planned Care Service Team and JAG were highly complementary of PTHB service, particularly the development of a management leadership triumvirate strengthening governance assurance, and the pride and passion demonstrated by all staff who clearly care about the standards.

DETAILED BACKGROUND AND ASSESSMENT

PTHB Endoscopy Service

The endoscopy service in Powys is provided by in reach consultants from Cwm Taf Morgannwg University Health Board (CTMUHB), PTHB clinical endoscopists (gastroscopy only) and PTHB supporting clinical and decontamination workforce. PTHB also delivers a bowel screening endoscopy from Brecon hospital within reach consultant from Hywel Dda University Health Board. Supplementary endoscopy capacity is also provided to the service via an insourcing provider currently Medinet. There is no dedicated endoscopy directorate in PTHB as would be found in other health boards the service is managed by a leadership triumvirate as part of a very broad portfolio of surgical and medical specialities.

Joint Advisory Group on Gastrointestinal Endoscopy (JAG)

JAG is a national body that reviews the performance of endoscopy services across the United Kingdom and helps to set and maintain national standards. JAG assessment involves an independent review of factors including patient feedback, staffing and quality of care, patient comfort, training building layout and environment, quality of equipment, cleaning standards, and the length of time patients wait between referral and diagnosis.

Services participating in JAG accreditation work to an accreditation pathway which involves self-assessment and quality improvement against the standards. Accredited services submit evidence annually to demonstrate that they are continuing to meet the standards and have a 5-yearly on-site assessment carried out by our experienced assessment team.

Of the 19 endoscopy sites in NHS Wales, only three are currently JAG accredited the others are all working toward accreditation.

PTHB JAG 5-year assessment – March 2024

Following the JAG 5-year assessment visit to the Powys Endoscopy Service in March 2024 the health board was advised that accreditation standards around speciality leadership had not been met and the award of accreditation was deferred. The assessment highlighted immediate actions regarding a gap in speciality in reach medical leadership required to oversee speciality governance

including the review of clinical performance indicators. JAG required the appointment of a new consultant speciality lead with endoscopy sessions in Powys and job planned time for speciality leadership role to include the review of clinical KPIs and on-going speciality support to clinical endoscopists.

The PTHB endoscopy service was highly commended for the following:

- the appointment of a new Senior Clinical (Nurse lead) and development of a management team triumvirate nursing/medical/general management strengthening governance assurance and leadership.
- the pride and passion demonstrated by all the team who clearly care about the standards of patient care and service user engagement.
- significant improvements in decontamination and collaborative working across departments with the health board.
- clear and appropriate operating procedures to support the booking scheduling of patients with the team congratulated on the hard work undertaken to reduce breaches and improve waiting times performance
- openness, honesty and clear desire to work hard and gain the standards required for JAG accreditation.
- clean, bright, well-maintained and organised facilities.

The service was required to provide evidence of adherence to the following actions within 6 months.

JAG Ref	Action Required	Progress	Action completed
1.1	Appointment of in reach consultant speciality lead to oversee governance and provide clinical support to endoscopists	<p>Job description developed, shared with CTMUHB. On-going continuous engagement to secure speciality leadership operationally, via Commissioning Assurance Meetings and Exec to Exec discussions</p> <p>Colorectal surgery lead job description developed locum recruitment is in train awaiting final workforce checks.</p> <p>Overarch medical leadership in place Assistant Medical Director Planned Care. Clinical networking opportunities strengthened via Senior Nurse PTHB and Senior Nurse Endoscopy CTMUHB regular meeting in place.</p>	
4.1,	Demonstrate clinical key performance indicators are reviewed, and actions taken to address any non-compliance	<p>Clinical indicators have been reviewed by consultant colorectal surgeon/Assistant Medical Director Planned Care, findings shared via extraordinary meeting of PTHB Endoscopy User Group Nov 2024, CTMUHB in reach consultants and Medinet for insourced activity. No significant findings highlighted requirements for all consultants to</p>	√

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		increase number of images reported which will form part of audit cycle.	
1.5, 3.4, 3.4, 3.2,	Improved clinical audit schedule including nurse recorded pain scores, sedation, post colonoscopy colorectal cancer	Improved schedule in place with audits agreed with PTHB Corporate Audit Lead, operational Planned Care & Community Services Group Quality & Safety Groups, PTHB Endoscopy User Group. Incorporating development of audit for post colonoscopy colorectal cancer in collaboration with District General Hospitals.	✓
4.3	Development of Standard Operating Procedure for managing underperforming endoscopists	Standard Operating Procedure developed in place agreed via PTHB Endoscopy User Group, Planned Care and Community Services Quality & Safety Meeting and Assistant Medical Director Planned Care/PTHB Medical Director.	✓
12.1	Improve after care discharge leaflet	Discharge leaflets have been updated clarifying post procedural symptoms to look out for. Agreed via PTHB Endoscopy User Group, Planned Care and Community Services Quality & Safety Meetings.	✓
9.3	Improve signage – toilets/staff areas	New signage is in place on both sites with toilets signposted from waiting areas and no entry signs for staff only areas	✓
7.7	Provide single room capacity for “breaking bad news”	Re-design/organisation of endoscopy space to provide room capacity for breaking bad news requirement.	✓
7.7	Improve patients experience re privacy and dignity	Redesign/Reorganisation of space/flow completed to improve patient experience.	✓
11.4	Demonstrate capacity and demand modelling	Demand and capacity modelling in place as part of national modelling which is currently being reviewed nationally and locally to fit PTHB context. Service plan updated as part of key priorities plan for Planned Care/IMPT 25/26.	✓

PTHB JAG Assessment Review Meeting – November 2024

A meeting was convened by a JAG Medical Assessor on 15th November 2024 to review PTHB progress against immediate actions in terms of speciality lead oversight. The Medical Assessor again commended the service on operational management, service transformation and strengthening of clinical/medical leadership and plans for additional colorectal surgery support. However formal confirmation regarding in reach speciality lead sessions (gastroenterology) was still pending and because of this outstanding issue accreditation was not renewed. The PTHB service can still operate as normal (including the bowel

screening service) without JAG accreditation as most units in NHS Wales currently do.

PTHB JAG Re-Accreditation – November 2025

Recognising the significant PTHB service progress to date, JAG have advised that the re accreditation process will be scheduled for November 2025. This re-process will be a bespoke assessment for PTHB covering only the outstanding action around speciality leadership as opposed to full-service review.

Governance Arrangements

JAG Assessment actions are managed at planned care service level through the Directorate Management Quality and Safety Meeting and Endoscopy Service Group which includes staff, user and in reach consultant representation.

Service monitoring and assurance update reports are provided to the Community Service Group Quality and Safety Group, with highlight reports to the relevant Board Committees.

NEXT STEPS:

The Planned Care service will continue to liaise with operational and commissioning teams for in reach servicesto ensure arrangements for speciality leadership are put in place in time for JAG reaccreditation later in 2025.

IMPACT ASSESSMENT – NOT REQUIRED FOR THIS REPORT

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

QUALITY:

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

EQUALITY:

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

RISK ASSESSMENT:

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

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Agenda item: 5.9

Planning, Partnerships and Population Health Committee **4 February 2025**

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 – 13 November 2024 Board – 27 November 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 27 November 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	

ALIGNMENT WITH THE HEALTH BOARD’S WELLBEING OBJECTIVES:

1. Focus on Wellbeing	Y	The Corporate Risk Register links to all 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	

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5. Develop Workforce Futures	Y	
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) shows a summary of the risks and the heatmap of risk ratings.

Appendix 2 provides the detail of risks to be considered at the in public meeting – 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 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.

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The latest version of the Corporate Risk Register was presented to the Board on 29 January 2025, this mirrors the updates provided to the Committee today for those risks within the Committees remit.

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PLANNING, PARTNERSHIP AND POPULATION HEALTH (PPPH) COMMITTEE RISK REGISTER (JANUARY 2025)

There is a risk that...

Impact	Catastrophic	5						
	Major	4				<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 		
	Moderate	3						
	Minor	2						
	Negligible	1						
			1	2	3	4	5	
			Rare	Unlikely	Possible	Likely	Almost Certain	
			Likelihood					

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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 Y/N	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	N	Planning, Partnerships and Population Health
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	12	N	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.

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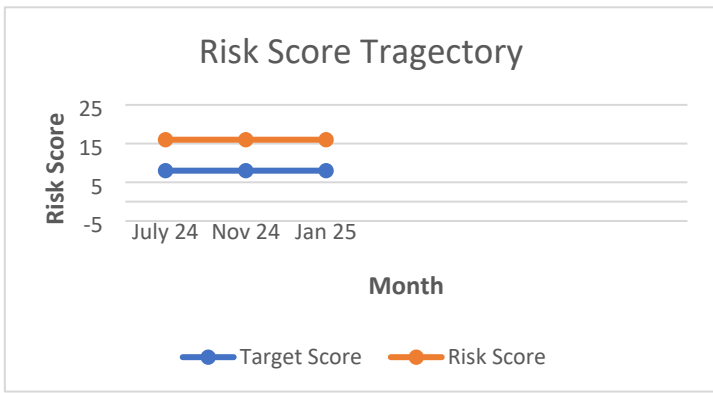
CRR 007 Risk that: Demand for primary care services is higher than the capacity available. Related workforce challenges may lead to services becoming unsustainable.	Executive Lead: Executive Director of Primary Care, Community and Mental Health
	Assuring Committee: Planning, Partnerships and Population Health
Risk Impacts on: Organisational Priorities underpinning WBO 8	Date last reviewed: January 2025
Risk Category: Safety	Boards Risk Appetite: Cautious

Risk Rating
(likelihood x impact):

Inherent: 5 x 4 = 20
Current: 4 x 4 = 16
Target: 2 x 4 = 8

Date added to the risk register.
July 2024

Source of risk:
Primary Care Department



Rationale for current score:

- Sustainability assessment and escalation tool of GP Practices identifying consistently high-risk practices across Powys. Practices may not be able to provide sustainable GMS services. Approx. 50% of GP Practices reporting level 3/level 4 currently confirming the ongoing pressure. Appointment/contact activity data confirms continued high patient demand.
- Termination of Rhayader Medical Practice contract, effective from June 2025.
- Financial sustainability of practices may influence the termination of Local Supplementary Services (local enhanced services).
- Dental access continues to be challenging in areas with recruitment challenges. Currently there are approximately 4,495 patients on the waiting list. Access in areas across Powys continue to be compromised due to ongoing workforce challenges. Local mitigating measures implemented to support patient access.
- New Optometry Regulations and implementation of WGOS4 challenging due to complex secondary care pathways and implementation may be compromised. First

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		WGOS 4 glaucoma pathway planned to be implemented in January 2025.		
Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
7.1	<p>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.</p> <p>6% Supplementary Services uplift agreed by PTHB execs for 24/25, backdated to 01/04/24</p>	<ul style="list-style-type: none"> Escalation Tool Sustainability matrix score 	Reasonable	Executive Committee
7.2	<p>National Contract Assurance Framework in place – data analysis via desktop reviews.</p> <p>Desktop reviews completed and signed off by GMS Contract Monitoring Group. Practice improvement plans and focussed practice visits (where required) currently being undertaken. Completion of practice improvement plans due 31st January with plans to be actioned by 31st March.</p> <p>5 Practice visits being undertaken with enhanced PTHB support to complete Practice Improvement Plans.</p>	<ul style="list-style-type: none"> Contract Assurance Framework Annual Return Enhanced Service Audits Prescribing Data Practice Declarations GP Clinical Governance Self Assessment Tool Information Governance Toolkit 	Reasonable	Executive Committee / D&P

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7.3	<p>Implementation and maturity of Accelerated Cluster Development Programme and associated cluster projects of local pathways will support practice sustainability.</p> <p>Cluster IMTP plans agreed by RPB Executive Group – 09/01/25</p>	<ul style="list-style-type: none"> Cluster Plan progress reported to RPB Executive Group 	Reasonable	Executive Committee / D&P
7.4	<p>Regular contact and Quarterly Performance Review with Shropdoc to ensure continuation of out of hours services. Contract in place from 1 July 2024 – 31 March 2025 via a Contract Variation Notice.</p> <p>Extension of current contract post 31st March 2025 being progressed due to the delay in Health Services (Provider Selection Regime) (Wales) Regulations 2025 being passed by the Senedd (now due to come into force on 24 February 2025)</p>	<ul style="list-style-type: none"> Weekly Rota (triage & base cover) Monthly achievement against OOH Performance Standards Quarterly Performance Review Clinical Governance Assurance Framework 	Reasonable	Executive Committee / D&P
7.5	<p>Dental Access Portal (DAP) has been suspended by Welsh Government, pending additional IG assurance requirements. Therefore, no new patients can currently be added to the DAP. Allocating patients from the DAP to Practices is continuing via a manual process by the Primary Care Team.</p> <p>Patient urgent access demand has sufficient capacity in the system to address patient need and this is monitored very closely on a weekly basis.</p>	<ul style="list-style-type: none"> Dental Access Portal Contract Reform new patient and historic patient metrics. GDS monitoring Group 	Limited	Executive Committee / D&P

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	<p>Access currently compromised in Newtown, Llandrindod Wells and Knighton due to ongoing workforce challenges. Local mitigating measures implemented by PTHB along with practice collaboration to support patient access, in particular urgent access.</p> <p>Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure future access provision via a procurement process.</p>			
7.6	Utilising CDS service for increased input to support urgent GDS access provision when required.	<ul style="list-style-type: none"> Daily urgent slot capacity review versus. demand 	Reasonable	Executive Committee / D&P
Mitigating Actions (What more will we do?)				
Action	Lead	Action update	Deadline	Action on Target
To complete GP Practice visits following outcome of Desktop Reviews. These will take place in Q4	Assistant Director Primary Care (ADPC)	Arranged for January and February 2025	February 2025	On Track
Review and assess completion of Practice Improvement Plans	ADPC	Completion of practice improvement plans due 31 st January with plans to be actioned by 31 st March.	March 25	On track
To undertake GDS End of year review visits	ADPC	Arranged for July/August 24	Completed	Completed

Undertake GDS Mid-Year Review visits	ADPC	Arranged for October/November 2024	November 2024	Completed
Review of GMS sustainability matrix	ADPC	Report to Executive Committee	November 24	Completed
Implementation of additional HB salaried GDS service in Newtown	Associate Dental Director/ADPC	Report to Executive Committee	October 24	Completed.
Implementation of mobile dental clinic in Hay on Wye	Associate Dental Director/ADPC	Report to Executive Committee	Completed	Completed
Offer new recurrent GDS access opportunities across Powys via a procurement process	ADPC	Recurrent contract adjustments planned for 25/26 which will release funding to potentially secure future access provision via a procurement process. Awaiting Exec confirmation to proceed	March	On track
Progress new OOH contract/ contract extension post 31 st March 2025 to secure ongoing provision of OOH services up until 1 st July 2025	DPCMHH/DOF/ADPC	Extension of current contract post 31 st March 2025 being progressed due to the delay in Health Services (Provider Selection Regime) (Wales) Regulations 2025 being passed by the Senedd (now		On track

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		due to come into force on 24 February 2025)		
Ensure future provision of general medical services for patients registered at Rhayader Medical Practice	DPCMH/ADPC	Vacant Practice Panel met on 18/12/24 and recommended a preferred option to secure the future provision of GMS at Rhayader. Recommendation being considered by Execs on 15/01/25 and for onward approval to Board on 29/01/25	June 2025	On track
Current Risk Rating		Update including impact of actions to date on current risk score		
4 x 4 = 16		16		

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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: January 2025
Risk Category: Performance and Service Sustainability	Boards Risk Appetite: Cautious

Risk Rating
(likelihood x impact):

Inherent: 4 x 4 = 16

Current: 4 x 4 = 16

Target: 4 x 3 = 12

Date added to the risk register
July 2024

Source of risk:
Executive Committee



Rationale for current score:

- The impacts of an outbreak of an emerging infectious disease could result in large numbers of people falling ill. At a national level the risk of a pandemic is described as a high risk with catastrophic impacts, and risk of outbreak of an emerging infectious disease as high risk with significant impact. These form the bases of the Health Board’s risk rating scoring.
- Impacts on society depend on many different factors – transmission route, time of year, symptoms, severity of disease, travel, who gets ill, whether there are effective treatments or vaccines available and healthcare pathways.
- An event would require an enhanced individual, population and system response to ensure management is effective, efficient and safe. Failure to contain an outbreak could result in a large epidemic or a pandemic.
- The NHS is already operating at near maximum capacity, and Test, Trace and Protect Programme funding at large scale during the Covid pandemic ended in March 2023 as

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		covid transitioned to covid stable scenario in line with WG 'Together for a Safer Wales'.		
Controls (What are we currently doing about the risk?)		Sources of Assurance	Level of Assurance	Highest Assurance provided to:
7.1	Major Incident Plan developed, regularly updated and exercised in line with Civil Contingency requirements.	<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'. The Health Protection team are working in partnership with the Local Authority to build resilience and capability.	Annual Plan	Reasonable	Executive Committee
7.6	The Health Protection team have commenced the Winter Preparedness plans in line with Welsh Government's circular (WHC (2024) 037) (September 2024), in supporting infection prevention control measures in nursing and residential care homes.	Joint Plan (PTHB & PCC)	Substantial	Executive Committee
7.7	Vaccination surge Plan developed and exercised (March 2023)	Surge Plan	Substantial	Executive Committee

7.8	Health Protection Oversight Group established with membership comprising of Health Board, Local Authority and Public Health Wales	Minutes of Meetings	Substantial	Executive Committee
7.9	Health Board is fully engaged in the Dyfed Powys Local Resilience Forum	Minutes of meetings	Substantial	Executive Director
7.10	Mpox Preparedness Task and Finish Group established to develop plans to respond.	Regular SitRep	Substantial	Executive Committee
7.11	Annual Winter Respiratory vaccination programme in place	Uptake rates	Substantial	Executive Committee
7.12	The Health Board participated in a pan Wales tabletop exercise 'Exercise Fad Felin (5 th September 2024), to 'explore the system response to MPOX in Wales'.	Exercise Report	Substantial	Executive Director
7.13	The Health Board has undertaken unannounced tests of 'the management of Mpox pathway at PTHB MIU sites' on 17/10/24	Exercise Report	Substantial	Executive Committee

Mitigating Actions (What more will we do?)

Action	Lead	Action update	Deadline	Action on Target
Consider recommendations and learning from Covid Inquiry Module reports and updated national pandemic preparedness strategy/guidance when it is published.	Corporate & Civil Contingency Manager	Reflection and consideration of learning following module 1 publication on 18/07/24, and incorporate learning into HB plans.	Ongoing	On track
Audit of Community Services Operational Division critical services Business continuity plans	Director of Community Services	Operational division supported by Civil Contingency Manager to update their business	Q4 2023/24	At Risk

		continuity plans. Audit included in annual audit cycle.		
Revise and update management of covid-19 in care homes pathway (in partnership with LA and PHW)	Health Protection Oversight Group	Pathway revised, updated and agreed by HPOG (July 2024)	July 2024	At Risk
Implement Winter respiratory vaccination programme to eligible groups (Flu/Covid/RSV vaccines)	Director of Public Health	Plans being implemented in line with planning assumptions and learning from last Winter	March 2025	On track
Following an exercise to maximise uptake of vaccine preventable infections (e.g. MMR, childhood vaccines, respiratory vaccines). The PTHB Vaccination service will evaluate the above to identify any lessons and agree plan going forward	Director of Public Health	MMR Catch-up implemented, including targeted intervention to children/young people who do not have recorded MMR vaccination. Covid spring booster campaign implemented. Targeted intervention to increase preschool immunisation uptake	March 2025	On track
Continue with Data sharing across borders task and finish group (PHW/LA/HB) to resolve lab results issues and strengthen reporting of results pathways.	PHW lead, with DPH through HPOG	Task and finish group established, progressing actions to resolve flow of results relating to Welsh residents regarding infections to PHW	Dec 2024 & ongoing	On track

<p>The MMR Working Task and Finish Group established to coordinate system action to increase MMR vaccination rates (includes action on healthcare staff and catch-up of school aged children) has now been stood-down. The next step is to incorporate the lessons identified from the above into the Health Board's Occupational Health routine programme of work.</p>	<p>Director of Public Health</p>	<p>MMR Catch-up implemented to increase MMR rates in secondary and primary school. Drop-in clinical MMR vaccination available at vaccination centres (Bronllys & Newtown). Targeted letters sent to healthcare staff to offer vaccination & clinics available through vaccination centres and Occupational Health.</p>	<p>July 2024</p>	<p>Completed</p>
<p>Development of an internal Policy for the management of high consequence infectious diseases (HCIDs) and supporting procedures.</p>	<p>Consultant Lead Nurse for IPC</p>	<p>Guidance being developed by PHW and due to be issued in Autumn 2024. FIT testing training sessions regularly offered to staff to maintain competency.</p>	<p>Feb 2025</p>	<p>On track</p>
<p>Undertake a further exercise of the PTHB Vaccination Surge Plan to ensure that it remains fit for purpose.</p>	<p>Head of Service Vaccination</p>	<p>Exercise Report</p>	<p>April 2025</p>	<p>On track</p>
<p>Current Risk Rating</p>		<p>Update including impact of actions to date on current risk score</p>		
<p>4 x 4 = 16</p>				

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Planning, Partnerships and Population Health Committee		Date: 04 February 2025
Subject :	Shared Services Partnership Committee Quarter 3 2024/25 Assurance report	
Approved and Presented by:	Executive Director of Finance, Capital & Support Services	
Prepared by:	Rebecca Nelson Director of Planning, Performance & Informatics (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 31st December 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.

RECOMMENDATION(S):

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

- **RECEIVE** the report and take **ASSURANCE** that appropriate mechanisms are in place to monitor performance.

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

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

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:

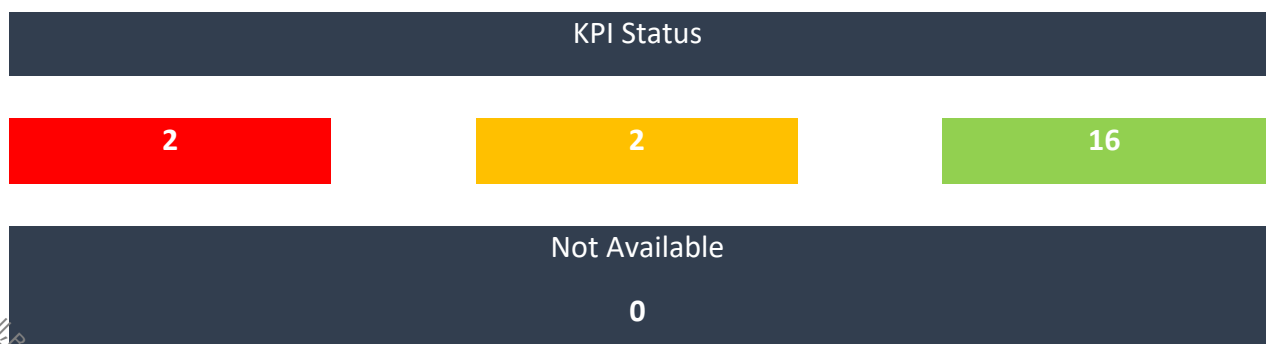
The Quarter 3 performance for the organisation was generally on target with 16 out of 20 KPIs showing as green.

The time to hire target was achieved in December 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.

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

Heads of Audit and Heads of Procurement continue to work with key individuals within the organisation to improve delivery against targets.



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Of the 4 KPIs that did not achieve the targets:

- 2 are the responsibility of the health organisation.
- 2 are a combination of both NWSSP and our customers processes.

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NWSSP SUMMARY PERFORMANCE REPORT

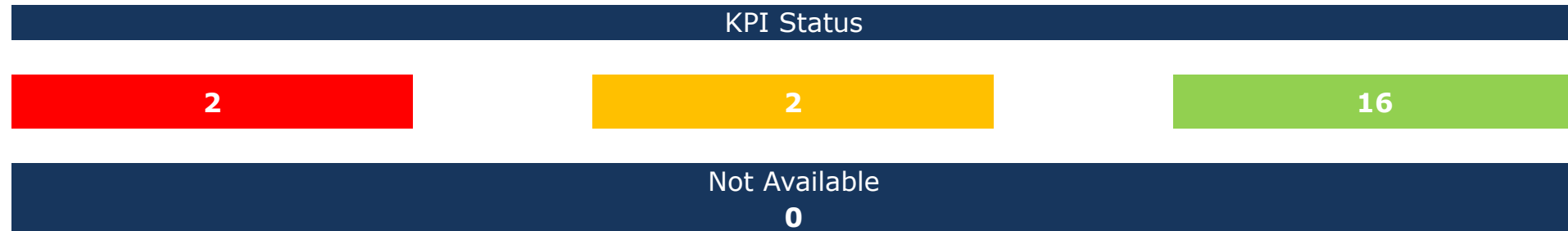
POWYS TEACHING HEALTH BOARD

Period 1st October 2024 – 31st
December 2024

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*Delivering Value, Innovation
and Excellence through
Partnership*





Points of Contact

Rebecca Nelson – Director of Planning, Performance & Informatics (Rebecca.Nelson2@wales.nhs.uk)
Richard Phillips – Business & Performance Manager (Richard.phillips@wales.nhs.uk)

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Heads of Audit and Heads of Procurement continue to work with key individuals within the organisation to improve delivery against targets.

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 – December 2024 for the organisation is £0.7M with the breakdown in the following table.

Service	YTD Benefit £m
Specialist Estates Services	0.16
Procurement Services	0.39
Legal & Risk Services	0.12
Accounts Payable	0.04
Oxygen Finance – PSP	-
Counter Fraud Services*	-
Total	0.7

* Counter Fraud Services – Quarter 1 and Quarter 2

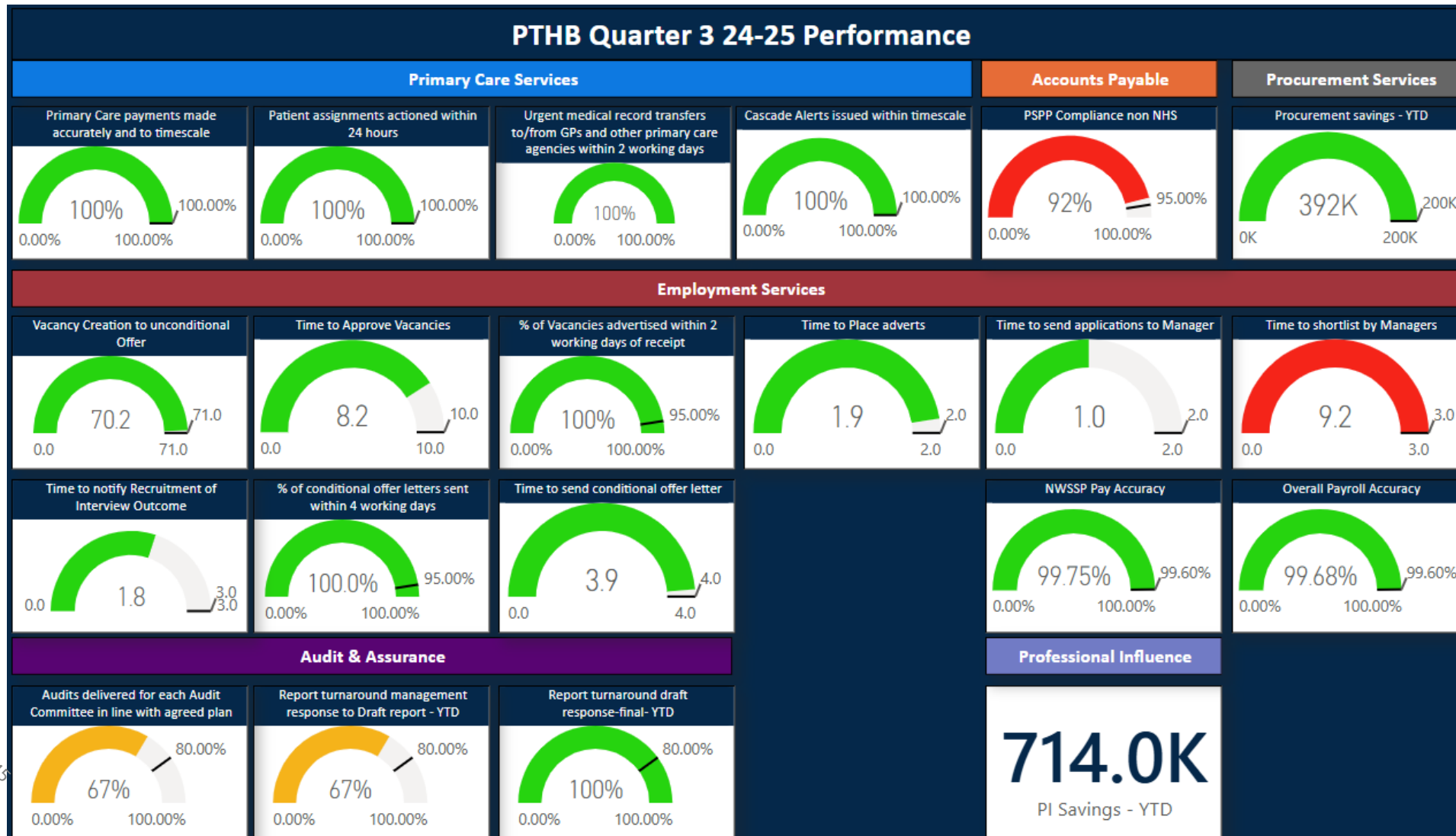
Appendix 1 to this report provides the December performance for your health organisation against the Lead indicators with comparison data for the rolling twelve-month period to 31st December 2024.

Appendix 2 provides December performance against All Wales KPIs which cannot be attributed to a specific health organisation but report an All-Wales position with comparison data for the rolling twelve-month period to 31st December 2024.

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

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

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Action Plan for Lead Indicators

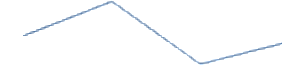
There were two KPIs showing as red for the in-month December position.

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

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Accounts Payable- PSPP

PTHB High Level - KPIs Dec 2024

	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Accounts Payable						
PSPP Compliance non NHS	95%	92.5%	94.6%	90.9%	92.2%	

What is happening?

PSPP Compliance non-NHS failed the 95% target reporting 92.2% during Quarter 3. The contributing factor was the delay in payments to Nursing and Care homes. They are forecasting a failure for year-end achieving 93.5%.

What are we doing about it?

Accounts Payable regularly provide a suite of information to finance colleagues to keep them informed of the volume and value of invoice on hold and work with them to resolve any issues.

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PTHB High Level - KPIs Dec 2024						
	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Audit & Assurance						
Audits reported to agreed Audit Committee (Excluding External Factors)	80%	[Grey bar]			67%	
% of audit outputs in progress		17%	15%	27%	20%	
Report turnaround management response to Draft report - YTD	80%	80%	Not Applicable	50%	67%	

What is happening?

Audits delivered for each Audit Committee within agreed plan (Excluding external reasons) – Previously reported as a binary "Yes" or "No," this new metric measures the percentage of audits delivered.

Audits reported to Agreed Audit Committee failed the 80% target reporting 67% during December. 8 of the 12 reports were submitted on time.

Report Turnaround management response to Draft report-YTD missed the 80% target during December reporting 67%. 6 of the 9 reports were completed within that time frame. This KPI is dependant on the organisation.

What are we doing about it?

Heads of Audit discuss any delays directly with the health orgs and are made aware of any revised timings of reports and submission to committees.

PTHB High Level - KPIs Dec 2024

	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Organisation KPIs Recruitment						
% of vacancies shortlisted within 3 working days		60.7%	54.1%	41.5%	32.1%	
Time to Shortlist by Managers	3 days	4.2	6.0	7.2	9.2	

What is happening?

Time to shortlist by Managers failed the 3-day target reporting taking 9.2 days during December.

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.

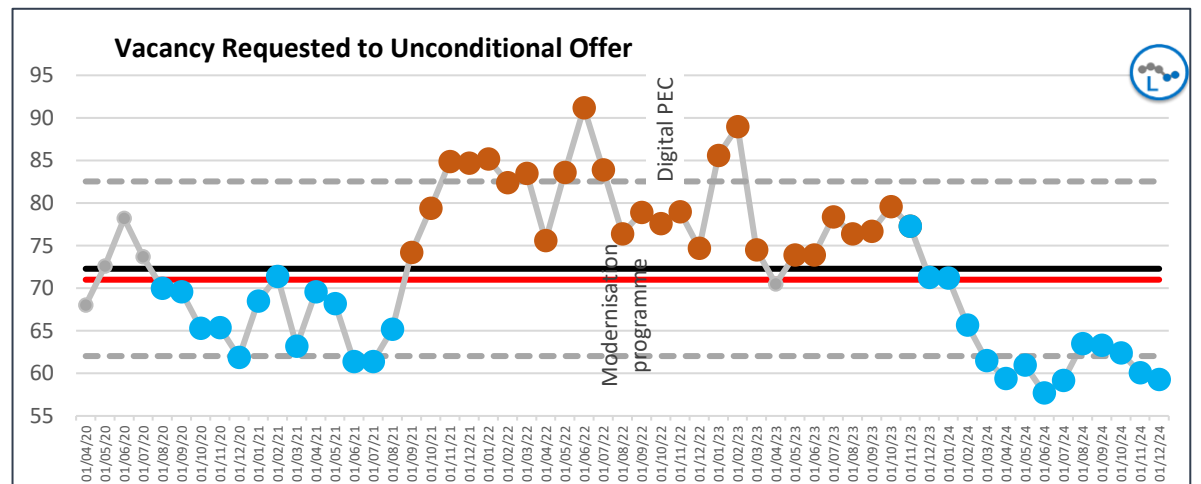
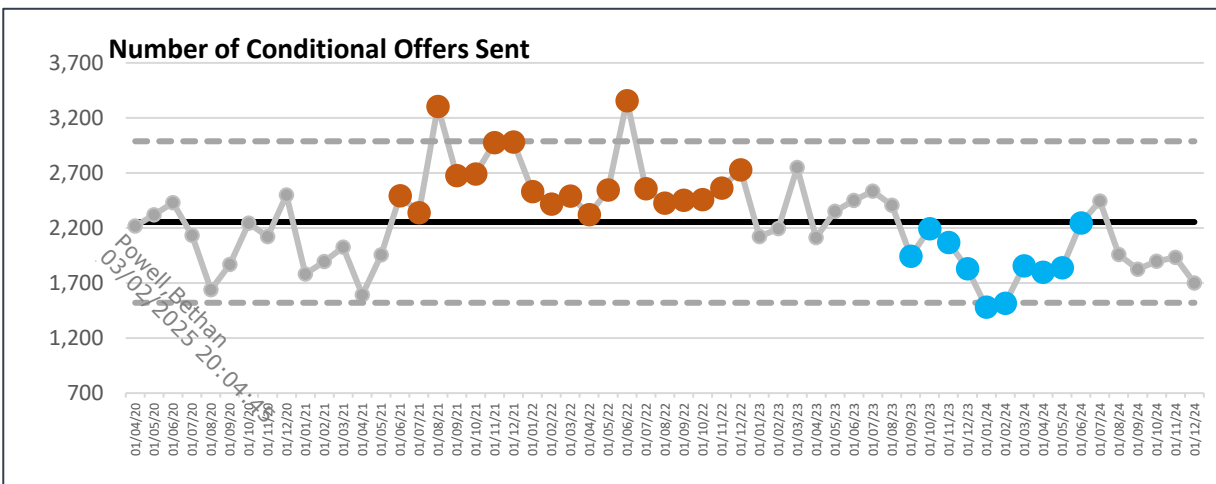
What are we doing about it?

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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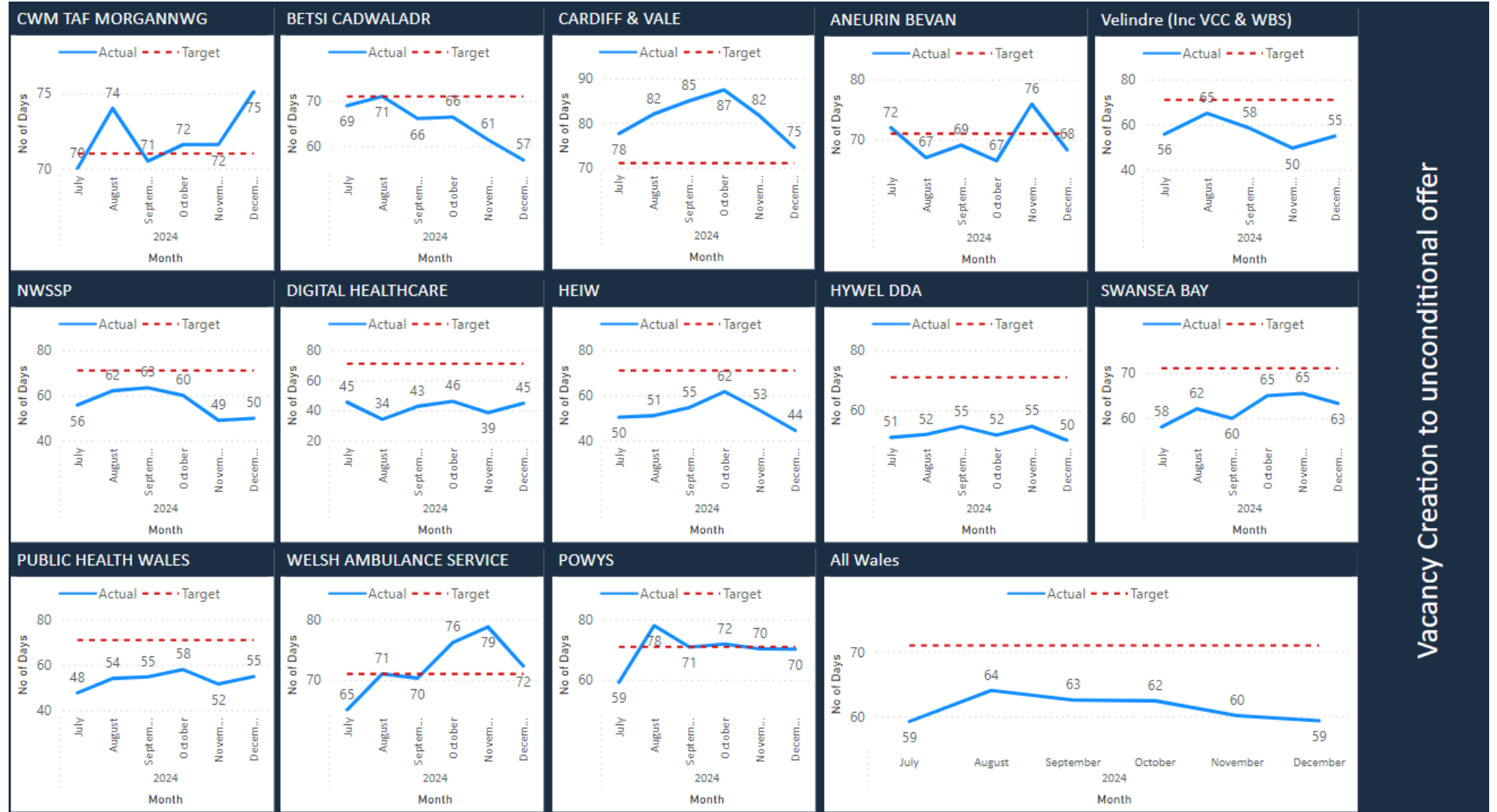
Employment Services – Recruitment

Recruitment	Vacancy Creation to Unconditional Offer														Trend
	Org	Target	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	
AB	71	90	80	71	70	68	69	72	67	69	67	76	68	↑	
BCU	71	75	74	69	63	68	65	69	71	66	66	61	57	↑	
CV	71	93	84	89	87	84	76	78	82	85	87	82	75	↑	
CTM	71	82	76	66	67	64	66	70	74	71	72	72	75	↓	
HD	71	58	51	51	51	49	50	51	52	55	52	55	50	↑	
HEIW	71	73	71	47	55	51	52	50	51	55	62	53	44	↑	
DHCW	71	68	52	58	48	57	37	45	34	43	46	39	45	↓	
NWSSP	71	77	76	56	46	55	56	56	62	63	60	49	50	↓	
PTHB	71	72	70	53	68	66	59	59	78	71	72	70	70	↑	
PHW	71	57	60	58	55	54	47	48	54	55	58	52	55	↓	
SBU	71	66	69	58	61	57	57	58	62	60	65	65	63	↑	
VEL	71	61	53	61	49	49	56	56	65	58	51	50	55	↓	
WAST	71	75	66	66	73	94	65	65	71	70	76	79	72	↑	
All Wales	71	71	66	62	59	61	58	59	64	63	62	60	59	↑	



Employment Services – Recruitment

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



Vacancy Creation to unconditional offer

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Appendix 1 – Performance for the period to 31st December 2024

PTHB High Level - KPIs Dec 2024	Target	31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Financial Information						
Professional Influence Savings - YTD		£3.278 m	£0.273 m	£0.444 m	£0.714 m	
Employment Services						
Payroll services						
NWSSP Pay Accuracy	99.6%	99.93%	100.00%	99.86%	99.75%	
Overall Pay Accuracy	99.6%	99.69%	99.96%	99.73%	99.68%	
Organisation KPIs Recruitment						
% of vacancy creation to unconditional offer within 71 days		82.0%	82.9%	51.3%	56.0%	
Vacancy creation to unconditional offer	71 days	52.9	58.5	70.9	70.2	
% of vacancies approved within 10 working days		86.3%	87.2%	91.2%	66.7%	
Time to Approve Vacancies	10 days	6.4	6.1	6.6	8.2	
% of vacancies shortlisted within 3 working days		60.7%	54.1%	41.5%	32.1%	
Time to Shortlist by Managers	3 days	4.2	6.0	7.2	9.2	
% of interview outcomes notified within 3 working days		96.4%	77.4%	70.0%	81.3%	
Time to notify Recruitment of Interview Outcome	3 days	1.2	2.2	3.2	1.8	
NWSSP KPIs Recruitment						
% of Vacancies advertised within 2 working days of receipt	95.00%	100.0%	100.0%	96.9%	100.0%	
Time to Place Adverts	2 days	1.9	1.7	1.9	1.9	
% of applications moved to shortlisting within 2 working days of vacancy closing		100.0%	98.8%	82.0%	100.0%	
Time to Send Applications to Manager	2 days	1.0	1.1	0.9	0.9	
% of conditional offer letters sent within 4 working days	95.00%	100.0%	93.6%	100.0%	100.0%	
Time to send Conditional Offer Letter	4 days	3.2	3.8	3.7	3.9	
Procurement Services						
Procurement savings - YTD		Target £0.395m Actual £0.587m	Target £0.094m Actual £0.153m	Target £0.192m Actual £0.159m	Target £0.200m Actual £0.392m	
Accounts Payable						
Invoices older than 30 days not disputed		358	402	258	255	
% Invoices on hold not disputed over 30 days		44%	54%	40%	36%	
PSPP Compliance non NHS	95%	92.5%	94.6%	90.9%	92.2%	
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 (Excluding External Factors)	80%				67%	
% of audit outputs in progress		17%	15%	27%	20%	
Report turnaround management response to Draft report - YTD	80%	80%	Not Applicable	50%	67%	
Report turnaround draft response-final- YTD	80%	100%	Not Applicable	100%	100%	

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Appendix 2 – All Wales Performance for the period to 31st December 2024

ALL WALES KPIs		31/03/2024	30/06/2024	30/09/2024	31/12/2024	Trend
Primary Care Services						
Prescription - Payment Month keying Accuracy rates	99%	99.68%	99.70%	99.72%	99.77%	
Prescriptions processed (Apr - Oct)	43.2m	56.79m	7.28m	21.9m	43.2m	
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%	97%	100%	100%	100%	
Student Awards						
% of NHS Bursary Applications processed within 20 days	100%	100%	100%	100%	100%	
Student Awards % Calls Handled	95%	96.9%	96.4%	98.0%	97.7%	
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%	99%	100%	100%	
Digital Workforce						
DWS % Calls Handled	85%	95.51%	94.35%	97.96%	90.82%	
SMTL						
% of Monitoring reports completed within 14 days from receipt into the laboratory			100%	100%	100%	
% of Monitoring reports completed within 40 days from receipt into the laboratory			100%	100%	100%	
% delivery of audited reports on time (Commercial)	87%	91%	100%	100%	100%	
% delivery of audited reports on time (NHS)	87%	100%	N/A	N/A	N/A	
Pharmacy Technical Services						
Service Errors	<0.5%	4	0	0	0	
Medical Examiner						
Deaths Scrutinised	60%	100%	100%	100%	100%	
All Wales Laundry						
Orders dispatched meeting customer standing orders	90%	94%	89%	88%	95%	
Delivery's made within 2 hours of agreed delivery time	85%	100%	100%	100%	100%	
Microbiological contact failure points	85%	95%	97%	97%	100%	
Inappropriate items returned to the laundry including Clinical waste items	<5	0	0	0	1	

Appendix 3 – Health Org Performance comparison 31st December 2024



KPIs Dec 2024	KFA	Target	SB	AB	BCU HEALTH ORG KPIs Financial Information	C&V	CTM	HD	PHW	PTHB	VEL	WAST	HEIW	DHCW
Professional Influence Savings- YTD	Our Value	£110m	£31.548 m	£40.826 m	£66.296 m	£67.300 m	£29.050 m	£16.173 m	£2.746 m	£0.714 m	£1.498 m	£3.868 m	£0.122 m	£0.234 m
Employment Services														
Payroll Services														
NWSSP Pay Accuracy	Our Services	99.6%	99.97%	99.97%	99.96%	99.93%	99.88%	99.95%	100.00%	99.75%	99.95%	99.91%	100.00%	100.00%
Overall Pay Accuracy	Our Services	99.6%	99.87%	99.88%	99.81%	99.78%	99.67%	99.86%	99.83%	99.68%	99.90%	99.71%	99.93%	99.92%
Calls Handling % Quarterly Average	Our Services	95%	97.6%											
Orgalisation KPIs Recruitment														
Vacancy creation to unconditional offer	Our Services	71 days	63.2	68.3	56.9	74.5	75.1	50.0	54.8	70.2	59.0	72.3	44.4	44.7
Time to Approve Vacancies	Our Services	10 days	10.2	6.7	3.0	21.3	20.1	8.0	4.3	8.2	1.1	9.3	4.6	1.2
Time to Shortlist by Managers	Our Services	3 days	7.1	5.1	5.3	6.8	6.5	3.3	6.0	9.2	12.0	3.1	3.3	8.2
Time to notify Recruitment of Interview Outcome	Our Services	3 days	4.2	3.2	2.5	2.7	3.3	1.5	2.6	1.8	6.9	4.6	1.5	3.0
NWSSP KPIs Recruitment														
Time to Place Adverts	Our Services	2 days	1.3	1.5	1.5	1.5	1.5	1.6	1.7	1.9	0.9	1.6	1.3	1.2
Time to Send Applications to Manager	Our Services	2 days	1.2	1.0	1.0	1.0	1.0	1.0	1.3	0.9	1.0	1.0	1.0	1.1
Time to send Conditional Offer Letter	Our Services	4 days	3.7	3.6	3.8	3.8	3.8	4.0	3.5	3.9	3.4	3.8	3.8	4.2
Calls Handling % Quarterly Average	Our Services	95%	98.7%											
Procurement Services														
Procurement savings- YTD	Our Value		Target £2.345m Actual £3.828m	Target £4.921m Actual £6.785m	Target £3.130m Actual £4.653m	Target £5.856m Actual £8.903m	Target £3.299m Actual £3.991m	Target £2.751m Actual £4.676m	Target £0.368m Actual £0.070m	Target £0.200m Actual £0.392m	Target £0.115m Actual £0.478m	Target £0.038m Actual £0.309m	Target £0.041m Actual £0.065m	Target £0.006m Actual £0.030m
Accounts Payable														
Invoices older than 30 days not disputed	Our Services		2,942	1,772	3,714	2,836	3,444	1,326	870	255	731	222	146	47
% Invoices on hold not disputed over 30 days	Our Services		60%	40%	60%	60%	59%	59%	73%	36%	38%	58%	51%	58%
Call Handling% - Quarterly Average	Our Services	95%	98.9%											
PSPP Compliance non NHS	Our Services	95%	96.4%	98.5%	97.6%	97.1%	97.2%	97.8%	98.9%	92.2%	98.1%	97.7%	98.6%	98.4%
Audit & Assurance														
Audits reported to Agreed Audit Committee (Excluding External Factors)	Our Services	80%	91%	88%	71%	44%	64%	50%	43%	67%	92%	92%	89%	89%
% of audit outputs in progress	Our Services		32%	26%	27%	29%	20%	19%	20%	20%	33%	30%	36%	31%
Report turnaround (15 days) management response to Draft report- YTD	Our Services	80%	56%	50%	75%	29%	86%	82%	83%	67%	50%	43%	40%	75%
Report turnaround (30 days) draft response-final- YTD	Our Services	80%	100%	100%	100%	100%	86%	100%	83%	100%	100%	100%	100%	100%
Primary Care Services														
Primary Care payments made accurately and to timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A
Patient assignments actioned within 24 hours	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	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%	N/A	100%	N/A	N/A	N/A	N/A
Cascade Alerts Issued within timescale	Our Services	100%	100%	100%	100%	100%	100%	100%	N/A	100%	N/A	N/A	N/A	N/A

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 Satisf...



DWS

Customer Satisfaction



Primary Care Services

Customer Satisfaction re...



Central Team

Annual Customer Satisfa...



Specialist Estates

Annual Customer Satisfa...



Website Bounce Rate

31%

Customer Service Excellence

CSE Compliance Met

CSE Compliance P...

45 12

NWSSP Assurance Overview - YTD



Calls Answered



● Sum of Actual — Sum of Target

Website Users

12K

Website Page Views

37K

Website Pages - November 24 (Top 3)

1. Current Vacancies - 2,907
2. Student Award Services - 1,816
3. How do I apply for a bursary - 1,327

Powell Berry
03/02/2025

Appendix 4 – Outcome Reporting (Our People)



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



Our Services

Our People

Our Value

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



NHS Wales Staff Survey



Staff Award Submissions



Top 3 reasons for absence by FTE Days Lost

- Anxiety/ stress/ depression/ other psychiatric illness
- Cold, Cough, Flu - Influenza
- Gastrointestinal problems

Annual Turnover (Excluding SLE)

9%

Response Rate - 2023



November 24 Voluntary Resignation Reasons (Excluding SLE) (Top 3)

- Promotion 47%
- Relocation 18%
- Health 8%

Engagement Score - 2023



Response Rate 2024 Including SLE

15%

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.

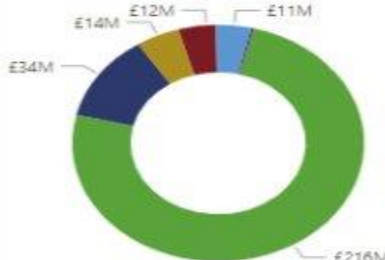
We will spearhead opportunities to grow investment in the foundational economy across Wales as an increasing proportion of our supply chain.

Our Services

Our People

Our Value

Professional Influence Benefits 2024 YTD



Division	Value
Legal & Risk Se...	£216M
Procurement S...	£34M
Procurement S...	£12M
Specialist Estates	£11M
Accounts Paya...	£14M
Counter Fraud	£11M

£ Spend in with Welsh Suppliers (Q2)

£1.057M

% Spend in with Welsh Suppliers (Q2)

43%

NWSSP Employee Electric Miles (% of Total Miles)

4%

NWSSP Employee Electric Miles

18K

NHS Employee Electric Miles (% of Total Miles)

6%

NHS Employee Electric Miles

226K

Supply Chain Logistics - Electric Miles %

7%

% of Electric Salary Sacrifice Cars

77%

Project/Improvement Work Packages

61

NWSSP Procurement Savings - In Year 2024

£0K → £41K → £28K

NWSSP Procurement Savings - Cost Avoidance 2024

£0M → £31M → £22M

£ Spend in Wales

£2.1bn → £2.1bn

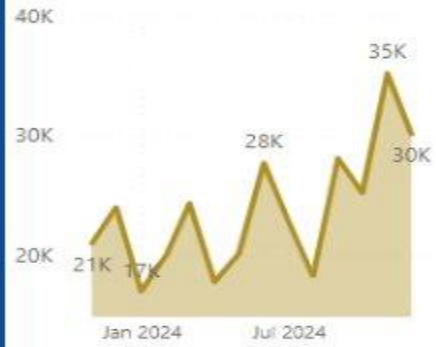
2023 → 2024

% Spend in Wales

44% → 43%

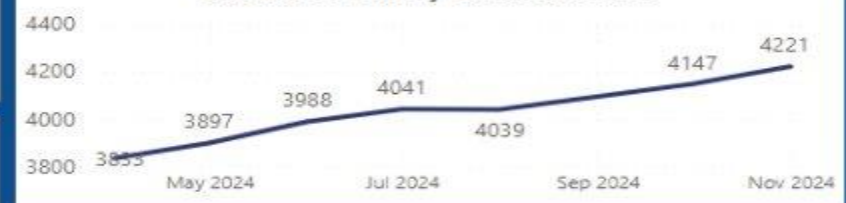
2023 → 2024

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



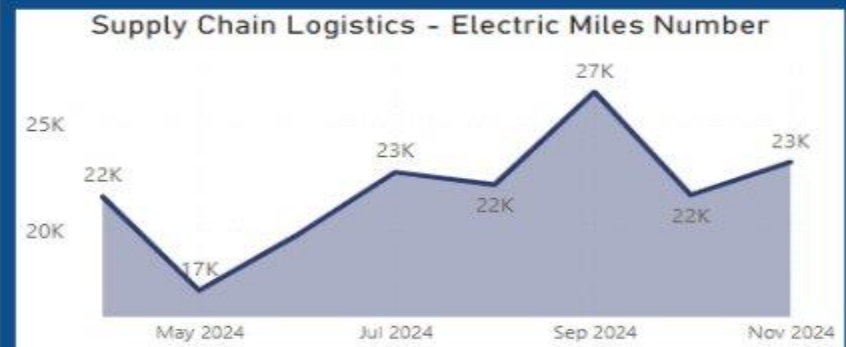
Year	Value (£'s)
Jan 2024	21K
Jul 2024	28K
Year	35K

All Wales Salary Sacrifice Cars



Month	Value
May 2024	3855
Jul 2024	4041
Sep 2024	4039
Nov 2024	4221

Supply Chain Logistics - Electric Miles Number



Month	Value
May 2024	22K
Jul 2024	23K
Sep 2024	27K
Nov 2024	23K



Delivering Value, Innovation and Excellence through Partnership

Powell Bethan
03/02/2025 20:04:45

Board & Committee Structure/Effectiveness

Final Internal Audit Report
2024/25

Powys Teaching Health Board



Substantial Assurance

Contents

Executive Summary	1
Findings & Agreed Action Plan	2
Appendix A	5

Review Reference

PTH-2425-02

Fieldwork

September - November 2024

Executive Sign Off

03 December 2024

Audit Committee

January 2025

Executive Lead

Helen Bushell, Director of Corporate
Governance/Board Secretary

Audit Team

Ian Virgill, Head of Internal Audit

Lucy Jugessur, Deputy Head of Internal Audit



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



Executive Summary

Purpose

To evaluate Powys Teaching Health Board’s (the ‘Health Board’) Board and Committee structure and assess the operation of the Board and Committees to ensure effective and efficient reporting, scrutiny and decision making on areas of accountability.

Overview

The current committee structure of the Health Board has been in place since August 2021 with the following committees currently in operation:

- Audit, Risk and Assurance Committee.
- Charitable Funds Committee.
- Delivery and Performance Committee.
- Executive Committee.
- Patient, Experience, Quality & Safety Committee.
- Planning, Partnerships and Population Health Committee.
- Remuneration and Terms of Service Committee; and
- Workforce and Culture Committee.

This review follows on from the previous audit of Board & Committee Structure/ Effectiveness which we completed in 2023/24, and covers the workings of the Board; Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee.

We have concluded **Substantial** assurance on this area. We have identified no key matters for reporting in our review.

Opportunities for Enhancement

The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- Consideration should be given to discussing with Welsh Government the potential of ongoing training and awareness exercises for Independent Members post-appointment, outside that already provided by the Health Board.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 The Health Board has clear, defined Board and Committee governance and assurance structures.	-	Substantial
2 The Committee structure provides for clear, effective and efficient decision-making and scrutiny on areas of accountability.	-	Substantial
3 Board and Committee work programmes are aligned to the Health Board’s strategic objectives and risks.	-	Substantial
4 Board and Committee reporting is clear and concise and provides effective triangulation of business activity	-	Substantial

Findings & Agreed Action Plan

Objective 1: The Health Board has clear, defined Board and Committee governance and assurance structures.

Substantial

Overview / Summary of Observations

The Health Board has current Standing Financial Instructions and Standing Orders in place that outline and formalise the Board and Committee governance structures and arrangements, and these were recently reviewed and updated, and approved by the Board in May 2024.

The Board's Terms of Reference (ToR) forms part of the Health Board's Standing Orders and is current in its constitution. All three sampled Committees (Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee) ToR are also current in content having been reviewed and updated and approved by the Board in May 2024.

Additionally, each ToR states the constituent membership, roles and responsibilities of the Committee; and their reporting arrangements, membership quoracy and frequency of meetings to be held.

Our review of Committee meeting structures, and of their respective areas of responsibility as stated within the Standing Orders and Committee ToR documents, confirmed that they were appropriate and did not identify any potential overlap or conflict of subject matter between Committees.

Independent Member Induction and ongoing training/development

The Health Board has an induction process for new members, and provides ongoing support, training and development that enables Independent Members to effectively undertake their roles and management of their respective Committees.

Our discussions with the Committee Chairs of the three sampled Committees identified their satisfaction with the Health Board's induction process, and the regular and ongoing provision of training, development and guidance available to them, and also the support provided by the Corporate Governance Team.

However, we identified that upon completion of the Welsh Government induction process undertaken by Independent Members upon appointment, no further training/awareness is provided to them by Welsh Government. As such, the Health Board should consider discussing with Welsh Government, the possibility of introducing ongoing Independent Member training, outside that already provided by the Health Board, to further enrich their roles within NHS Wales Health Bodies.

Powell, Bethan
03/02/2025 20:04:45

Overview / Summary of Observations

As part of our review, we attended meetings of the Board; Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee. We also met with the Board Chair and Chairs of the aforementioned Committees to discuss their views and approach toward effective Committee management and proceedings

As such, we can confirm that the Health Board Chair and the sampled Committee Chairs effectively manage their meetings and engage with their membership to allow appropriate scrutiny, dialogue, and debate of Agenda items in an efficient manner, in accordance with their prescribed roles and respective experience that they bring to the Health Board.

Additionally, our review of the minutes from a sample of Board and Committee meetings undertaken during 2024/25 demonstrated the scrutiny undertaken, decisions made, and the follow up and confirmation of action completion as appropriate in subsequent Committee Action Plans. This process is supported by an action/issues log tracker spreadsheet for Board and all Committees meetings, and this is accurately maintained by the Corporate Governance Department.

Declarations of Interests

The Corporate Governance Department has a process in place to monitor and manage the annual return of Declarations of Interests, and our testing confirmed that all Board Members and the Executive Team had completed and submitted a Declaration of Interest form for 2024/25.

The Board and Committee Chairs also confirm if there are any specific declarations of interest to be made at the start of each meeting, relating to items included within the individual agendas. Any declarations highlighted through this process would be effectively managed within the meeting to ensure no conflict of interest arises.

Powell, Bethan
03/02/2025 20:04:45

Objective 3: Board and Committee work programmes are aligned to the Health Board's strategic objectives and risks.

Substantial

Overview / Summary of Observations

Current Work Programmes are in place for 2024/25 to ensure that the Board and its Committee's annual activity is effectively timetabled, and covers all required areas, as detailed within the Health Board's Standing Orders and the respective TOR.

Our review of the Work Programmes for the Board and the three sampled committees also confirmed that they are aligned to, and provide effective coverage of, the Health Board's strategic objectives and key risks.

Where applicable, deferment or removal of Agenda items are recorded accordingly within the respective Work Programmes.

Our testing of the minutes from a sample of Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee meetings held during 2024/25 confirmed that all items stated on their Work Programmes were undertaken as timetabled.

Objective 4: Board and Committee reporting is clear and concise and provides effective triangulation of business activity.

Substantial

Overview / Summary of Observations

Our testing of the sample of Board; Audit, Risk and Assurance Committee; Planning, Partnerships and Population Health Committee; and Workforce and Culture Committee meetings held during 2024/25 confirms that the minutes are accurately documented, and their actions and decisions are clearly delivered. The papers are made available for Board and Committee Chairs and their constituent membership in a timely manner prior to commencement of each meeting.

We also confirm that the agendas, minutes and other papers for these Board and Committee meetings were made available to Health Board staff, the general public and stakeholders for scrutiny, by being published on the Health Board's website in advance of each meeting held.

Our review of the aforementioned Committee meeting cover papers and reports confirm that they are of a high quality, and are detailed and thorough in content, and our conversations with Committee Chairs confirmed their satisfaction in this regard.

Furthermore, our testing also confirmed the submission of each Committee Chair's Update Report to subsequent Board meetings, evidencing the reporting of their key Agenda items and outcomes/actions to be undertaken.

Powell, Bethan
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Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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 Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

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 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 the Teaching Health Board and 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.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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 management of the 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.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



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 - Annual Delivery Plan				✓
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			✓	
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					



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd
Addysgu Powys
Powys Teaching
Health Board

Powys Teaching Health Board Glossary (January 2025)

Acronym	
ADoECP	Associate Director of Estates, Capital & Property
CEO	Chief Executive Officer
DCG	Director of Corporate Governance
DIT	Director of Improvement & Transformation
EMD	Executive Medical Director
ED PH	Executive Director of Public Health
ED P&C	Executive Director of People and Culture
ED PP&C	Executive Director of Planning, Performance and Commissioning
ED FCSS	Executive Director of Finance, Capital & Support Services
ED AHPHSD	Executive Director of Allied Health Professions, Health Sciences and Digital
ED NQW&FH	Executive Director of Nursing, Quality, Women and Family Health
EDPCCMH	Executive Director of Primary Care, Community & Mental Health
<hr/>	
AFC	Agenda for Change
AHPs	Allied Health Professionals
ALN	Additional Learning Needs
AO	Accountable Officer
ARAC	Audit, Risk and Assurance Committee
ASM	Accelerated Sustainable Model
ABUHB	Aneurin Bevan University Health Board
AR	Audit Recommendations
AGW	The Auditor General for Wales
<hr/>	
BAF	Board Assurance Framework
BMA	British Medical Association
BCUHB	Betsi Cadwaladr University Health Board
<hr/>	
CAAP	Clinical Associate in Applied Psychology
CAMHS	Child and Adolescent Mental Health Services
CEMT	Chief Executive Management Team
CHC	Continuing Health Care
CIW	Care Inspectorate for Wales
CLIP	Collaborative Learning in Practice
CNO	Chief Nursing Officer
CPD	Continued Professional Development
CPR	Child Practice Review

Powell
03/02/2025
10:44:45

CRR	Corporate Risk Register
CSP	Clinical Service Plan
CV	Curriculum Vitae
CWMPAS	Mid and West Wales Regional Safeguarding Adults Board
CYSUR	Mid and West Wales Regional Safeguarding Children Board
CCN	Childrens Community Nursing
CTMUHB	Cwm Taff Morgannwg University Health Board
CVUHB	Cardiff and Vale University Health Board
D&P	Delivery and Performance Committee
DCG	Delivery Co-ordination Group
DHCW	Digital Health and Care Wales
DNA	Did not Attend
DATIX	Incident Management System
DPA	Data Protection Act
DGH	District General Hospital
DToC	Delayed Transfer of Care
EASC	Emergency Ambulance Services Committee
EOG	Executive Oversight Group
EMRTS	Emergency Medical Retrieval & Transfer Service?
ESR	Electronic Staff Record
EOY	End of Year
FOI	Freedom of Information
FFT	Friends and Family Test
FTE	Full Time Equivalent
FBC	Full Business Case
GIRFT	Getting It Right First Time
GDS	General Dental Services
GMC	General Medical Council
GMS	General Medical Services
GP	General Practitioner
H&S	Health and Safety
HCA	Health Care Assistant
HCS	Health and Care Standards
HCSW	Health Care Support Worker
HEIW	Health Education and Improvement Wales
HIW	Healthcare Inspectorate Wales
HPF	Healthcare Professionals Forum
HUHB	Hywel Dda University Health Board
ICF	Integrated Care Funding

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IEN	Internationally Educated Nurse
IG	Information Governance
IM	Independent Members
IMTP	Integrated Medium Term Plan
IP&C	Infection Prevention and Control
IQPF	Integrated Quality Performance Framework
IQPG	Integrated Quality & Performance Group
IQPR	Integrated Quality Performance Report
IT	Information Technology
JAG	Joint Advisory Group (on Gastrointestinal Endoscopy)
JCC	Joint Commissioning Committee
JD	Job Description
JET	Joint Executive Team
JIPCA	Joint Inspection of Child Protection Arrangements
JLT	Joint Leadership Team (PTHB and PCC)
JR	Judicial Review
KPI	Key Performance Indicator
LoF	League of Friends
LMC	Local Medical Committee
LPF	Local Partnership Forum
LTA	Long Term Agreement
LHB	Learning Health Board
LA	Local Authority
MDTs	Multi-Disciplinary Teams
MEG	Medical E-Governance System
MEG	Main Expenditure Group
MH	Mental Health
MIU	Minor Injury Unit
MOU	Memorandum of Understanding
MOA	Memorandum of Agreement
MSK	Musculoskeletal
MD	Ministerial Direction
NHSE	National Health Service England
NHS	National Health Service
NHSWE	NHS Wales Executive
NICE	National Institute of Health and Clinical Excellence
NRI	Nationally Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
OCP	Organisational Change Process

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OOO	Out of County
OOH	Out of Hours
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy
OBC	Outline Business Case
PA	
PADR	Personal Appraisal Development Review
PAVO	Powys Association of Voluntary Organisations
PCC	Powys County Council
PEQS	Patient Experience, Quality and Safety Committee
PHE	Public Health England
PHW	Public Health Wales
PPPH	Planning, Partnerships and Population Health Committee
PSB	Public Service Board
PSOW	Public Services Ombudsman for Wales
PTHB	Powys Teaching Health Board
PTR	Putting Things Right
QA	Quality Assurance
RaTS	Remuneration and Terms of Service Committee
RCN	Royal College of Nursing
RN	Registered Nurse
RPB	Regional Partnership Board
RIIC	Research, Innovation & Improvement Coordination
RISP	Radiology Information System Procurement
RPB	Regional Partnership Board
RTT	Referral to Treatment
RJAH	Rhobert Jones Agnus Hunt
RTS	Routemap To Sustainability
RIF	Regional Investment Fund
Q1 Q2 Q3 Q4	Quarter 1 (April, May, June), Quarter 2 (July, August, September), Quarter 3 (October, November, December), Quarter 4 (January, February, March)
SAR	Subject Access Request
SAS	Specialty and Specialist
SBAR	Situation, Background, Assessment, Recommendation
SLA	Service Level Agreement
SOC	Strategy Outline Case
SOP	Standard Operating Procedure
SBUHB	Swansea Bay University Health Board
SaTH	Shrewsbury and Telford Hospital NHS Trust

SPB	Strategic Programme Board
SRO	Senior Responsible Owner
TI	Targeted Intervention
ToR	Terms of Reference
TRAC	Online Recruitment Management System
T&V	Transformation & Value
VERS	Voluntary Early Release Scheme
WAST	Welsh Ambulance Services NHS Trust
WPOCT	Welsh Point of Care Test System
W&C	Workforce and Culture Committee
WCCIS	Welsh Community Care Information System
WG	Welsh Government
WNB	Was Not Brought
WOD	Workforce and Organisational Development
WHC	Welsh Health Circular
WHSSC	Welsh Health Specialised Service Committee
WTE	Whole Time Equivalent
WVT	Wye Valley Trust
WPAS	Welsh Patient Administration System
YTD	Year to Date

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