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Addysgu Powys
Powys Teaching
Health Board

Annual Duty of Quality Report 2023 - 2024



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1.0 Foreword

Powys Teaching Health Board has a whole range of responsibilities for healthcare for the people of Powys, both as a provider and a commissioner of services. It can therefore be a broad, complex arena to navigate for both health care professionals along with the citizens of Powys.

The Health Board continues to focus on the medium-to-long term strategic goals set out in our Health and Care Strategy:

Focus on Wellbeing, Early Help and Support, Tackling the Big Four, Joined Up Care; enabled through

Workforce Futures, Digital First, Innovative Environments, Transforming in Partnership

We are pleased to present the Health Board's first Duty of Quality Annual Report. We hope this report provides you with an overview of what we have been doing over the last year to improve the quality oversight and infrastructure across Powys and share the improvements we have made. We will continue to work with LLAIS and our Communication and Engagement Team to further enhance our report next year by, taking feedback on this years' report and asking what, in addition our citizen's would like to see in future reports.

Our quality and safety vision is to ensure that quality, patient safety, and experience is central to all our actions. Every decision, we make aims to actively involve both those who receive care or access services and those who provide it, while maintaining a persistent commitment to learning and improvement.

To successfully realise this vision, establishing a just safety culture and embracing compassionate leadership approaches are crucial. This first Duty of Quality Annual Report will review our achievements in improving the quality of our services.

2.0 Introduction

This Duty of Quality Annual Report for 2023 -2014 summarises and reflects the Health Board's progress to improve the quality of our services and population outcomes.

The Duty of Quality applies to all healthcare service function in NHS Wales. Ministers and NHS bodies will have to actively consider whether their decisions will improve service quality and secure improvement in outcomes. This approach supports the five ways of working in The Well-being of Future Generations (Wales) Act 2015 to achieve a healthier Wales. The Duty aims to:

- Ensure that all strategic decisions are made through the lens of improving the quality of services and patient outcomes.
- Exercise their functions in a way that considers how they improve quality and outcomes on an on-going basis.
- Actively monitor progress on the improvement of quality services and patient outcomes and routinely share information on this progress with population.
- Strengthen governance arrangements by reporting annually on the steps taken

to comply with the Duty and assess the extent of improvements in outcomes.

- Ensure that NHS organisations are operating an interlinked Quality Management System.
- Create a quality culture within organisations.

3.0 Quality Governance

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- A Healthier Wales.
- Core Commissioning Requirements.

With our aim to continuously improve and learn, new legislative requirements support the Quality Governance Framework during 2023/2024. The Health and Social Care (Quality and Engagement) (Wales) Act 2020 has placed increased responsibility on health and care organisations in Wales. Enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice Body. Thus, enriching engagement with our citizens and wider communities. Developing our organisational culture along with embedding the Duty of Candour has been critical in the Health Board being open and honest with our citizens and service users where our services have not met expectations or caused harm. Candour will be utilised to drive improvement whilst embracing innovation opportunities.

The existing Quality Governance structure has been maintained. The Patient Experience, Quality and Safety Committee continued to receive reports on assurance and escalated risks linked to patient experience, quality, and safety.

The key aspects of the quality governance arrangements in the Health Board are:

- Commissioning Assurance Framework which includes, Quality, Access, Cost/Finance and Governance & strategic change.
- Putting Things Right including Concerns, Incident, Redress and Clinical Negligence.
- Clinical Audit.
- Data – CHKS – healthcare intelligence and quality improvement, benchmarking.
- External Reviews for example Getting It Right First Time.
- Professional practice supervision and regulation.
- Staff Surveys.
- Organisational Development Framework.
- Relationships/Escalations including Care Quality Commission, Healthcare Inspectorate Wales.

A focus on quality has been maintained through the following activity in 2023/2024:

- Continued work to address the recommendations from the Audit Wales Review of Quality Governance (October 2021). The Review was positive overall with helpful areas for improvement identified.
- A focus on improving quality metric reporting which has been supported by the implementation of the Integrated Quality Performance Framework (IQPF).

- Implementation of the Medical Examiner Service.
- Completion of the National Nosocomial COVID-19 Programme (NNCP).
- Safeguarding & Public Protection Annual Report presentation to the Patient Experience, Quality and Safety in December 2023.

There has been a continued focus on the Health Board’s formal process, in line with the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 also known as Putting Things Right, which aims to address concerns in a proactive, timely and open manner.

Learning from concerns continues to mature, ensuring lessons are learned and both patient and staff experiences are heard, along with influencing change when required.

3.1 Health and Care Standards

The Health and Care Quality Standards replace the 2015 Health and Care Standards as set out in [WHC/2023/013](#). The inclusion of quality directly aligns the standards with the [The Duty of Quality in healthcare | GOV.WALES](#) introduced in April 2023 through the [Health and Social Care \(Quality and Engagement\) \(Wales\) Act: summary | GOV.WALES](#). The standards set out the expectations for both provider and commissioned services and are aligned to the Health Board’s Quality Management System and cross referenced as part of committee reporting, with associated risks and escalation raised.

Decisions should be based on the 12 Health and Care Quality Standards 2023:

Safe, Timely, Effective, Efficient, Equitable and Person-centred (STEEP) care which are delivered through: Leadership, Workforce, Culture and Valuing People, Information, Learning, improvement and research and a Whole systems approach.

The quality journey



4.0 Safe Care Collaborative

The Safe Care Collaborative is part of the Safe Care Partnership, which is a collaboration between NHS Wales Health Boards and Trusts, Improvement Cymru and the Institute for Healthcare Improvement (IHI).

The partnership's aim was to coach and support Health Boards and Trusts to improve the quality and safety of care across their systems. The Safe Care Collaborative created a learning system where organisations tested and measured practice innovations and shared their experiences to accelerate learning and widespread implementation of best practices for safe care. It brought together teams, coaches, executives, and senior leaders for safety from across all the Health Boards and Trusts in Wales to focus on a common aim.

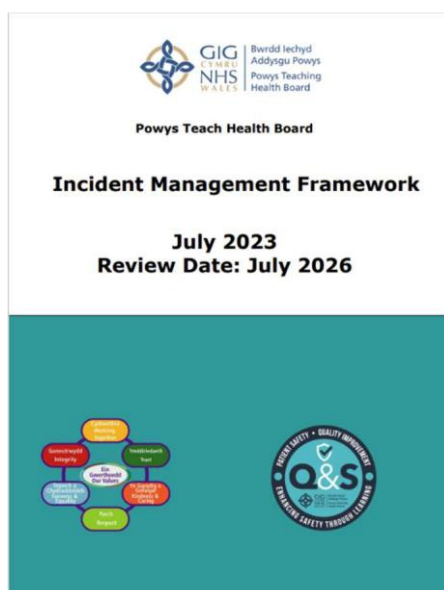
Improvement Cymru colleagues were invited to the Health Board's local Safe Care Collaborative meetings. The team focused on the completion of level 2 Quality Impact Assessments required by Welsh Government to support cost saving projects. The Health Board's priority projects focused on:

- Reducing the numbers of patients not attending for outpatients' appointments (DNA).
- Care of the deteriorating patient.

Leading Patient Safety Programme 2023/2024

In August 2023, two employees were successful in securing a place on the second cohort of the Leading Patient Safety Programme. They joined 30 other leaders in patient safety from across the NHS Wales system, focusing on building a system of safety within their organisations. At the end of the programme, they will join the Leading Patient Safety network.

5.0 Examples of how we have improved the quality of our services



5.1 Implementation of Incident Management Framework

The framework will support and further enhance the response to the management of incidents. There is a robust focus on compassionate leadership and management and engagement, to ensure appropriate involvement for all those affected by safety incidents, including staff, service users/patients, carers/family.

Learning following an incident to reduce or prevent recurrence is paramount and reinforces improvements are key to a high-quality organisation.

5.2 Learning Group

The Learning Group is supported by all Clinical Directors and their teams. This forum is a key enabler to the reporting and monitoring process further supported by the implementation of the Incident Management Framework.

The team have supported learning events to discuss incidents that have occurred with common themes and crossover of learning. The learning events have been well attended by key individuals within the services to further strengthen the actions for improvement that are required. It is envisaged that these events will ensure that teams develop a safe culture to learn, improve and celebrate their successes.

5.3 National Nosocomial Framework

In March 2021, the Framework into the 'Management of patient safety incidents following nosocomial transmission of COVID-19' was published. Any hospital acquired infection, including COVID-19, is considered a patient safety incident and therefore the provisions of the Putting Things Right Regulations (PTR) apply.

To date, the Health Board has not received any concerns from families or patients affected by nosocomial transmission of Covid-19. No identified cases where severe harm or death have occurred have been identified thus far and therefore, Duty of Candour conversations with patients and/or families have not been required.

The programme completed reviewing all cases during July 2023 and will be providing information and learning to the national team for an end of programme report.

NNCP Data - Powys Teaching HB



Learning identified within the Nosocomial Framework specifically for Powys includes:

- With the restrictions to visiting and flow numbers of nosocomial cases were low, Health Board had an advantage of planned admissions following strict guidance.
- Clear tracking of patients for example the location of bed on a ward, would have been helpful to identify learning during outbreaks.
- Increased visibility of Infection, Prevention and Control Team (IP&C) and presence in clinical areas to provide support to teams could have been improved.
- Outbreak meetings could have been better structured and communicated more effectively. The learning from outbreaks did not always effectively inform care planning or future actions.
- Training has been provided by the nosocomial team to support Ward Managers and team leads to manage incidents associated with Nosocomial infections.

5.4 Medical Examiner Service

During 2023 the Medical Examiner Service took over the review of all in-patient deaths. The Medical Examiner Service began as a pilot at Brecon and Bronllys hospitals in April 2022, followed by Ystradgynlais hospital who joined the programme in July of 2022.

The remaining sites, Llandrindod, Machynlleth, Llanidloes, Newtown and Welshpool went live in February of 2023.

Between the beginning of the Medical Examiner Pilot and the end of February 2024 a total of 318 Community Hospital in-patient deaths have been reported to and reviewed by the Medical Examiner Service.

Of these 318 cases a total of 77 cases were referred back to the Health Board by the Medical Examiner Service. A referral by the Medical Examiner Service does not necessarily mean that there has been an identified problem with the care provided. The Medical Examiner will comment on anything they consider might be interesting or beneficial for the Health Board to be informed of, or to review. The Medical Examiner Service also talks to the next of kin of the deceased and gives them the opportunity to raise any issues in the care of the deceased. This can include care received at out of county District General Hospitals, Social Services interactions, General Practitioner care or experience with the Ambulance Service.

All 77 cases have been reviewed by the Health Board and no causes for concern over the care provided by the Health Board were identified.

Learning identified:

- Ensure families/next of kin are notified when a patient's condition changes during the night.
- Ensure all documentation (including digital records) are shared with the Medical Examiner.
- Improved communication is required for families/next of kin when patients are at the end of life.

6.0 Duty of Candour

The Duty of Candour is a legal requirement for NHS bodies in Wales to be open and honest with service users receiving care and treatment. The duty stems from the Health and Social (Quality and Engagement) (Wales) Act which became law in 2020 and became operational from 1 April 2023.

Within the Health Board, we strive to provide high quality, safe and compassionate care to all of our service users. However, even when we do our best, people may sometimes experience harm. That is why we have the Duty of Candour.

Our goal is to create a culture of trust and openness, so that service users feel confident in the care you receive from us.

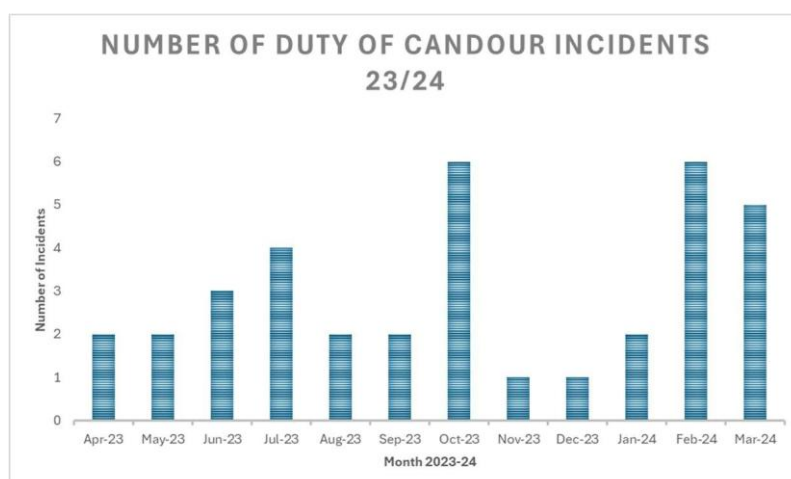
To follow Duty of Candour the Health Board will:

1. On first becoming aware that the Duty of Candour applies, notify the service user or a person acting on their behalf. This contact should be 'in person', which means by telephone, video call or face to face.
2. The purpose of the 'in person' notification is to offer an apology, provide an explanation of what is known at that time, offer support, explain the next steps and provide point of contact details.
3. The service user or person acting on their behalf will be sent a letter within five working days, confirming what was said in the 'in person' notification.
4. Undertake an investigation to find out what happened and why, and how we can prevent it from happening again.
5. This will take place according to the NHS Wales 'Putting Things Right' Procedure.

The number of times the Duty has been triggered is demonstrated in the graph, no cases during 2023/24 have required Redress.

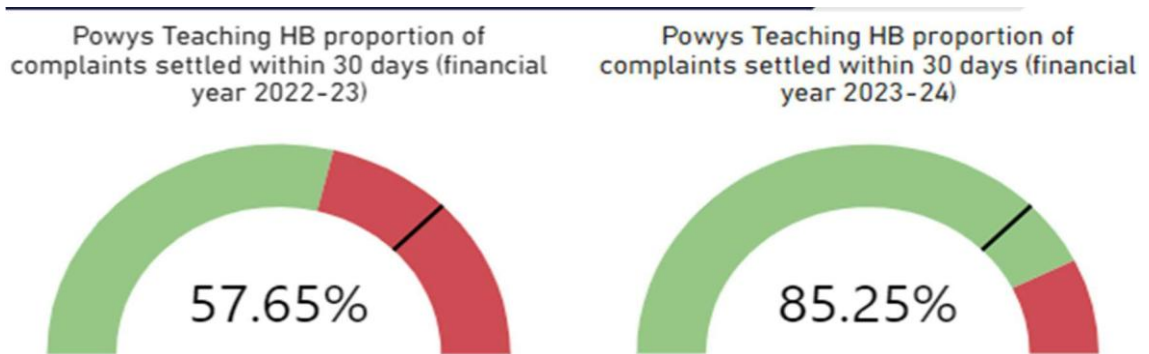
Learning from Duty of Candour:

- Review staff training compliance regarding manual handling.
- Ensure all patient risk assessments are completed on admission to hospital.
- Management of the deteriorating patient; management of NEWS & Sepsis 6.
- Pain management.
- Management of staff allocated to provide 1:1 care.



6.1 Putting Things Right – Concerns Management

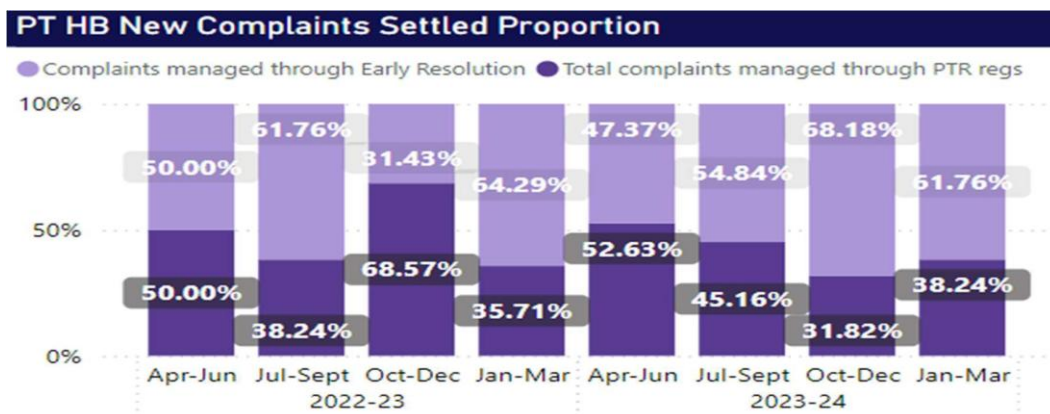
The management of concerns compliance within 30 working days reported nationally at the end of 2023/24 was 85.25% (second position nationally) which is a significant improvement of 57.65% during 2022-23. Focus continues to ensure concerns are managed in a timely manner with the appropriate investigation and response.



The graph below highlights the Health Boards quarterly compliance (blue line) against the national position (Orange line) (NHS Executive Beacon Dashboard)



The Health Board has continued throughout 2023/24 to manage concerns in a proactive way with a larger percentage managed, where appropriate as early resolution rather than as a formal concern. Thus, achieving early and appropriate resolution for those raising a concern or issue.



7.0 Patient experience








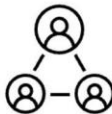
Receiving real-time feedback from our patients/carers/family, whether positive or negative, supports continual improvement in the services we provide, this ensuring service decisions are made including these thoughts and experiences.

The Health Board implemented CIVICA Experience system at the end of 2022, the system enables healthcare organisations to understand real-time patient feedback. Services are able to:

- Prioritise risk areas.
- Drive Service improvement.
- Highlight positive & negative comments.
- Analyse comments.

Since the beginning of 2023 we have been building on the number of active surveys, the launch of a "record your own compliments" survey, and advertising via social media which includes an animated version of which this is the first in Wales. All patients/carers/family who have received care in Powys or by one of our providers can share their feedback.

The All-Wales Patient Experience survey includes a suite of standard experience survey questions, including the Friends and Family Test. The infographic below provides an overview of responses during 2023/24 for all services either provided or commissioned.

A total of 1649 surveys returned (1st April 2023 to 31st March 2024)			
	91.64% scored their experience as "Excellent" (5 and above)		66.73% stated they always felt cared for
	68.55% felt they were always listened to		74.89% said that the time they waited was either shorter than expected or about right
	39.72 % felt they always had assistance when they needed it		68.24% always understood what was happening with their care
	72.73% said explanations were always given in a way they could understand		66.80% always felt they were involved as much as they wanted to be in decisions about their care

Individual service areas have also implemented more in-depth and targeted surveys to gain feedback within service areas and projects. This allows for an adaptable approach to gathering information on performance; some of these are highlighted below:

7.1 Powys Maternity Service



Powys Maternity service has embedded the CIVICA PREMS (Patient Reported Experience Measure) data collection platform in their work with six surveys currently active to collect feedback at various stages of the pregnancy journey from booking until discharge, a survey for partner/co-parent and a survey for the provision of Solihull antenatal classes. Invitations to complete four of the surveys are automatically text to individuals at certain points in their care, and two others are optional surveys. In addition to the CIVICA surveys, feedback is also collected from women who transfer in labour or shortly after birth via a separate Forms survey.

Newtown Birth Centre

I have/ are enjoying every moment under Newtown midwifery services. I have felt supported through all three of my pregnancies and my current pregnancy. I couldn't be happier, and my midwife is amazing. Defineltly would recommend this service they have listened to me and support me through pregnancy, labour and post baby. They have treated me like an individual and made me and my husband feel like we are important and listen to.

Canolfan eni Drenewydd

Rwyf wedi/yn mwynhau pob eiliad dan wasanaethau bydwreigiaeth y Drenewydd. Rwy'n teimlo fy mod wedi cael fy nghefnogi trwy'r tri beichiogrwydd a'm beichiogrwydd presennol. Ni allwn fod yn hapusach, ac mae fy mydwraig yn anhygoel. Byddaf yn sicr yn argymhell y gwasanaeth hwn, maen nhw wedi gwrandao arnaf ac yn wedi fy nghefnogi trwy'r beichiogrwydd, yr enedigaeth ac ar ôl y babi. Maen nhw wedi fy nhrin fel unigolyn ac wedi gwneud i mi a fy ngŵr deimlo ein bod ni'n bwysig ac yn gwrandao arnom.

The surveys consistently show that people feel listened to, and that their care reflects what is important to them. 98% of respondents said they were treated with kindness and understanding during their pregnancy. 96% have had enough information to make decisions about labour and birth and 91% were extremely likely or likely to recommend the service to others. The service is exploring with CIVICA the ability to receive responses directly to the service dashboard for review. The service will also be developing 'You said, we did' responses to demonstrate learning from feedback received. Results from all surveys, including any comments provided are now shared monthly to teams and on social media as posters.

7.2 Powys Living Well Service (PLWS)

Powys Living Well Service (PLWS) have embedded the CIVICA PREMS (Patient Reported Experience Measure) data collection platform in their work, with four surveys currently active to collect feedback relating to one-to-one appointments, group programmes, digital support sessions and experience of e-learning. Invitations to complete the surveys are automatically emailed to individuals after their one-to-one appointments with a strong response rate.

The surveys consistently show that people feel listened to and that their care reflects what is important to them. Over 80% of respondents have said that every effort was made to listen to the things that matter most to them about their health issues. Surveys are promoted alongside PROMS collection at the end of group programmes and have proved to be valuable in understanding how people feel about the content and delivery style. Feedback has influenced future development work. Results from all surveys, including any comments provided are shared at regular team meetings.

7.3 Patient Stories

The development of a library of patient stories to support learning and improvement has been an area of focus during 2023/24. The NHS Executive provided national training which PTHB were selected to attend. The production of patient stories will support further insight to Health Board staff and Board Members and patients and carers of both negative and positive experiences that impact those in receipt of care. Triangulation of experience intelligence will continue to support and influence decisions made in the Health Board.

8.0 Recommendations from External Reviews and Inspections

A thematic review of HIW Inspections carried out during 2023/24 has been completed with the findings shared across all wards within the Health Boards community Hospitals.

A summary from the inspections from Claerwen, Adelina Patti, Epynt, Y Bannau, Bryn Heulog and Graham Davies Wards include:

Quality of Patient Experience

- Staff provided respectful and dignified care.
- Patients were encouraged to be active and were given equipment to help them walk and move.
- Occupational therapists and assistants worked well with patients.
- Initiatives were introduced to help care for patients living with dementia.
- Patients expressed satisfaction with the care and treatment received.
- Staff interactions with patients were dignified and respectful.
- Some aspects of the environment required improvement.

Delivery of safe and effective care

- Staff demonstrated commitment to providing safe and effective patient care.
- Suitable equipment was available and used to prevent pressure sores and falls.
- Medication management and storage were handled safely and effectively.
- A pharmacy technician provided valuable support to the ward staff.
- The All-Wales Hospital Nutrition Care pathway standards were generally met.
- On-site food preparation was well-presented and appetizing.
- Patient records were up-to-date and well-completed.
- Weekly checks on emergency equipment were conducted.
- The ward environment was clean and accessible, with appropriate equipment.

Areas for improvement:

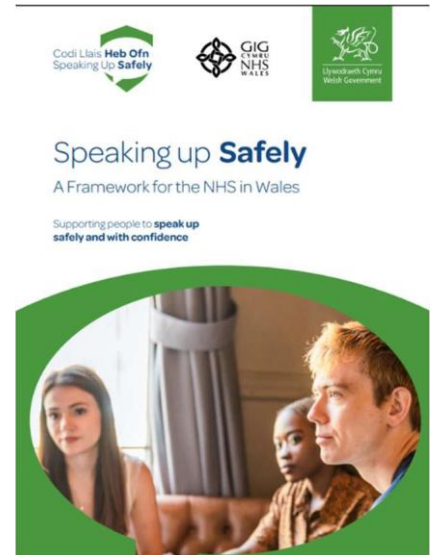
- Infection control, medication management, and record keeping required attention.
- Storage space was lacking, and better communication between staff was necessary.
- Blood transfusion policy was out of date and staff required training in some areas.
- Education in the areas of Sepsis, NEWS scoring, care of the deteriorating patient, blood transfusion and inpatient falls was noted to require a focus by the Health Board.

9.0 Speak up Safely Framework

The Speaking up Safely Framework was circulated to NHS Wales Chief Executives at the end of August 2023. The purpose was to support Health Boards to reflect on their quality and safety systems in light of high profile cases, which served as a stark reminder of the requirement to ensure that everyone working in the NHS feel safe and confident to speak up about anything that gets in the way of delivering safe, high-quality care.

In response, the Health Board established a working group to undertake a self-assessment using the framework and benchmarking against current processes in place. The following actions have been undertaken by the group:

1. Getting feedback from staff through the Chat to Change group along with Microsoft Forms.
2. Intranet page providing further guidance and support to staff to raise a concern anonymously if required, along with signposting for support.
3. The Task and Finish Group includes membership of staff side representatives.
4. An Independent Member of the Health Board’s Board has been selected as a Speaking Up Safely Champion.



10.0 Quality Management System: Integrated Quality & Performance Framework (IQPF)

Powys Teaching Health Board (PTHB) is responsible for planning, providing and commissioning healthcare services to improve the health and wellbeing of the people of Powys. To ensure that the best possible health and wellbeing outcomes are achieved for Powys residents and responsible patients. To achieve this the Health Board strategically integrates various components to enhance quality and performance while aligning with the vision of “A Healthier Wales.”, these components are:



Integrated Medium Term Plan (IMTP)

- The IMTP 2023-2026 serves as a statutory duty for all Welsh Health Boards. It spans three years and aims to achieve a financial break-even position while improving health and well-being for the Powys population.
- The IMTP aligns performance, service, workforce, and financial planning, ensuring a holistic approach to healthcare delivery.

NHS Wales Duty of Quality

The Duty of Quality, mandated by the Health and Social Care (Quality and Engagement) (Wales) Act 2020, compels NHS organisations to

- Foster a culture of quality within their operations.
- Improve health services and outcomes continually.
- Actively monitor progress in quality improvement efforts and share this information transparently with the population.

Welsh NHS Performance Framework

- The NHS Wales Performance Framework provides a structured approach to measuring and reporting performance in healthcare.
- It sets expectations for Health Boards to report progress against key corporate-level information, service delivery, and their role in supporting the wider NHS system.

Minimum Data Set (MDS):

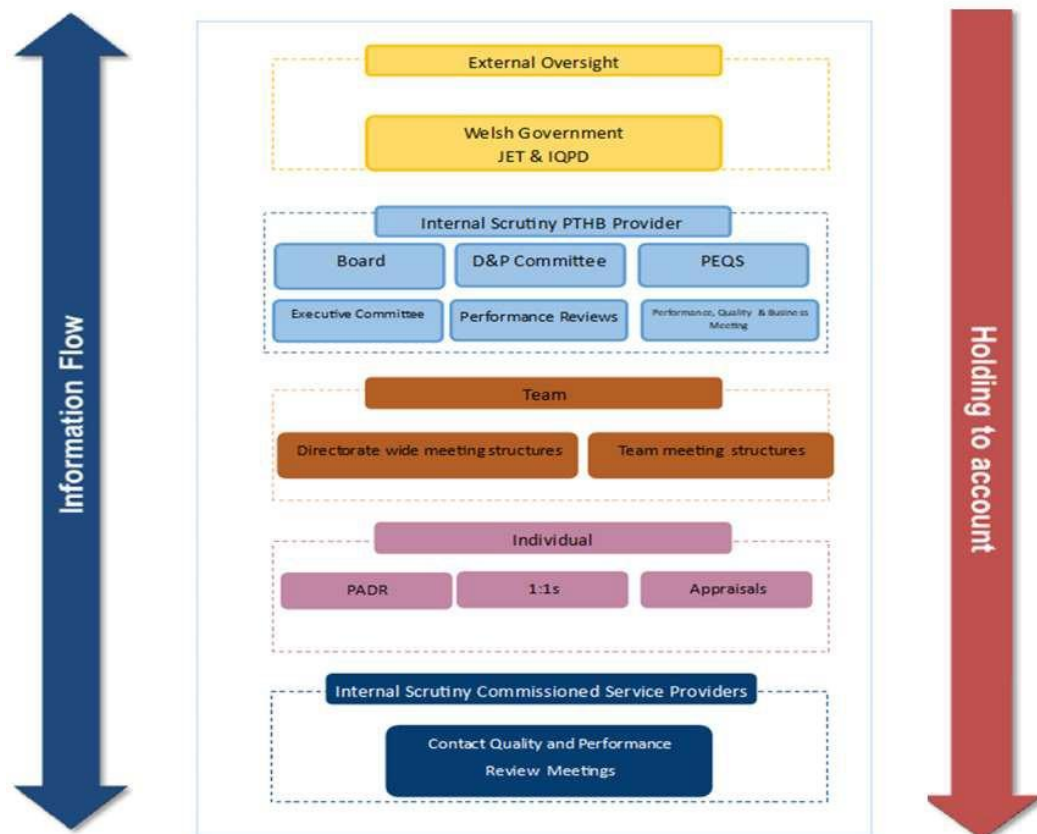
- Health organisations are required to complete an MDS comprising service, financial and workforce information.
- The MDS provides assurance on the robustness of plans and ensures alignment with statutory duties and ministerial targets.

Strategic Alignment

- Powys Teaching Health Board's plan takes a whole-system approach, recognising collaboration with partners, including the third sector, primary care contractors, social care colleagues and other healthcare providers across Wales and England.
- By integrating these frameworks, the Health Board aims to balance quality, performance, and financial duties, ultimately working towards the Welsh Government's vision of "A Healthier Wales" and improved patient outcomes.

Our existing quality, performance, and planning arrangements provide a solid foundation for managing performance effectively. This revised framework aligns and emphasises the principles of the Duty of Quality, aiming for a significant improvement in informed performance management. It fosters a culture of positive performance improvement, supports the Integrated Medium-Term Plan (IMTP), manages risks, and assures the Board of successful delivery. Ultimately, the framework assesses quality and performance across key domains, including access, finance, workforce, culture, safety, and patient experience.

The key to the success of our Quality Management System is ensuring and enabling everyone across the Health Board to be engaged and dynamic in ensuring quality is at the heart of everything we do:



Through the development of our Quality Management System, we aim to

- Enable a positive, psychologically safe and just quality culture through the provision of compassionate leadership.
- Enable a shared responsibility and voice for quality to ensure the provision of safe, timely, effective, efficient, equitable and person-centred care.
- Embed Quality Driven Decision Making at all levels of the Health Board.
- Demonstrate a quality approach based upon learning and continuous improvement.

10.1 Integrated Quality and Performance Group

The Integrated Quality & Performance Group (IQPG) has been created to provide assurance using a variable meeting frequency approach dependent on directorate Health Board service provision.

Directorates are engaged with a variable timescale dependent on service provided with the aim to reduce demand on their capacity.

Directorates with patient responsible provider services will provide assurance via monthly engagement.

- Directorate of Primary Care, Community and Mental Health.
- Directorate of Nursing, Quality, Women and Family health.

Quarterly assurance review meetings schedule will include:

- Directorate of Allied Health Professions, Health Sciences and Digital.
- Directorate of Planning, Performance and Commissioning.
- Directorate of Public Health.

Six-monthly IQPG assurance review meetings encompass all Health Board directorates including those with Corporate only functions and replaced the 2023/24 bi-annual directorate review approach.

To provide enhanced assurance of historic and future quality and performance an annual review meeting will be undertaken during Quarter 1 of each financial year to provide a summary of achievements and challenges from the previous year, while assessing progress of delivery including risks and escalations, it will also encompass a look forward in to current year.

10.2 Commissioned Services - Commissioning Performance & Assurance via Clinical Quality Performance and Review Meetings (CQPRM)

For services Powys Teaching Health Board commissions, the Clinical Quality Performance and Review Meetings (CQPRMs) are a vital mechanism to the Health Board seeking assurance on the performance of its commissioned services. This revised framework which incorporates the previous Commissioning Assurance Framework (CAF), will monitor performance monthly against the core areas of this framework.

	Coverage	Description
Core Areas	Access to Care and Timeliness	Assurance on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets.
	Quality & Safety *	Assurance against national and locally set quality and safety measures of care ensuring services are safe, personal, effective and continuously improving.
	Finance & Activity	Assurance that services are improving efficiency and productivity, and financial plans are being delivered.
	Patient Experience * & Effectiveness *	Assurance through listening and responding to patient and carer feedback along with complaints and concerns and the development of PROMS and PREMS.
	Finance & Value	Prudent or value-based health care
	Governance & Risk Management	Reporting progress against audit recommendations, the management of risk registers and links to Board Assurance Framework (BAF).
* Alignment to Clinical Quality Framework Approach (Darzi approach)		

Through the CQPRM process, the following are examples of issues that have been highlighted:

Provider	Specialty	Description
CTM SLA in-reach	Endoscopy and General Surgery	Severe reduction in capacity delivered which has adverse impact on JAG accreditation. Mitigating actions being explored at Executive level between PTHB and CTMUHB.
WVT	Cataract pathway	Worcestershire Acute Hospitals NHS Trust providing mutual aid to support cataract pathways in WVT.
	Multiple specialties	CQC inspection December 2023 highlighted overall rating of requires improvement.
SATH	Cancer	SATH in NHSE Tier 1 – weekly monitoring calls with NHSE.
	Multiple specialties	CQC report 2021 highlighted overall rating of Inadequate. Reports presented to SATH Quality and Assurance Committee and discussed at CQPRMs.
	Maternity Services	Independent Maternity Services review at SATH led by Donna Ockenden published in Dec 2020. Committee of SATH Board meets monthly to discuss progress against action plan which is noted and discussed at CQPRM.

All elements of the performance information sought and reported through the CQPRM meetings will be utilised within organisational performance management processes. A monthly commissioning report is produced to provide an integrated performance update across each provider the Health Board commissions from. A dashboard will be created for each provider that will feature overall performance information across the core access domains selected alongside a Powys specific sub-set where information allows. This will give greater insight into the services residents are receiving out of county versus the resources deployed. It will also provide an update to report progress against strategic plans.