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Powys Teaching
Health Board

POWYS TEACHING HEALTH BOARD ANNUAL REPORT 2016/17



INTRODUCTION AND HIGHLIGHTS OF OUR PERFORMANCE IN 2016-17

INTRODUCTION

We are pleased to introduce our Annual Report for 2016-17 and hope that you enjoy finding out more about the work that we do. In this report we highlight the progress made over the last 12-months, and look at what we will do in the year ahead to further improve the quality of the services we provide locally and commission from others.

HIGHLIGHTS

We ended the 2016-17 financial year in a strong position with the health board successfully meeting the majority of the outcomes required by Welsh Government and achieving financial balance. Much of this is down to the effectiveness of the Board that leads the organisation, good governance mechanisms and most importantly highly committed staff and strong partnerships.

We know that these are challenging times, particularly because of the prolonged period of austerity nationally and locally and the changing needs of the people of Powys. We know that people in Powys live longer and healthier lives than elsewhere in Wales, which is positive but there is work to do to further improve the wellbeing of all people.

Building on thousands of conversations between the people of Powys and key partners over the last year, we have jointly, with Powys County Council, developed a Health and Care Strategy for Powys. It is the first integrated strategy of its kind to be published in Wales and sets out the vision for health and care in Powys to 2027 and beyond. The Strategy provides a robust and local foundation for future improvements in health and care services.

A key part of developing and implementing the strategy has been and will continue to be our ability to work well in partnership across services, in Powys and beyond. 2016-17 saw the first stages of implementing two pieces of new legislation in Wales: the Wellbeing of Future Generations (Wales) Act 2015 and the Social Services and Wellbeing Act 2015. Two key mechanisms for partnership working were established in response to the legislation, the Public Service Board and the Regional Partnership Board. Through these Boards the public service bodies in Powys have produced a Wellbeing Assessment which provides a detailed assessment of health and wellbeing in the county. The Public Service Board will also facilitate integration and regional working in coming years.

We are pleased to report the progress made in delivering Mental Health Services in Powys. We have warmly welcomed staff back to the health board with the finalisation of the transfer of Mental Health Service back into direct management of the health board. We have also demonstrated how care and support to people with dementia can be provided successfully in the community with the well received establishment of the Dementia Home Treatment Team in North Powys.

Continuing to bring more care closer to home, we have successfully extended eye care services in Brecon, helping to treat more people with wet age related macular degeneration in Powys.

Despite some very real challenges, we continue to have strong and successful primary care community services.

Our strong commitment to sustaining general medical services and ensuring people have good access has also continued. The direct management of the Machynlleth General Medical Practice allowed us to successfully introduce a new staffing model which expands the skill-mix across the team and helps to ensure future sustainability. The team won the national innovation award for their work and the practice now has been successfully transferred over to the partnership at Cemmaes Road Surgery.

General medical practitioners, nurses, pharmacists, optometrists, dentists, therapists, social care, voluntary sector and others are working together to develop innovative services for the people of Powys. We know that there is ambition to do more and the health board is committed to the development of primary and community services as a priority.

We strive to always work with our staff, and with the broader health and care workforce in Powys and we are pleased to be setting the pace in Wales in terms of staff engagement. The national staff survey in Wales reflected this with significant improvements across many measures and a higher overall engagement score than anywhere in Wales, more people are proud to say they work for their health board and are happy to recommend it as a place to work.

We hope that our annual report provides you with reassurance that we are making progress and that we are committed to delivering safe, effective and quality care consistently across all our services. The work taken forward over the last 12 months means that the health board is entering the 2017-2018 year from a strong base.



A handwritten signature in black ink that reads "Viv Harwood". A long, thin, curved line extends from the bottom of the signature.

Viv Harwood, Chair



A handwritten signature in black ink that reads "Carol Shillabeer".

Carol Shillabeer, CEO

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ABOUT THIS ANNUAL REPORT

WHAT INFORMATION WILL YOU FIND IN OUR ANNUAL REPORT

Our Annual Report provides information about what Powys Teaching Health Board (the health board) does and what all those who work for the health board are doing to deliver high quality healthcare as well as planning for future generations. It is part of a suite of documents that provides information about how we performed in 2016-17, against targets set by Welsh Government and some local targets set by the Board itself. It also describes what we will do over the coming year to further improve services and explains how important it is for us to work with and listen to the people of Powys, so that we can deliver services that meet their needs.

NHS bodies are required to publish, as a single document, a three part annual report, comprising:

Part 1 - A Performance Report providing:

- An overview of the health board and a summary of its performance
- An analysis of the health board's performance

Part 2 - An Accountability Report

[\[www.powysthb.wales.nhs.uk/opensdoc/311739\]](http://www.powysthb.wales.nhs.uk/opensdoc/311739) **providing:**

- A Corporate Governance Report;
- A Remuneration and Staff Report;
- A National Assembly for Wales Accountability and Audit Report.

Part 3 - The Financial Statements

[\[www.powysthb.wales.nhs.uk/opensdoc/311740\]](http://www.powysthb.wales.nhs.uk/opensdoc/311740), **including** the Audited Annual Accounts 2016-17.

Click on the name of the report that you want to read and you can access it via an electronic link.

The full financial accounts can be found online at:

www.powysthb.wales.nhs.uk/annual-report-aqs

Copies of previous year's reports can be accessed from our website at:

www.powysthb.wales.nhs.uk/annual-report-aqs

HOW TO FIND THE INFORMATION YOU ARE LOOKING FOR

Do you want to know more about our priorities for 2016-17 and how we achieved them?

Our priorities for 2016-17 were set out in our Integrated Medium Term Plan (IMTP) for 2016-2019. This identifies how over the next three years, the health board intends to work together with the population of Powys, its partners, professionals and others to help achieve better health and care services. The IMTP is designed around the vision set out by the Board to deliver "truly integrated care centred on the needs of the individual", and follows a template designed by Welsh Government.

The Performance Report shows how progress is being made against this plan. To find out more about our IMTP, please visit our website www.powysthb.wales.nhs.uk/IMTP.

We also created, with our staff and partners, summary versions of this document, which are also available on line at www.powysthb.wales.nhs.uk/strategies.

Do you want to know more about the quality of our services and how we deliver safe and effective care?

Our Annual Report should be read alongside our [Annual Quality Statement \(AQS\)](http://www.powysthb.wales.nhs.uk/opendoc/311448) [\[www.powysthb.wales.nhs.uk/opendoc/311448\]](http://www.powysthb.wales.nhs.uk/opendoc/311448), it is a public facing document and has been written to provide further detail on what we have done to improve the quality of services and to deliver safe, compassionate and effective care for the people of Powys. It also describes some of the challenges we have faced, areas where we know improvements can be made, and how these have shaped the health board's priorities for 2017-18.

Are you interested in our corporate governance arrangements?

The Corporate Governance Report, which forms part of the [Accountability Report](http://www.powysthb.wales.nhs.uk/opendoc/311739) [\[www.powysthb.wales.nhs.uk/opendoc/311739\]](http://www.powysthb.wales.nhs.uk/opendoc/311739) provides an overview of the governance arrangements and structures that were in place across the health board during 2016-17. It also explains how these governance arrangements supported the achievement of the health board's vision, six aims and 12 strategic objectives.

In line with requirements set out in the Companies Act 2006, the Corporate Governance report includes:

The Directors' Report: This provides details of the membership of the Board of Powys Teaching Health Board; including roles and responsibilities, attendance at Board meetings and declarations of interest.

- A Statement of Accountable Officers' Responsibilities ;
- A Statement of Directors' Responsibilities in Respect of the Accounts ;
- The Annual Governance Statement: Details of the health board's governance framework, system of internal controls, risk management arrangements, key risks and an overview of the findings arising from internal and external audits are set out in this section of the report.

Do you want information about the remuneration of senior management?

Our Remuneration and Staff Report, which forms part of the [Accountability Report](#) contains information about the remuneration of senior management, fair pay ratios, sickness absence rates etc. and has been compiled by the Directorate of Finance and the Workforce and Organisational Development Directorate.

Are you interested in the National Assembly for Wales Accountability and Audit Report?

The National Assembly for Wales Accountability and Audit Report, which forms part of the [Accountability Report](#) contains a range of disclosures on the regularity of expenditure, fees and charges, compliance with the cost allocation and charging requirements set out in HM Treasury guidance, material remote contingent liabilities, long-term expenditure trends, and the audit certificate and report.

Do you want to know how we spent public money?

Our [Approved Annual Accounts for 2016-17](#)

[\[www.powysthb.wales.nhs.uk/opendoc/311740\]](http://www.powysthb.wales.nhs.uk/opendoc/311740), adopted and approved by the Board, at its meeting held on 31 May 2017, sets out how we spent public money and met our obligations under The National Health Service Finance (Wales) Act 2014.

If you require any of the publications referred to above in printed or alternative formats, please contact us using the details below:

Directorate of Governance and Corporate Affairs
Powys Teaching Health Board,
Corporate Headquarters Glasbury House,
Bronllys Hospital, Bronllys
LD3 0LU

Telephone: 01874 712711

Email: Powys.Geninfo@wales.nhs.uk

Website: www.powysthb.wales.nhs.uk

[Accountability Report](#)

[\[www.powysthb.wales.nhs.uk/opendoc/311739\]](http://www.powysthb.wales.nhs.uk/opendoc/311739)

[Financial Statements](#)

[\[www.powysthb.wales.nhs.uk/opendoc/311740\]](http://www.powysthb.wales.nhs.uk/opendoc/311740)

[Annual Quality Statement \(AQS\)](#)

[\[www.powysthb.wales.nhs.uk/opendoc/311448\]](http://www.powysthb.wales.nhs.uk/opendoc/311448)

THE POWYS POPULATION AND HEALTH SERVICES

Rural Powys

The health board is responsible for improving the health and wellbeing of around 133,000 people living in Powys.

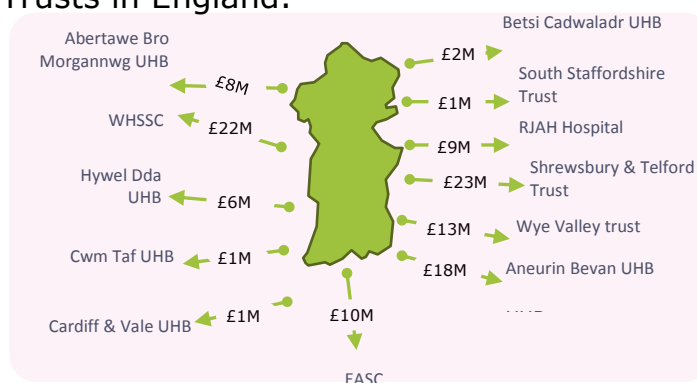
The health board and its coterminous county council cover a quarter of the landmass of Wales, but with less than 5% of the population, it is one of England and Wales' most sparsely populated areas.

Geography and rurality mean that health and care services can be fragile and access can be more difficult.



A Commissioner of Services

The health board is primarily a commissioning organisation. The largest proportion of its budget is devoted to commissioning NHS services from outside of the county. Much of its care is provided in the community through primary care contractors such as General Practices, Dental Practices, Pharmacists, Optometrists, Nurses and midwives in Powys. £2.05M of service delivery is also commissioned through the Third Sector. Secondary care services are provided through commissioning arrangements with other health boards in Wales and NHS Trusts in England.



These multiple, complex arrangements mean that as an organisation, a highly developed ability to provide coherence across numerous strategies, providers and pathways, to simplify arrangements, is essential.

Primary and Community Care

The health board directly provides non-specialist healthcare services through its network of community services and community hospitals. There is also provision of an increasing range of consultant-led outpatient sessions, day theatre and diagnostics in community facilities, bringing care out of the acute hospital setting and closer to home.

General Practice



16 practices providing general and extended practice services and clinical management of inpatient beds

Community Hospitals



Providing a wide range of outpatient, inpatient, diagnostic and theatre services for general adult care and mental health

Community Services



Including mental health, district nursing midwifery, a variety of therapies, children's and learning disabilities services

Community Pharmacy



Dispensing and supporting medicines management in care home, home, GP and community hospital settings

Eye Care



Primary care optometry and accredited optometrists providing out of hospital services

Community Dentists



General dental services and more immediate and specialist procedures and services

Integrated Working

Powys County Council (PCC) and the health board are key partners in the Regional Partnership and Public Service Boards. Integrated working is a key priority with a series of Section 33 arrangements bringing teams together to deliver integrated backroom and frontline services. At a senior management level, there is also a joint Director of Workforce and Organisational Development and interim arrangements in place whereby the Chief Executive of PTHB is acting as Strategic Director of People for PCC.

Hosted Services

The health board provides leadership and support to Wales through hosting three functions on behalf of NHS Wales, these are:

- **The Board of Community Health Councils and the seven Community Health Councils:** More information about these organisations can be found at www.wales.nhs.uk/sitesplus/899/page/71598 ;
- **Health and Care Research Wales**, which facilitates collaboration between NHS organisations, higher education institutions and the industry sector across Wales. More information can be found at www.healthandcareresearch.gov.wales/about/ ;
- The Continuing Healthcare Retrospective Project and its 56 staff.

Further information can be found in the [Accountability Report](#) (page 25).

Welsh Language, Equality and Diversity

Measures are in place to ensure that the organisation complies with the requirements of the Welsh language, equality, diversity and human rights legislation. However, further work is being taken forward to ensure that such legislation is properly embedded. Further information is provided in the Annual Governance Statement (page 60 of the [Accountability Report](#)).

European Projects and Wales for Africa

The health board has also been one of six pilot sites across Europe participating in European Union funded projects. The two projects were focused on Integrated Care Coordination Pathways, Patient Empowerment and Home Support Pathways, and the implementation of online supportive cognitive behavioural therapy (CBT).

Beyond Europe, the health board is an active partner in the Wales for Africa programme and has continuing active links with Molo in Kenya, primarily focussed on maternal and child health. More information about the Powys-Molo Maternity Project can be found in our [Annual Quality Statement \(AQS\)](#) (page 36). Participation in such international projects expands the health board's opportunities for learning, innovation and increased partnership working.

Cross Border Working

In addition to managing care pathways, the health board has a lead role in assuring that the interests of Powys residents are considered in any planning processes and programmes of change and transformation in these other NHS organisations and does this through its Strategic Planning Steering Group.

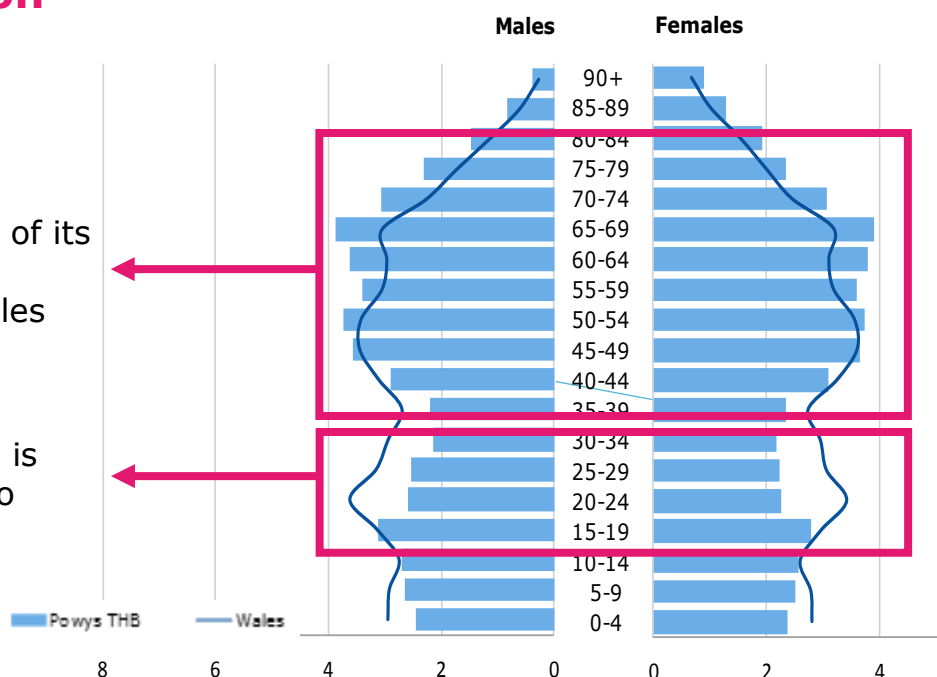
The health needs of the Powys population have been identified through the 2013/14 'refreshed' Joint Strategic Needs Assessment (JSNA), the Local Authority neighbourhood management pilot and the 2014/15 JSNA which focused on poverty as well as data and intelligence from other sources e.g. Public Health Wales Observatory and Welsh Government.



A Changing Population

The population in Powys is generally older both in terms of its demographic make up and in comparison to the rest of Wales

The working adult population is smaller in Powys compared to the rest of Wales.



8%

Projected overall decline in the Powys population by 2039.



The number of children and young people in Powys is predicted to decrease within the next ten years, mainly due to an ongoing trend of young people leaving the county in favour of more urban areas, as well as the reduced birth rate across Powys. However, compared with the rest of Wales, the number of those aged over 65 and 75 will rise faster in Powys. The 65+ age group in Powys is projected to increase by 37% by 2033 and the 85+ population is estimated to increase by 121% over the same time period in Powys, presenting challenges for the health board.



The number of young people and those of working age is predicted to decrease while the number of older adults in Powys is predicted to increase dramatically.



1.6%

The Powys population who identify as Black and Minority Ethnic (BME) (a 0.8 % increase of BME people Powys since 2001).

BME

Healthy Behaviours in Powys

A greater proportion of adults in Powys engage in healthy behaviours compared with Wales. However, the statistical significance of these differences has not been tested.

Powys residents aged over 65 years are more engaged in healthy behaviours compared with older people across Wales.



Healthy Behaviours in Adults (2014-15) (Age standardised)	Powys	Wales
Adults who report being a current smoker	20%	20%
Adults who reported drinking above guidelines on at least one day in the previous wk	39%	40%
Adults who reported eating 5 or more portions of fruit and vegetables the previous day	36%	32%
Adults who reported being physically active on 5 or more days in the past week	39%	31%
Adults who were overweight or obese	58%	59%
Healthy Behaviours in Adults Aged Over 65 (2014-15)		
Adults who report being a daily or occasional smoker	9%	11%
Adults who reported drinking above guidelines on at least one day in the previous week	23%	26%
Adults who reported eating 5 or more portions of fruit and vegetables the previous day	39%	35%
Adults who reported meeting physical activity guidelines in the past week	24%	17%
Adults who were overweight or obese	31%	62%

While generally the population engage in healthier behaviours, there still remains a significant challenge in further improving health behaviours in order to reduce the burden of chronic diseases in Powys and reduce demand on the health and social care system.

1 in 4

Children enter school either overweight or obese in Powys.

6 in 10

Adults in Powys are overweight or obese. This is the same as the all Wales rate.

Powys has a significantly lower teenage conception rate compared with Wales (16 versus 27 conceptions per 1,000 females aged under 18 years).



A lower proportion of the Powys adult population report being treated for any illness compared with Wales. Overall, Powys residents also report better health and smaller proportion of adults in Powys report being treated for various long term conditions compared with adults across Wales.

Powys residents aged over 65 years also report better quality of life compared with older adults in Wales. Overall, older Powys residents are less likely to be treated for a long term condition. However, the increase in the proportion of older people living in Powys means that the number of people with long term conditions such as diabetes will increase.

Mental Health and Wellness

Improving mental health is a critical issue for people of all ages and its impact is cross cutting, affecting life chances; learning, home life, employment, safety, physical health, independence and life expectancy.

8%

Of the Powys population report being treated for depression or anxiety and it is one of the top three leading causes of disability.



One in four patients presenting to their GP live with depression with the average GP seeing at least one patient with depression during each surgery session. 80% of people identified as having depression, are managed entirely in a primary care setting. In the UK, 25% of older adults have depression requiring an intervention and over 40% of those in their 80s are affected by depression. This is significant given Powys' demography. It is also important to note that depression is the leading cause of suicides in England and Wales each year.

It has been estimated that between 10-15% of women suffer from post-natal depression. In Powys there are approximately 1000 births per year, which means around 100 women may suffer post-natal depression.

Dementia and Alzheimers

Dementia prevalence increases with age, roughly doubling every five years for people aged over 65 years. Dementia affects 20% of people over 80 years of age in the UK and one in 14 people over 65.

In Powys it is thought that only 39.6% of the projected number of people with Dementia have a diagnosis.

Up to 70% of acute hospital beds are occupied by older people, approximately 40% of whom have dementia. Patients who have dementia experience many more complications and stay longer in hospital than those without dementia. It is also estimated that 30% of people will die with dementia and many of these die in general hospital settings. The improvement in care for people with dementia in general hospitals is an important component of the Powys Dementia Plan.

4,256

Estimated number of people in Powys aged over 65 with dementia. At 44% Powys, along with Ceredigion, has the highest projected rise in the number of people with dementia in Wales.



Mental Health Service Activity

In 2016-2017 we reported the best delayed transfer of care (DToc) position since 2010.

Economic Wellbeing and Poverty

Access Poverty

Powys is the most deprived Local Authority in Wales for access to services. 42 Lower Super Output Areas (LSOA) are among the least affluent 10% of areas in Wales.

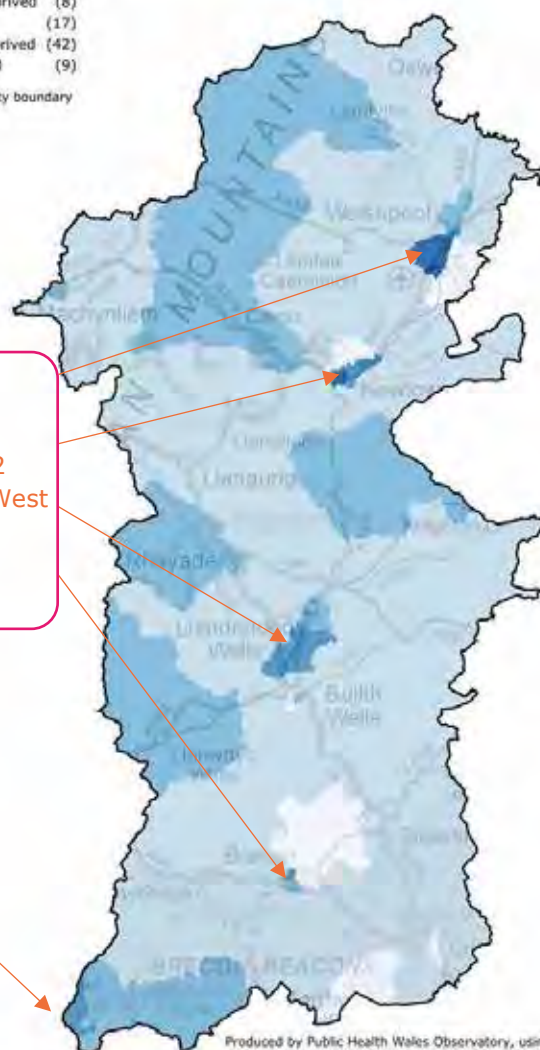
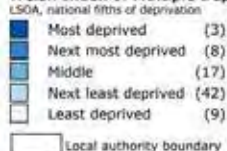
Economic wellbeing is above the Welsh average but there is hidden poverty in Powys associated with rural communities.

On average, Powys residents earn consistently less than people in many other Welsh Local Authorities, ranking third lowest in Wales.

Five LSOAs in Powys are among the most deprived 30% in Wales while **Ystradgynlais 1** is the most deprived area and is among the 10% most deprived LSOAs in Wales.

Powys has a disproportionately high number of small businesses, alongside a high proportion of self-employed workers. This needs to be seen in the context of 11.3% of men and 8.9% of women of working age in Powys having no formal qualifications.

Welsh Index of Multiple Deprivation, Powys teaching Health Board, 2014



Produced by Public Health Wales Observatory, using WIMD 2014 (WG)
© Crown Copyright and database right 2014, Ordnance Survey 100044810

£487

Average weekly income in Powys (£539 Wales).



13%

Children living in poverty in Powys (21.9% Wales).



24%

Households in Powys in fuel poverty (23% Wales).



ADDRESSING KEY ISSUES AND RISKS

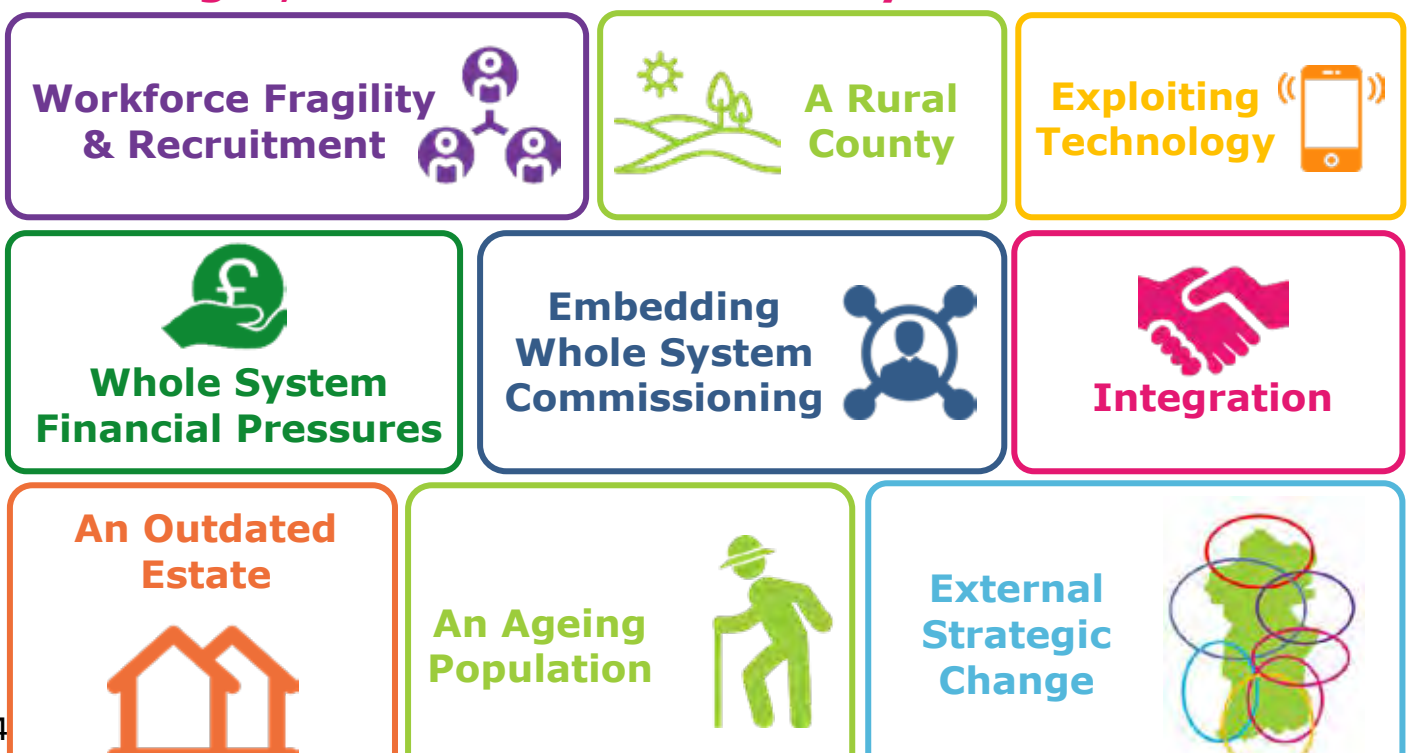
The health needs assessment information, additional intelligence from demand and capacity modelling and analysis of performance and delivery identify a number of significant challenges and risks to delivering excellent health and care provision to the people of Powys. These challenges can also be our greatest opportunities if addressed and managed effectively. Therefore, embedding effective risk management remains a key priority for the Board. Over the last 12 months steps have been taken to strengthen risk management across the organisation and the Board approved a strengthened Risk Management Framework in January 2017. More information is provided in the [Accountability Report \[www.powysthb.wales.nhs.uk/opendoc/311739\]](http://www.powysthb.wales.nhs.uk/opendoc/311739)

Our approach to risk management has been designed to ensure that risks are identified, assessed and prioritised and appropriate mitigating actions taken. The Assurance Framework together with the health board's Corporate Risk Register form a fundamental part of this approach; through these the following key risks to the delivery of our aims and strategic objectives have been identified:

- Whole system commissioning not embedded;
- Ineffective financial planning;
- Governance not embedded in all areas;
- Inability to attract, recruit and develop qualified staff with the appropriate skills and competencies required across primary and community care;
- Lack of a robust and stable ICT system;
- Inadequate and non-compliant estate in some areas;
- Delayed redesign of the mental health services model;
- Areas of fragmented health and social care services.

In developing our IMTP we have given careful consideration to the actions that we will take to mitigate such risks.

Challenges, Issues and Risks in Powys



A SUMMARY OF OUR PERFORMANCE

WHAT WE SAID WE WOULD DO IN 2016-17

Part of the health board's approach to delivery and improvement is to work to locally agreed strategic aims and objectives. In delivering against these aims the health board is working to meet the needs of the Powys population and improve local services whilst delivering against the nationally set targets and measures. These local aims and objectives were agreed in the health board's Integrated Medium Term Plan for 2016-17 to 2019-20, which was approved by Welsh Government in July 2016. A copy of our Integrated Medium Term Plan for 2016 to 2019 can be accessed online at www.powysthb.wales.nhs.uk/IMTP

Progress with delivery of the health board's Annual Plan has been monitored through the health board's Performance Management Framework, reporting to the Finance, Planning and Performance Committee of the Board.

 AIM 1: IMPROVING HEALTH AND WELLBEING	
1	Improve health now and lay the foundations for maintaining good health for the future
2	Improve the emotional wellbeing and mental health of the people of Powys.
 AIM 2: ENSURING THE RIGHT ACCESS	
3	Increase the capacity, capability and resilience of primary and community care
4	Implement whole system commissioning to ensure appropriate access to effective services
 AIM 3: STRIVING FOR EXCELLENCE	
5	Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings
6	Develop an estate that is fit for purpose and progressing to meet service needs
7	Secure Innovative ICT solutions, built on a stable platform
8	Ensure a well governed organisation
 AIM 4: INVOLVING THE PEOPLE OF POWYS	
9	Develop an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders
10	Maximise opportunities for integration, particularly with Powys County Council
 AIM 5: MAKING EVERY POUND COUNT	
11	Implement effective financial management to ensure statutory breakeven and best value for money
 AIM 6: ALWAYS WITH OUR STAFF	
12	Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys

There have been many areas of achievement and progress against our six key aims and 12 strategic objectives throughout 2016-17 and some of these are described in the sections of this report that follow.

Aim 1: Improving Health and Wellbeing

Strategic Objective 1: Improve health now and lay the foundations for maintaining good health for the future.

- The health board had the highest uptake of influenza vaccine by NHS staff in Wales and we have set a trajectory to improve to 65% by March 2018.
- There has been an improved uptake of childhood scheduled vaccines with an improving trend for immunisation at age four.
- The percentage of 4-5 year olds who are overweight is significantly lower in Powys (9.2%) than Wales (11.6%) and a lower proportion of adults are overweight.

Strategic Objective 2: Improve the emotional wellbeing and mental health of the people of Powys.

- Implementation of the Powys Dementia Plan continues well with the successful establishment of the Dementia Home Treatment Team designed to provide care and support to patients and relatives in their own homes in North Powys. The health board continues to roll out 'John's Campaign' to support carers.
- The rate of Delayed Transfers of Care in mental health continues to improve.

Aim 2: Ensuring the Right Access

Strategic Objective 3: Increase the capacity, capability and resilience of primary and community care.

- Waiting times performance continues to be ahead of target for services provided directly in Powys. This was maintained despite capacity challenges arising from the availability of visiting consultants.
- Powys provider unscheduled care continues to thrive with an active minor injuries unit seeing 99% of patients within 4 hours.
- Powys has the lowest number of emergency admissions in Wales per 1000 population.
- The percentage of emergency ambulance responses to the most urgent calls within 8 minutes is meeting the target regularly and on a sustainable basis. Work will continue to improve the response to amber rated calls.

Strategic Objective 4: Develop whole system commissioning to ensure appropriate access to effective services across the whole health system.

- The implementation and roll out of the health board's commissioning framework continues to strengthen our ability to monitor performance across organisations from whom we commission services. It facilitates us to pre-empt and manage issues and challenges more effectively.

- There have been longer waits in services provided by other organisations in some specialities where there is a national shortage of capacity. Waiting times for patients with cancer continue to improve across Welsh providers.

Aim 3: Striving for Excellence

Strategic Objective 5: Ensure robust systems and processes are in place to deliver continuous improvement in safety, quality and patient and carer experience in all settings.

- Powys has the lowest rates of antibiotic prescribing in NHS Wales.
- 70 cases of pressure damage were reported in 2016-17 including all grades, un-staged and suspected deep tissue injury (SDTI).
- We are 100% compliant with all patient safety and safety measures.
- There were no 'never events' recorded during 2016-17.
- 29 cases of Clostridium Difficile were reported during 2016-17.

Strategic Objective 6: Develop an estate that is fit for purpose and progressing to meet service needs.

- The improvement of the estate continues with £1.4M of discretionary funded projects delivered in 2016/17. Significant work has been undertaken to strengthen processes and procedures to manage capital investment in Powys. £6.8m of Welsh Government capital funding was invested during 2016/17. The investments resulted in improvements to patient and staff facilities and new equipment purchase to support excellent health care.
- The new maternity led Ithon Birthing Centre opened in Llandrindod Wells and further work is ongoing to improve wider the hospital environment.
- Significant work has been undertaken to strengthen processes and procedures to manage the step change in capital investment in Powys which includes the initiation of projects in Machynlleth (£2.5M).

Strategic Objective 7: Secure innovative ICT solutions, built on a stable platform.

- Funding from Welsh Government has been received to explore the national expansion of the successful EU funded Mastermind project which provides supported online Cognitive Behavioural Therapy.
- A text message reminder and communication service, called Florence (Flo) for patients to help them engage better with their shared healthcare plans has been implemented for patients with diabetes and respiratory services. This service is being expanded to other areas, such as falls prevention and Cognitive Behaviour therapy in 2017-18.

Strategic Objective 8: Ensure a well governed organisation.

- The health board's IMTP for 2016-17 to 2018-19 was once again approved by Welsh Government and planning and performance management arrangements continue to develop and strengthen.
- The Board has developed and approved its Board Assurance Framework and strengthened Risk Management Framework; key cornerstones of its governance arrangements.

- An Accountability, Autonomy and Authority review has been completed and the health board's operating model and strategic operational plan were developed in June of 2016.

A detailed account of our Corporate Governance structures and processes is provided in the [Accountability Report \[www.powysthb.wales.nhs.uk/opendoc/311739\]](http://www.powysthb.wales.nhs.uk/opendoc/311739).

Aim 4: Involving the People of Powys

Strategic Objective 9: Develop an integrated health and care strategy through effective partnership working and continuous engagement with citizens of Powys, patients, carers, staff and stakeholders.

- Following a period of focussed engagement the Health and Care Strategy for Powys was approved by Powys County Council Cabinet on 14 March 2017 and the health board's Board on 22 March 2017.

Strategic Objective 10: Maximise opportunities for integrated working with partners, particularly Powys County Council.

- Key areas of integration have taken place including the development of an integrated older people's team in Ystradgynlais which brings together health and social care teams to support older people in the community.
- Close working and integration continues to strengthen working practices with the Joint Director of Workforce and OD in place and the health board's Chief Executive stepping into the Strategic Director of People on an interim basis for Powys County Council.
- A non-financial appraisal process has been completed to review the long term delivery model options for accelerated integration.

Aim 5: Making Every Pound Count

Strategic Objective 11: Implement effective financial management to ensure statutory break-even and best value for money.

- We achieved a successful break-even position at the end of the financial year, meeting our statutory obligation.

Aim 6: Always with Our Staff

Strategic Objective 12: Develop a sustainable, skilled and engaged workforce fit to meet the needs of the population of Powys.

- In 2016-17 the health board established a Temporary Staffing Unit reducing the use of Agency staff, and e-rostering was implemented on a phased basis to help support better workforce planning.
- Personal Appraisal and Development Reviews are undertaken with staff and our rate of compliance is very strong compared with other health boards in Wales.
- The rolling 12 monthly sickness rate in March 2017 was 4.64%, this rate is one of the lowest in Wales.

THE NHS OUTCOMES AND DELIVERY FRAMEWORK

Welsh Government's NHS Outcomes and Delivery Framework was developed to ensure a focus on the improvement of population outcomes. The framework is based around seven domains that have been identified by the public, through extensive public and stakeholder engagement, as an important way for them to help understand how their NHS is delivering the services they require and the associated improvements in population health and well-being.

The actions described in the previous section and the broader efforts to improve delivery of care across services have contributed to positive performance against the majority of NHS Outcomes Framework Indicators. The table below provides Welsh Government's summary of the health board's performance against the NHS Wales Outcomes and Delivery Framework measures. It highlights that the health board improved its performance against 24 of the NHS Wales Outcomes and Delivery measures and sustained its performance against a further 9 measures and targets. We are pleased to note that 6 of the 9 measures, where performance is highlighted as having been sustained, relate to areas where the health board has continued to achieve full compliance with the target set by the Welsh Government. Two further measures where sustained performance has been noted relate to research and specifically the health board's participation in studies; this is an area where we recognise further improvement is needed.

A decline in performance was highlighted for **22** of the measures. Although Welsh Government has noted a reduction in performance for some measures. The health board has fully met the target required in two areas, although performance above the target will vary. The areas where the target was met but a reduction in performance has been noted by Welsh Government are:

- At the end of the year, no patients were waiting more than 26 weeks for treatment, for Powys provided services.
- At the end of the year, the diagnostic snapshot showed that no patients were waiting longer than 8 weeks, for Powys provided services.

Powys Teaching Health Board	Improved performance	Sustained performance	Decline in performance	Target Summary
STAYING HEALTHY - I am well informed & supported to manage my own physical & mental health	4 measures	0 measures	4 measures	→
SAFE CARE - I am protected from harm & protect myself from known harm	5 measures	1 measures	0 measures	↑
DIGNIFIED CARE - I am treated with dignity & respect & treat others the same	0 measures	1 measures	1 measures	↓
EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	2 measures	1 measures	↑
TIMELY CARE - I have timely access to services based on clinical need & am actively involved in decisions about my care	4 measures	2 measures	8 measures	↓
INDIVIDUAL CARE - I am treated as an individual, with my own needs & responsibilities	0 measures	1 measures	5 measures	↓
OUR STAFF & RESOURCES - I can find information about how the NHS is open & transparent on use of resources & I can make careful use of them	6 measures	2 measures	3 measures	↑
SUMMARY	24 measures	9 measures	22 measures	↓

OUR PERFORMANCE: IMPROVING HEALTH AND WELLBEING

To ensure that there is a national focus on staying healthy and healthy behaviours Welsh Government have set the following National Outcome Measures:

National Outcome Measures: STAYING HEALTHY	Target	End of Year	WG Trend
% of children who received their scheduled vaccinations at age 4	95%	88.0%	↑
% estimated LHB smoking population treated by NHS smoking cessation services	5%	1.58%*	↑
% smokers treated by NHS smoking cessation services who are CO- validated as successful	40%	47.26%*	↓
% uptake of the influenza vaccine in Over 65s	75%	64.3%**	↓
% uptake of the influenza vaccine in Under 65s in at risk groups		44.2%**	↓
% uptake of the influenza vaccine in Pregnant women		53.5%**	↑
% uptake of the influenza vaccine in Healthcare workers	50%	55.7%**	↑
% hypertension patients with last blood pressure reading in the last 12 months was ≤ 150/90 mmHG	Improvement	81.2%	↓

* Period Q1 - Q3 2016-17

** Period 2015-16

IN 2016-17:

Immunisation

- Childhood immunisation uptake rates increased and are now similar to Wales' rates, except for measles, mumps and rubella immunisation uptake in teenagers.
- There was an increase in uptake of 4 in 1 booster, Hib/MenC booster and MMR2 amongst 4 year olds, we were equal best-performing health board for "up-to-date at 4 years".
- Flu immunisation uptake rates increased for people with long term conditions although they remain below target.
- We had the highest uptake of influenza vaccine by NHS staff in Wales (55.7%) with a trajectory to improve to 65% by March 2018.
- Year on year improved influenza vaccine uptake by pregnant women was sustained.
- We did not meet the 75% target for influenza vaccine for over 65's (64.3%) or under 65's in at risk groups.
- There was increased uptake of flu immunisation by 2, 5 and 6 year olds in Powys.

Healthy Weights

- Work was completed to provide a high-level review of current service configuration against the recommended All Wales Obesity Pathway.
- The Healthy and Sustainable Pre-school Scheme in Powys was expanded, including the introduction of the local 'Bach a Iach' initiative and recruitment of 15 additional settings. Settings were supported to work towards the "Food, Fitness and Dental Health" aspects of the healthy pre-school scheme.
- Initiatives which promote physical activity and/or healthy eating were expanded, including:
 - The roll-out across Powys of Splash a Spri (parent/baby supervised swimming sessions with Health Visitor input);

- Walk-leader training for health visitors, midwives and Action for Children staff leading to the establishment of “Bumps to Buggies” led-walking group across Powys;
- Promotion of healthy weaning via a “weaning party” approach.
- Local launch event for 10 Steps to a Healthy Weight attended by a wide range of stakeholders.

Smoking Cessation

- The Welsh Government target of $\leq 20\%$ smoking prevalence by 2016 was achieved.
- We provided ongoing support for stop smoking services in community pharmacies and 17 of the 23 pharmacies in Powys provided smoking cessation support. We also piloted an in-house GP surgery smoking cessation service.
- The annual 40% CO-validated quit target was achieved.
- The Powys Tobacco Control Strategy and the Smoke Free Policy were approved by the Board.
- The Smoke Free Playgrounds initiative continued.
- Making Every Contact Count (MECC) training was strengthened. We continued to provide stop smoking training for midwives and along with Health Visitors, they were provided with a CO monitor in line with NICE guidelines.
- We supported public promotion campaigns, including Stoptober and No Smoking Day.

IN 2017-18 WE WILL:



Implement the Healthy Child Wales Programme to put in place services which support families to ensure their children attain their health and developmental potential and increase family resilience



Agree and implement a health inequalities action plan which clearly describes the health board's actions to reduce inequalities



Ensure Making Every Contact Count training places an emphasis on targeting staff groups working in the most disadvantaged parts of Powys



Ensure stop smoking services are promoted in a way which has greater emphasis on attracting current smokers in areas of disadvantage



Introduce a Cardio Vascular Disease risk assessment programme in deprived areas of Powys to improve the detection and management of cardiovascular disease



Ensure that health inequalities is considered as a specific theme as part of the development of the Powys Health and Care Strategy

More information about the initiatives and schemes referenced in this section of the report and how we are supporting the people of Powys to stay healthy and adopt healthier lifestyles can be found in our [Annual Quality Statement \(AQS\)](#) (pages 2 to 7) and the Director of Public Health's Annual Report for 2015-16.

Mental Health Services

The following National Outcome Measures provide an insight into the efficiency and effectiveness of our mental health services:

National Outcome Measures: INDIVIDUAL CARE	Target	End of Year	WG Trend
DToC delivery per 10,000 LHB population - mental health (rolling 12 months)	12 month reduction trend	1.58	↑
% of assessments by the Local Primary Mental Health Support Services (LPMHSS) undertaken within 28 days from the date of referral	80%	70.0%	↓
% of therapeutic interventions started within 28 days following assessment by LPMHSS	80%	32.5%	↓
% LHB residents (all ages) to have a valid CTP completed at the end of each month	100%	92.1%	↓
% LHB residents sent their outcome assessment report 10 working days after assessment	100%	66.7%	↓
Rate of Welsh resident calls to the mental health C.A.L.L helpline per 100,000 of HB pop	4 quarter improvement trend	138.0	↓
Rate of Welsh resident calls to the Wales Dementia helpline per 100,000 pop (aged 40+)		4.5	↓
Rate of Welsh resident calls to the DAN 24/7 helpline per 100,000 HB pop		29.4	↓
% of hospitals with arrangements to ensure advocacy available to qualifying patients	100%	100%	→
% of people with dementia, aged ≥65 years, who are diagnosed	Improvement	45.3%	↓
% GP practice teams that have completed mental health DES in dementia care or other directed training	75%	0.0%	→

IN 2016-17:

- There was further improvement in Delayed Transfers of Care (DToC) with a figure of 1.58 per 10,000 people compared to a figure of 4.1 in 2015-16. This is largely due to the continuation of weekly reviews of DToCs through phone calls with providers and Social Services.
- Mental Health Measure Part 1: The % of assessments undertaken within 28 days dropped to 70% compared to 84.6% last year. Analysis highlighted insufficient flexibility in our assessment capacity. We therefore recruited additional mental health practitioners to strengthen our Local Primary Mental Health Support Services (LPMHSS). We have started to target the waiting lists, commencing with the patients who have waited the longest. At the time of reporting there were no waiting lists for access to LPMHSS in Crickhowell, Talgarth, Hay on Wye and Llandrindod. We expect that the waiting lists in Builth, Rhayader and Brecon will be cleared by Mid August 2017 and for Knighton and Presteigne from September 2017. Performance is expected to continue to improve and will meet the 80% target by November 2017.
- The performance of interventions within 28 days also dropped from 69% in 2015/16 to 32.5% in 2016-17. The actions outlined above will also address this performance issue.
- Mental Health Measure Part 2: At the end of March 2017, 92.1% of Powys residents in receipt of secondary mental health services had a valid Care and Treatment Plan.
- Access to psychological therapies remained an issue throughout the year and was closely monitored by the Mental Health and Learning Disability Committee.
- Crisis and Home Treatment services (CRHTT) are provided to people living in the community who require intensive, daily support and who may otherwise be

likely to be admitted to inpatient care. All Powys CRHTTs are fully functioning across Powys and have significantly reduced hospital admissions. Over the last 12 month period, 90% of referrals to the CRHTTs in Powys have resulted in an assessment being undertaken, which is an improvement on the previous years performance.

- The number of Child and Adolescent Mental Health Service patients waiting at the end of the month for their first appointment is on downward trend and in November 2016 only 5 patients with an average of 4 days wait. This a substantial improvement on this time last year when there were 82 patients with an average of 71 days wait (see graph 1).
- "Beating the Blues" an on-line Cognitive Behaviour service continued to be rolled out. 403 patients have been referred to date. Work is underway concerning further developments to this service.

Service Developments

Two key and significant service changes were progressed; the repatriation of mental health services direct provision from Aneurin Bevan University Health Board back to the health board; and the potentially changing service model for dementia care in North Powys.

Services transferred back into direct management of the health board on 1 June 2017, providing the opportunity for improvements pan Powys and enabling more patients to receive care in Powys.

Fan Gorau, an eight patient inpatient mental health facility located in Newtown Hospital in North East Powys was temporarily closed to admissions during most of 2016, due to the repeated inability to safely staff the unit. A number of recruitment campaigns had very limited success. Powys Community Health Council supported the temporary closure of the services under urgent service change guidance. The health board engaged on the future service model for Fan Gorau and North Powys Adult Mental Health during the latter part of 2016-17.

During the closure period, an alternative service, The Dementia Home Treatment Team, was developed to support this patient group. Discussions with the public focused on the experiences of patients and their relatives through this period and the longer term service plan for North Powys. A decision on the future of Fan Gorau will be made in the summer of 2017.

IN 2017-18 WE WILL:



Improve the support available for people with dementia and for those caring for people with dementia through the delivery of the Dementia Action Plan



Implement a sustainable service delivery model for mental health focused on enhanced primary care, acute care in the community, services for older people and integrated working

OUR PERFORMANCE: ENSURING THE RIGHT ACCESS

Work has continued to further improve access to services across Powys and provide more care closer to home. Here is some information about how we have performed against access related National Outcome Measures.

National Outcome Measures: TIMELY CARE	Target	End of Year	WG Trend
Of those practices set up to use MHOL, % who are offering appointment bookings	Improvement	64.7%	↑
Of those practices set up to use MHOL, % who are offering repeat prescriptions		88.2%	↓
% of patients waiting less than 26 weeks for treatment (RTT)	95%	100.0%	→
Number of RTT 36 week breaches	0	0	→
Number of patients waiting more than 8 weeks for specific diagnostics	0	0	→
Number of follow up appointments delayed past their target date (booked & not booked)	Reduction	1,090	↓
% of new patients spending no longer than 4 hours in A&E	95%	99.9%	↑
% of ambulance red call responses within 8 minutes	65%	73.8%	↑
Number of patients spending 12 hours or more in A&E	0	1	↓
% procedures postponed on >1 occasion, had procedure ≤14 days/earliest convenience	12 month improvement trend	100%	-
New outpatient DNA rates for selected specialities	12 month reduction trend	5.0%	↓
Follow up DNA rates for selected specialities		4.0%	↑
% GP practices offering appointments between 17:00 and 18:30 on 5 days a week	100%	100%	↑
% of GP practices open during daily core hours or within 1 hour of the daily care hours	100%	100%	→
Patients treated by an NHS dentist in the last 24 months as % of population	Improvement	57.4%	↓

IN 2016-17:

The position of performance against access by March 2017 is detailed as follows:

Planned Care and Diagnostic Services

- The March-17 snapshot of waits for referral to treatment (RTT) showed that no patients accessing services provided directly by the health board were waiting longer than 26 weeks, and no patients breached 36 weeks. During 2016/17 Powys maintained the achievement of greater than 95% of patients being treated within 26 weeks and no patients waiting longer than 36 weeks.
- The number of patients breaching the eight week target for diagnostics in Powys improved in 2016-17 reducing from 109 breaches in 2015-16 to 22 breaches in 2016-17.
- In comparison to the rest of Wales, our performance is good in relation to new outpatient Did Not Attend (DNA) rates and practices offering repeat prescriptions and NHS dental services. We will be looking to see how we can improve even further over the next 12 months.

Waiting times in most providers from whom we commission services improved slightly in 2016-17, specifically:

- The position at the end of March showed that 365 patients were waiting longer than 36 weeks for treatment and of these 44 patients (0.4%) were waiting longer than 52 weeks despite active waiting list management and collaboration with providers.

- Following a period of non-reporting, Wye Valley NHS Trust recommenced providing waiting times data in early 2017.
- Work continues through the Commissioning Assurance Framework to manage and improve the waiting times for Powys residents receiving treatment in all our external providers.
- In 2016-17 the health board worked to improve access to commissioned services through the implementation of the Commissioning Assurance Framework and Strategic Commissioning Framework alongside the continued proactive management of patients waiting over 52 weeks in commissioned services including making alternative treatment options.

Cancer Services

The health board commissions Cancer treatment from Welsh and English health boards and trusts.

- For 2016-17 we profiled cancer to meet the target set by Welsh Government on the Welsh 31 day (98%) and 62 day (95%) and English targets for their 31 day (96%) and 62 day (85%) reported pathways. We continue to work with English providers to improve performance, particularly in relation to urgent suspected cancer, via both operational services and the Commissioning Assurance Framework.
- There is an established process in place for reviewing patient cases involving a cancer breach with providers. The aim of the process is to ascertain the reasons for the delays and the actions being taken to avoid these in future.
- There are regular monthly internal Commissioning Assurance Framework meetings where the overall performance of commissioned providers is reviewed to ensure the delivery of timely cancer services. A key element of this approach is to identify areas of risk and provider performance and to agree a coordinated approach to managing these.

Unscheduled Care Services

- Powys Minor Injury Units (MIUs) continued to ensure swift access to care for the vast majority of patients, consistently performing above the nationally set target of 95% of patients being seen within 4 hours.
- The percentage of the most urgent ambulance calls reached within 8 minutes continues to improve with 73.8% of calls being reached within the 8 minute timeframe in March of 2017. In addition to maintaining and improving this performance the focus for improvement will be on improving the response times to amber rated calls across Powys.

Delayed Transfers of Care

- The rate of non mental health delayed transfers of care reduced in 2016-17 from 238.3 per 10,000 people to 171 per 10,000. This still represents a loss of community hospital capacity to alleviate acute care bed pressures. Work continues to address this, in particular analysis has shown that there are four main factors influencing delayed transfers of care:

- Limited care home capacity, particularly in north Powys;
- Limited domiciliary care capacity, particularly in south Powys;
- Variable performance of multi disciplinary teams in managing discharge;
- An Unscheduled Care Board, which includes representatives of each partner organisation, as well as General Practice is responsible for developing and implementing a range of improvement actions.

Primary Care and Community Services

The health board recognises that vibrant and resilient primary and community care services are the cornerstone for the delivery of high quality patient care as close to home as possible. The Primary Care Clusters continue to flourish in Powys providing proposals, plans, challenges and solutions that look to address the needs of the populations; the complexity of the pathways that are being dealt with; and provision of high quality services in the most appropriate locations. The clusters also facilitate the sharing of best practice and learning across Powys.

A number of new models of care and clinical roles have been introduced in 2016-17 to support primary care and community services, helping more people to be treated within their own homes and in the community close to where they live as safely as possible. This includes:

- The roll out of virtual ward across Powys with the impact of a reduction in Emergency Medical Admissions in North Powys;
- New primary care roles/services introduced (seven new Urgent Care Practitioners; Nurse Triage and Shropdoc clinical triage and Practice Pharmacist Technicians);
- Antenatal day assessment and ultrasound scanning units developed as well as increased diagnostic tests such as glucose tolerance test for pregnant women.
- The new Ithon Birthing Centre was opened in Llandrindod Wells.
- Strengthening of primary care sustainability and successful transition of management for Machynlleth Practice;
- Extension of the Community Dental Service;
- Increased local provision of Endoscopy service (Consultant Nurse Endoscopist).

Access to General Medical Services

Currently 100% of Powys practices are open for either daily core hours or within one hour of daily core hours. Following the successful stabilisation and introduction of a new multi-disciplinary model, the health board transferred the management of the Machynlleth GP practice to the Cemmaes Road GPs. In addition to establishing robust management and leadership arrangements for the practice, work has been undertaken with the Cemmaes Road GPs to provide medical input and leadership to the Machynlleth Community Hospital and to develop pathways of care between the GP practice and the local community care services.

The learning from Machynlleth has informed the development of the Sustainability Toolkit which provides the support to GP practices across Powys in order to ensure sustainability of practices and improvement in access to GPs.

The majority of practices in Powys offer appointment bookings and repeat prescription via the My Health Online Service. Support to address the system compatibility issues preventing the remaining practices from offering this services will be provided over the coming year.

Access to Dentists

During 2016-17, we extended the community dental service. As we reported last year all dental practices participate in annual quality self-assessment to enable them to see what's working well and what needs to improve.

You can find out more about our dental services on page 17 of our [Annual Quality Statement \(AQS\)](#) [www.powysthb.wales.nhs.uk/opendoc/311448].

Access to Eye Care Services

Specialist eye care services are provided in Brecon. The service provides care for patients with wet age related macular degeneration, which causes problems with central vision. The expansion of the service ensures that more people can receive care locally rather than having to travel out of county.

Our [Annual Quality Statement \(AQS\)](#) (pages 14 to 19) provides further information about some of the innovative steps we have taken to improve the effectiveness of our services [pages 24 to 27](#) focus on timely care.

IN 2017-18 WE WILL:



Enhance Community Connectors linked specifically to General Medical Practices and Community Resource Teams with the aim of assisting individuals to access community based alternatives



Develop and implement a primary care support unit which could include remote GP consultation and remote clinical triage from a distance



Continue to develop the proposed transformation of the Machynlleth Community Hospital



Embed substantial pharmacy and pharmacy technician resources aimed at improving both the quality, safety and effectiveness of medicines use and the resilience of the General Medical Services



Promote successful self management including through risk stratification, the virtual wards and community resource teams, Invest in Your Health initiative and telehealth solutions.



Implement and embed the Commissioning Assurance Framework across services and providers to improve compliance with essential quality, safety, financial access and activity requirements for Powys people

OUR PERFORMANCE: STRIVING FOR EXCELLENCE

The Board of Powys Teaching Health Board is continually striving for excellence and always looking for innovative ways to deliver care that is safe, effective, dignified and individualised. The following National Outcome Measures are used by Welsh Government to assess how safe, dignified and effective the care and treatment we provide is:

National Outcome Measures: SAFE CARE	Target	End of Year	WG Trend
Number of Patient Safety Solutions Wales Alerts that were not assured within the agreed timescales	0	0	-
Number of Patient Safety Solutions Wales Notices that were not assured within the agreed timescales	0	0	-
Of the Serious Incidents due for assurance within the month, % which assured in agreed timescale	90%	33.3%	-
Number of new Never Events	0	0	➡
Fluoroquinolone items as a % of total antibacterial items prescribed	Maintain performance levels within the lower quartile or show a reduction towards the quartile below	1.9%	⬆
Cephalosporin items as a % of total antibacterial items prescribed		2.3%	⬆
Co-amoxiclav items as a % of total antibacterial items prescribed		3.3%	⬆
NSAID average daily quantity per 1,000 STAR-Pus		1413.83	⬆

National Outcome Measures: DIGNIFIED CARE			
Measure	Target	End of Year	WG Trend
% procedures postponed on >1 occasion, had procedure ≤14 days/earliest convenience	12 month improvement trend	100%	-

National Outcome Measures: EFFECTIVE CARE	Target	End of Year	WG Trend
% episodes clinically coded within one month post episode end date	90%	100%	⬆️
DToc delivery per 10,000 LHB population - non mental health (rolling 12 months)	12 month reduction trend	171.02	⬆️
% Crude mortality less than 75 years (rolling 12 months)		1.68%	⬇️
Number of Health & Care Research Wales Clinical Research Portfolio Studies	Annual improvement	8*	⬆️
Number of commercially sponsored studies		0*	➡️
Number of patients recruited into Health & Care Research Wales Clinical Research Portfolio Studies		95*	⬆️
Number of patients recruited into commercially sponsored studies		0*	➡️
Number of procedures that do not comply with NICE 'Do Not Do' guidance - ENT	0	0	➡️
Number of procedures that do not comply with NICE 'Do Not Do' guidance - Ophthalmology	0	0	⬇️
Number of procedures that do not comply with NICE 'Do Not Do' guidance - Orthopaedics	0	0	➡️
Number of procedures that do not comply with NICE 'Do Not Do' guidance - Urology	0	0	⬆️

* Period Q1 - Q3 2016-17

IN 2016-17:

As a provider of services:

- All Patient Safety Wales Alerts and Notices were assured within agreed timescales.
- 55 serious Incidents were reported in 2016-2017. Most of these related to Pressure Damage and Patient falls. Significant work took place in the last 12-months in relation to the prevention of falls and pressure damage – see pages 9 and 10 of the [Annual Quality Statement \(AQS\)](#) [www.powysthb.wales.nhs.uk/opensdoc/311448].
- There were no never events i.e. serious patient safety incidents which should never occur if preventative measures are in place.
- Higher rates of healthcare associated infections, with 29 cases of Clostridium Difficile 13 cases of MRSA (methicillin resistant staph aureus) (see www.powysthb.wales.nhs.uk/infection-control for dashboard), all relate to non-inpatient samples. This was due to improvements made in relation to data collection.
- We reviewed all cases of infection to learn lessons. In 2017-18 there will be a focus on the delivery of the health board's antimicrobial resistance implementation plan.
- Delayed Transfers of Care performance continued to improve. We expect improvement to continue through 2017-18 reaching 160.6 per 10,000 by March 2018.
- All procedures complied with NICE 'Do Not Do' Guidance.

[Our Annual Quality Statement \(AQS\)](#) provides a lot of detail about what we did in 2016-17 to deliver quality, safe, dignified and effective care. It also provides information about complaints, patient experience and internal and external

HEALTH & CARE STRATEGY FOR POWYS

During 2016-17, we worked in partnership with Powys County Council to develop a Health and Care Strategy for the County. This was first joint health and care strategy produced in Wales. We worked with citizens, staff, partners and stakeholders through a series of mini workshops and stakeholder events to consider the development of the case for change and to set our vision for future care.

The strategy builds on the early insights from the Powys Wellbeing Assessment which has been developed by the Powys Public Service Board in response to the Wellbeing of Future Generations Act (2014). The strategy is not a response to the act but the vision for health and care in Powys and will form a key component of the Powys Wellbeing Plan, scheduled for completion in March 2018.

The strategy sets out the direction of travel for health and care in Powys to 2027 and beyond. It offers ideas built on the contributions of over 1000 people in Powys and

During 2017-18, the potential implications of the vision will be considered and further work will be undertaken to look at the options for how best to implement the strategy. To support this we have adopted a life course approach. We will outline how we will enable children and young people to '**Start Well**', for people to '**Live Well**' and older people to '**Age Well**'.

For each age group we will consider how we will **promote wellbeing, offer early help and support; tackle the big four** diseases that limit life and provide **joined up care**.



Find out more: www.powysthb.wales.nhs.uk/health-and-care-strategy

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



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



WE AIM TO DELIVER
THIS VISION THROUGHOUT
THE LIVES OF THE PEOPLE
OF POWYS...



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



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



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



INTEGRATION

Powys Teaching Health Board and Powys County Council are the only coterminous health board and local authority in Wales and are therefore uniquely placed to drive forward integrated planning and service delivery. The decision taken at Board and at Cabinet in December 2015 to accelerate and extend integration has resulted in greater collaboration over the last 12 months. The specific areas of strategic and operational development include:

- The establishment of a revised Joint Partnership Board strengthening governance arrangements. The JPB is made up of four Board members and four Cabinet members supported by executive and strategic directors, and has a leadership and oversight role of the integration plan;
- The further development of the Joint Leadership Team made up of both health board and local authority executive and strategic director teams;
- The joint approach to Wellbeing and Population Assessment for Powys, essentially to influence the health and care strategy and the Wellbeing Plan for Powys;
- The commitment to and development of a joint health and care strategy bringing an increasing focus on the whole health and care system for Powys residents;
- The development of an options appraisal to understand the potential options and their merit in determining the best way to organise the accelerated integration;
- The implementation of a joint Director of Workforce and OD, leading to the approval and implementation of a joint Leadership and Management Framework;
- The development and implementation of a number of projects in line with joint strategies/plans focused on integrated and intermediate care utilising Intermediate Care Funding (ICF);
- The development of an integrated older people's team in Ystradgynlais as an early implementer for the rest of Powys.

During 2016-17, the Board and Cabinet considered advancing the integration of health and care in the county. Both organisations agreed on the need to transform the planning, commissioning and provision of health and social care to ensure sustainability.

A formal non-financial option appraisal was undertaken in quarter four of 2016-17. The outcome of this process is being considered in terms of financial sustainability and affordability and governance arrangements in early 2017-18.

WELLBEING OBJECTIVES

The health board agreed a well defined vision as well as aims and strategic objectives. Following the launch of the Wellbeing of Future generations Act (2015) the health board has reviewed these objectives against the 7 well being goals and 5 ways of working.

The Board conducted a review and alignment exercise at a Board Development session in late 2016. This session tested the alignment of the health board's current vision, aims and objectives with the wellbeing goals and confirmed a strong alignment to delivery of the Act. The Board identified where there was clear and strong alignment, where alignment existed but was not well articulated and where further consideration will be required.

Aligning PTHB Aims & Wellbeing



▲▲ **Aim 1: Improving Health and Wellbeing**

▲▲▲▲ **Aim 2: Ensuring the Right Access**

▲▲▲ **Aim 3: Striving for Excellence**

▲▲▲▲ **Aim 4: Working in Partnership**

▲▲▲▲ **Aim 5: Making Every Pound Count**

▲▲▲▲▲ **Aim 6: Always with Our Staff**

The areas below will be specifically considered in the development of refreshed vision, aims and objectives and through the development of the Wellbeing Plan and the joint Health and Care Strategy for Powys:

- The health and care system as an enabler of employment and employability e.g. role in developing apprenticeships and other employment growth initiatives in partnership with education providers;
- The health board working to optimise the opportunity of utilising local products, services and businesses in delivering services;
- Strengthening integration with Powys County Council and other partners to plan and deliver services for residents of the county;
- Ensuring any development of the health and care estate is optimised in terms of environmental sustainability.

During 2017-18, the health board will reconsider its wellbeing objectives in light of the findings of the published Wellbeing Assessment and publication of the Powys PSB Vision. The outcome will be contained within the updated IMTP for 2018-21 scheduled for publication in March 2018.

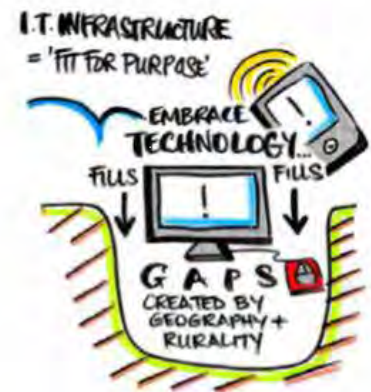
DIGITAL INNOVATION AND IMPROVEMENT

The geographical and rural challenges of Powys places a high reliance and importance on the implementation, utilisation and development of digital solutions to achieve and deliver timely and effective care.

Work to transform digital service provision and coordination continued during 2016-17, alongside the development of 'Digital First' as a key enabler to the delivery of the Powys Health and Care Strategy.

Digital First

- Technology will support people to be independent and live in a safe environment, supporting carers.
- Telemedicine and webcam communication (e.g. Skype) will bring specialist skills and expertise remotely to people in Powys.
- Knowledge and access to information will enable people to take greater responsibility and make informed choices.
- New advances in technology will enable more local diagnostic tests to be undertaken in Powys.



A key development was the development and 'go live' of the **Welsh Community Care Information System (WCCIS)** a significant support platform for the better co-ordination and planning of patient care across health and social care, enabling greater collaboration and joint working across organisational boundaries.

The health board continued to develop and implement technology to provide innovative patient services.

- **Mastermind** – Implementing collaborative care through the use of video conferencing (Lync / Skype for Business) and delivering cCBT (computerised Cognitive Behavioural Therapy) currently through the Beating the Blues programme.
- **Florence (Flo)** – A text message communication software intended for use as a reminder/communication service for patients, to help patients engage better with, and adhere better to their existing shared healthcare plan.

The health board will be exploring the possibilities of collaborating with other NHS Wales health boards and public sector organisations to design and implement an "All Wales" approach to the use of online CBT to the people of Wales. This will include an all Wales procurement process and shared learning with NHS Wales and the wider Public Sector. We will continue to work closely with our partners in NHS Scotland and across Europe throughout this process.

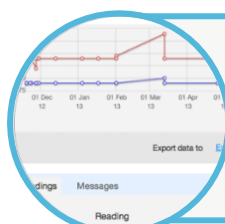
Florence

Florence, or 'Flo', is an NHS telehealth monitoring service. Flo uses text messaging to help people and their health professionals monitor and/or manage their medical condition more closely.



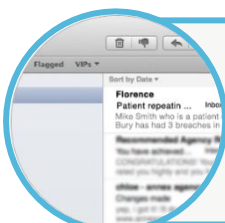
Collect Patient Readings

Flo can help collect patient readings, send reminders and encouragement in managing conditions.



View Readings on Charts

Clinicians can manage patients online with easy to read charts.



Get Important Alerts

Flo alerts clinician with an email or text when patient readings don't look right or show worrying trends.

The Benefits of Flo



Best practice healthcare, advice and patient education



Improved engagement and adherence



Better and faster clinical outcomes



I feel in control of my diabetes and am not as worried or scared about it thanks to the group and Flo.

Online Cognitive Behavioural Therapy (CBT)

There are currently massive shortages of NHS CBT trained therapists across Wales and the rest of the UK. Patients are facing very long waits for treatment. CBT is structured and follows well developed principles, it is therefore ideally placed to be delivered online.

The Benefits of Online CBT



Quicker access to the therapy, no waiting lists/times to physically see a therapist.



Promotes equity of access across the county to evidence based treatment which can be completed anywhere with access to the internet.



Assists patients to manage their depression and anxiety effectively, enhancing their mental wellbeing and quality of life.



Better ease of access in rural areas and communities, no requirement to physically travel.

I felt like the programme helped me understand my anxiety.



POWYS INNOVATION, RESEARCH AND IMPROVEMENT SCIENCE (IRIS)

During 2016-17, we established The Powys Innovation, Research and Improvement Service; using the acronym IRIS will be the focal point that brings together the expertise from across the health board. This will create a central hub and point of contact with Universities, Powys County Council and Voluntary Sector Partners to lever the skills and experience of our innovators, improvement champions and research and development specialists across the Powys network and further afield.

The application of technology to support self management and enable the delivery of care across the rural setting will continue to be a priority. Within the health board IRIS will support staff education and learning, further strengthening our culture as an innovative and agile learning organisation and employer of choice.

Powys is committed to developing the research agenda in the rural setting. Whilst we are a small organisation we have a strong track record with active recruitment into Clinical Research Portfolio studies. This has included:

- Powys clinician currently working on a Clinical Research Portfolio eligible study proposal in conjunction with the BOBATH charity
- Agreed funding for research time for practice nurses to assist research capacity for hosting portfolio eligible studies
- Powys nurse nominated by Cambridge University for RCN Research Nurse of the Year.

A research roundtable was held in March 2017, with the leadership of the Medical Director, to consider the ambition for the health board in further developing its research portfolio. This builds on our existing programme including our partnership through the Mid Wales Healthcare Collaborative.

IN 2017-18 WE WILL:



We will continue to target areas where we know people can suffer harm, for example reducing falls, preventing pressure ulcers and reducing the risk of healthcare associated infections.



Revise and strengthen the Joint Partnership Board with PCC to oversee the development and implementation of the integration plan



Develop the long term Estates Strategy, building on the 10 year Health and Care Strategy to be published March 2017



Promote digital first approach building on success of Mastermind, Florence and implementation of WCCIS across health and social care.



Establish the Powys Innovation, Research and Improvement Service (IRIS) to coordinate the approach to research, development, innovation and teaching

WORKING IN PARTNERSHIP

Learning from Patient Stories

During the year a number of key improvements were made to ensure that there is a better understanding of the experiences of those who use the health board's services and the outcomes that they want. Such improvements included:

- The presentation of a Patient Story at the start of each Board meeting. Patient stories were obtained from patients identified through complaints, service transformation projects, letters to the Chief Executive or patients who have approached the health board following a positive or negative experience. Patient stories presented to the Board in 2016-17 were related to:
 - A families experience of the care, treatment and supported provided to a loved one at end of life;
 - A failure to diagnose a teenager with diabetes;
 - Perinatal mental health;
 - A patient admitted to hospital whilst receiving treatment for dementia and assessment; and,
 - The care, treatment and support provided to a young person with an eating disorders.
- The piloting of a paper-based patient experience survey across the following service areas:
 - District nursing
 - Endoscopy
 - Minor Injuries Units
 - Inpatients
 - Outpatients
 - Day Hospitals
- Participation in a national engagement process that involved patients and residents in developing a national vision for Outpatient Services. The engagement process included events, background information, printed questionnaire and online questionnaires for use across Wales.

More information on progress made to ensure that patient feedback is used to improve services and the patient's experience of using our services can be found in the health board's Patient Experience Annual Report for 2016-17.

Working with Children and Young People

As reported in previous years Powys has several well established mechanisms and forums to support and facilitate the engagement and participation of young people. These include:

- The Powys Youth Forum;
- The Junior Safeguarding Board (known as: Eat Carrots, Be Safe From Elephants);
- The Junior Corporate Parenting Group (focused around those in care)
- The Care Leavers Group (Focused on those leaving care);
- School Councils (a statutory requirement for each Secondary and primary school);

- The Young Carers groups (facilitated by Powys Carers service);
- Other organisations participation for e.g. Young Farmers Councils.

Both the Youth Forum and the Junior Safeguarding Board undertake their own research which is fed back to the Children and Young People's Partnership and Local Safeguarding Board.

Working with Powys Community Health Council

Powys Community Health Council (CHC) is an independent statutory organisation which represents the interests of patients and the public in Powys and is concerned with all aspects of NHS care, whether provided in Powys itself or commissioned from other NHS health boards in Wales or England for Powys residents. They are the independent NHS watchdog. The health board has a constructive working relationship with the CHC and value the role the CHC plays in representing the people of Powys. To find out more visit www.wales.nhs.uk/sitesplus/1144/home.

The CHC have had an active and busy inspection agenda, visiting health premises across Powys to ensure they meet expected standards. Reports are provided following these visits and the Health Board responds to the CHC recommendations for improvement via action planning. The CHC work closely with the Health Board planning team to ensure the voice of the patient is heard, to influence service change and additionally they seek views of patients and the public on health services, and providing a confidential advocacy and complaints support service.

The CHC have been busy throughout 15/16 carrying out inspections to various locations across the health board. These inspections have included Care Watch Surveys, Food Watch Surveys, inspections of external areas and visits to wards, including night visits.

The CHC have been actively engaged with the Health Board working cooperatively on the Mid & West Wales Collaborative, Future Fit, Fan Gorau and the Powys Health and Care Strategy, ensuring the views and needs of Powys residents are fully considered and addressed. They have also been active in the service improvement agenda for Wye Valley NHS Trust, as a result of the imposition of 'special measures' in 2015/16.

Working with Powys County Council

The strong foundation that coterminosity and a history of successful collaboration has established provides the health board and the County Council with significant opportunities to develop services and teams which provide integrated care centred around the individual.

The health board and Powys County Council have over-arching Section 33 agreements through which the organisations manage joint arrangements for Information Communication Technology (ICT) services, reablement services, Glan Irfon Integrated Health and Social Care project, joint equipment and substance misuse services. Mental health services, services for people with learning disabilities, older people, carers and children's services are also key joint areas for integrated working.

There has also been a key workstream to implement the Welsh Language Strategy Framework, with the formation of a Welsh Language Promotion, Implementation and

Compliance Group. This is a first in Wales and recognised as being good practice by the Welsh Language Commissioner.

At a senior level, the health board and Powys County Council have a Joint Partnership Board, a joint Director of Workforce and the Chief Executive of the health board is the current interim Strategic Director of People with responsibility for social care in the council.

Working with the Third Sector

There are 4,400 different Third Sector organisations currently operating in Powys, many of whom provide services and activities beneficial to citizen wellbeing. The Third Sector provides a wide range of services and activities that directly or indirectly contribute to the health and general wellbeing of Powys' citizens. As such, the Sector is a significant partner in supporting the health board to achieve its strategic aims for health improvement.

Whilst the health board commissions some services from the Third Sector, the majority of the Sector's organisations and activities are not funded by PTHB. Powys Association of Voluntary Organisations (PAVO) exists to grow and facilitate the Third Sector through which engagement with patients and citizens happens. An ongoing commitment to further strengthening the good relationship between the health board and PAVO will assist both organisations in securing further positive outcomes in this field.

Working as Part of the Powys Public Service Board

The health board is a key member of the Public Service Board (PSB), which is the statutory body established by the Wellbeing of Future Generations (Wales) Act. It brings together the public bodies in Powys to meet the needs of Powys citizens; present and future. The aim of the PSB is to improve the economic, social, environmental and cultural wellbeing of Powys. Working in accordance with the five sustainable development principles, the PSB works in partnership to:

- Create and use the wellbeing assessment to identify key opportunities to contribute to the seven national wellbeing goals
- Agree the initiatives they conduct together
- Break down structural barriers across their organisations
- Focus on the long term challenges affecting Powys
- Ensure statutory compliance

The PSB has also overseen the development and approval of the integrated wellbeing assessment and the vision for XXX for Powys. The Powys Wellbeing Plan will be developed and approved by the Board by March 2018.

Working as Part of the Powys Regional Partnership Board

The Powys Regional Partnership Board (RPB) is the statutory legal body established in April 2016 by the Social Services and Wellbeing (SSWB) (Wales) Act. Its key role is to identify key areas of improvement for care and support services in Powys. The RPB has also been legally tasked with identifying integration opportunities between social

care and health. The health board is a key partner on the Board in supporting the delivery of the priorities. We are working together to:

- Develop a shared regional population and service assessment that links to Future Generations Assessment;
- Establish an everybody's business model for identifying and assessing carers needs (including champions);
- A return to home project for individuals with a learning disability;
- Ensure Integrated Care Teams are in place for older people;
- Establish an Integrated Disability Service for children with complex needs (includes pooled funds);
- Agree the strategy and implementation plans for early intervention and prevention services ensuring that the requirements of the SSWB Act are covered across all ages.

Supporting Regional Collaboration

The health board is committed to working collaboratively with neighbouring organisations across Wales and England in the regions we commission to secure benefits for the population of Powys. The health board is a partner in a number of existing collaborative mechanisms including NHS Wales Collaborative, Mid Wales Healthcare Collaborative, the Aneurin Bevan UHB Clinical Futures Programme and the Future Fit Programme in Shropshire and Telford.

The health board recognises the benefits of developing regional centres of excellence particularly for elective care, to help reduce waiting times for patients. Ophthalmology, orthopaedics and diagnostic services have been identified as potential areas to explore in the South Wales area. The health board will work with neighbouring health boards on a geographical basis across the Heads of the Valleys, ensuring the current and future flows of patients from South Powys are addressed in neighbouring health boards' service plans.

IN 2017-18 WE WILL:



Develop and agree a wellbeing plan for Powys through the Public Service Board based on the findings of the Wellbeing Assessment



Develop and strengthen a regional planning based approach to provision of health and care services, working with partners to ensure regionally appropriate solutions



Build capacity and capability to ensure continuous engagement whilst striving for a 'fully engaged Powys' in partnership with Powys County Council and other Public Service Board and Regional Partnership Board partners



Improve management, closure and learning from serious incidents and tell people what we have done to improve



Introduce an annual programme of patient experience surveys

OUR PERFORMANCE: ALWAYS WITH OUR STAFF

OUR WORKFORCE

1,803

Members of staff (=1,404.16 Full Time Equivalent).



19%

(£56.2M)

Of total revenue budget on paybill compared to 70%-80% in other health boards in Wales.

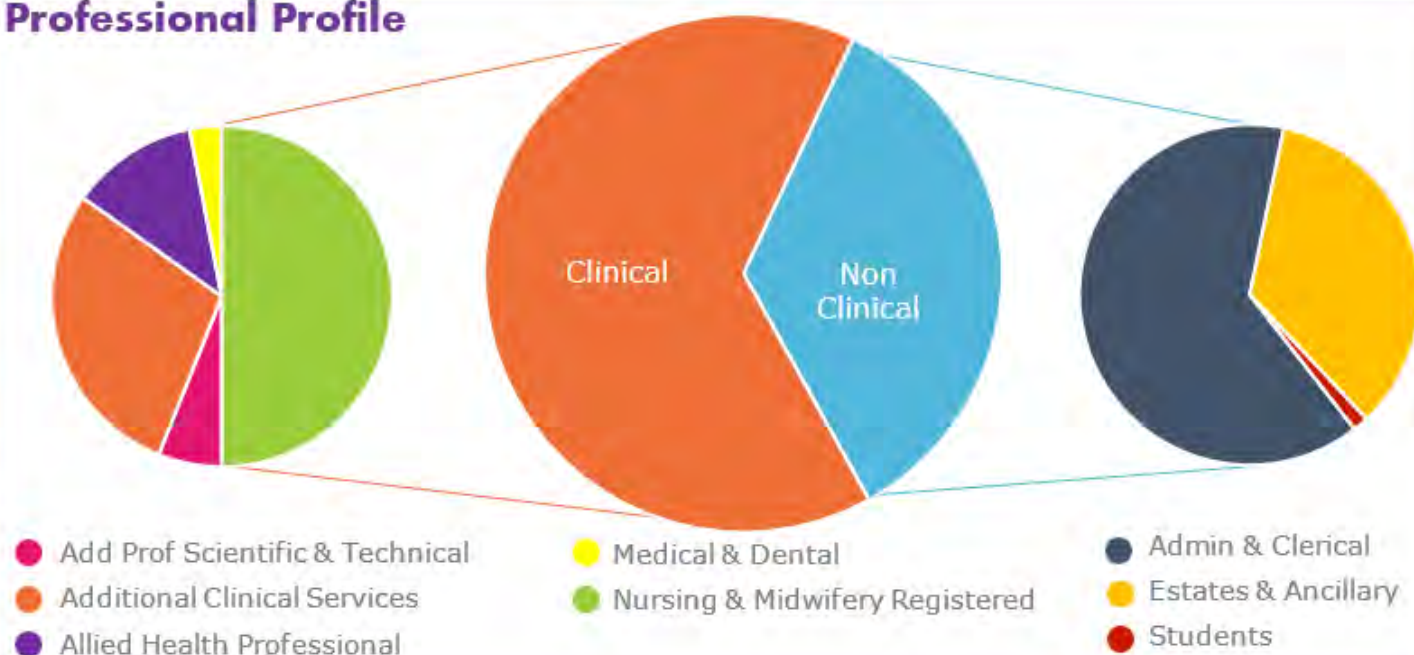


8%

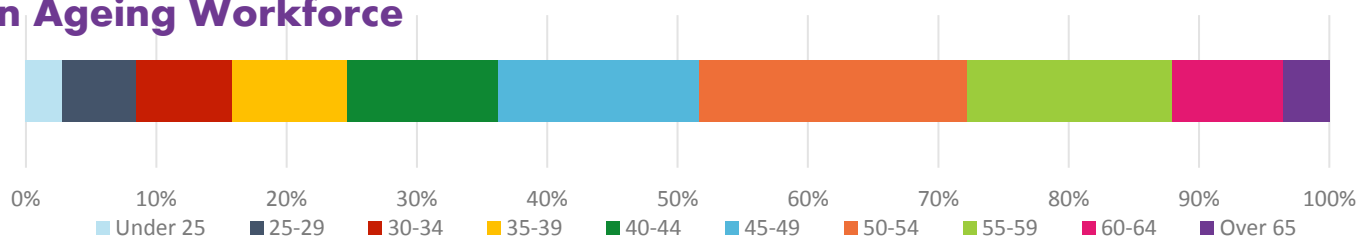
Staff turnover rate over 15/16.



Professional Profile



An Ageing Workforce

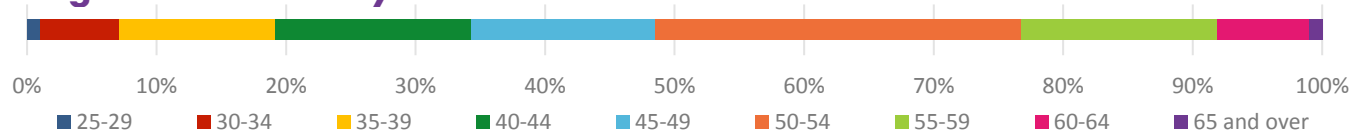


102

Practitioners across 16 General Practices



GP Age Profile in Powys



53

Dental Practitioners across 24 General Dental Practices.



42

Optometry Practitioners across 20 Optometry Practices.



23

Pharmacies across Powys.



4,400

Third sector organisations providing a range of valuable services.



National Outcome Measures: Staffing and Resources	Target	End of Year	WG Trend
% staff sickness absence (rolling 12 months)	Reduction	4.64%	↓
% of staff who undertook a performance appraisal who agreed it helped them improve how they did their job	Bi annual improvement	57%*	↑
Overall staff engagement score		3.81*	↑
% staff who would be happy with care by their organisation if friend/relative needed treatment		79%*	↑

* Period 2016

IN 2016-17:

Sickness Absence

- Rolling sickness rates rose by 0.32% from 4.38% in April 2016 to 4.70%.
- 1,694 episodes of sickness were reported with a total of 24,171 WTE days lost at a cost of £1,986,485, which equates to approximately 66 WTE staff being absent from work.
- The main reasons for sickness absence were Anxiety, Stress & Depression and Musculoskeletal problems.
- Sickness Absence continued to be actively managed with monthly meetings involving Workforce and OD Staff, Occupational Health and Staff Side to identify areas of concern which require additional intervention and support.
- Staff turnover for the health board averaged at 11.45% for the year (which is higher than the national average).

Staff Appraisals

- For every member of staff to understand their role and the contribution they make to the success of the health board it is vital that staff have an annual appraisal and regular opportunities to meet with their manager to discuss their role and development needs. This continued to be an area of focus for the board in 2016-17. At the end of March 2017 the compliance rate was 73%. 97% of medical appraisals were also completed.

Chat to Change

- Chat to Change, our flagship staff engagement programme, continued to make a positive impact. It has been identified as one of three Bevan exemplars within Powys. Its aim is to 'make Powys a great place to work' and our staff have told us that they want to be listened to and want action on what is heard.

Staff Side Forum

- During the year we continued to develop the all Wales approach of having a Local Partnership Forum where staff meet regularly with directors and senior managers.
- Our joint work has led to a number of achievements during 2016/17 including the appointment of a Trade Union Independent Member to the Board.

Staff Survey

- Powys is setting the pace in Wales in staff engagement but there is more work to do. A few key findings from the results of the recent staff survey are shown here compared both to the results from 2013 and the all Wales results.



Of the 1345 staff who were sent the staff survey at random, 50% took the offer to complete it; the highest response rate of all health boards in Wales (38%).

We have Improved Significantly in Some Areas...

- ↑20%** **58%** are aware of the organisation's long term goals (↑20% from 2013 / **51% Wales**)
- ↑16%** **66%** say senior managers are committed to patient care (↑16% from 2013 / **51% Wales**)
- ↑17%** **84%** have, in the last 12 months, had a PADR (↑17% from 2013 / **75% Wales**)
- ↑38%** **93%** have taken part in e-learning/online training (↑38% from 2013 / **82% Wales**)

In Some Areas We Have Improved but there is More to Do...

- ↑8%** **50%** feel the organisation values their work (↑8% from 2013 / **42% Wales**)
- ↑11%** **64%** say their line manager helps them find a good work life balance (↑11% from 2013 / **58% Wales**)
- ↑10%** **46%** are able to provide services in Welsh (↑10% from 2013 / **48% Wales**)

Priorities for Action

The results have been reviewed by the health board's staff engagement programme 'Chat to Change' champions group, and the following priority areas for action have been identified:



Acting on the Results - 34% say senior managers will act on the results of the survey (↑14% from 2013 / 28% Wales).



Effective communication between senior management and staff - 31% say communication between senior management and staff is effective (↑11% from 2013 / 28% Wales).



Managing Change - 34% say change is well managed (↑8% from 2013 / 29% Wales).



Stress - 25% have been injured or unwell due to work related stress (↓3% 2013 / 28% Wales).



Harassment & Bullying - 14% have experienced harassment or bullying from colleagues or managers at work (= 2013 / 15% Wales).

WORKFORCE CHALLENGES

The health board, like many others, faces a number of workforce challenges and some of our greatest risks are our workforce fragility and recruitment difficulties. The recruitment and retention of staff remains a challenge in some key groups e.g. mental health nursing, medical, healthcare scientists and allied health professionals. This results in higher than desired use of temporary workforce solutions and/or challenges in sustaining services. The sparsely populated rural population and corresponding service delivery places a unique context to the recruitment, development and retention of specialist staff. The way in which we plan, recruit, support, develop and deploy our staff, will be vital to our ability to meet the risks we face.

Recruitment difficulties are a primary driver for skill mix change and workforce modernisation and these challenges can also provide some of our biggest opportunities for innovation and workforce re-design.

Primary Care Workforce

There are substantial recruitment and retention issues in relation to General Medical Practitioners (GPs) and Practice Nurse roles within Powys. The ageing GP profile, attracting candidates to such a rural area and GP's considering the future viability of their practices presents us with significant challenges.

- We continued to look to deliver services in different ways including promoting the role of Physician Associates, Advanced Physiotherapists, Advanced Nurse Practitioners and Urgent Care Practitioners (UCPs);
- We introduced a bursary supporting Physician Associate students during their studies in university and an internship with the health board following graduation;
- We launched a GP recruitment campaign specifically to attract GPs to Powys. The next phase of this campaign will include advertising through social media and at medical conferences.

Medical Workforce

There is a national shortage of doctors and therefore recruitment of doctors is both a national issue and within PTHB CAMHS, Adult Mental Health and Care of the Elderly is proving particularly challenging.

- Where we attempted to recruit without success we reviewed services to see how we could continue delivering the service but in different ways and with different posts;
- We redesigned care of the elderly service delivery models in Powys to deliver those services via a General Medical Services led model in the absence of being able to recruit Consultants;
- We developed a number of innovative advanced practice roles that are unique in NHS Wales such as a Consultant Nurse for Endoscopy and Gastroenterology and a Consultant Therapist for Stroke and Neuro-rehabilitation;
- Both these roles are key in providing services otherwise not provided in

Powys as well as representing their professions on national steering groups.

Nursing Workforce

We experienced significant pressures on the Nursing workforce due to the difficulties in recruiting registered Nurses. This is compounded by an ageing workforce many of whom are likely to want to retire in coming years. This will continue for the foreseeable future.

- We took part in the All Wales campaign to recruit nurses from the Philippines. Work continues to convert these offers into nurses ready to work in Powys;
- We actively worked to remove the use of premium “off” contract agency nursing usage (and the subsequent high cost that is associated with this), and to reduce our reliance on agency nurses more generally;
- We continue to actively recruit nurses and Health Care Support Workers to our Temporary Staffing Unit to reduce the use of agency nurses and we will also be seeking to improve our bank fill rates.

Therapies & Health Science Workforce

Recruitment and retention remains a challenge across the therapies and health sciences especially amongst senior and advanced practice roles. This is compounded in part by geographical spread and small team size relative to other health boards.

- We actively recruited to Therapy and Health Science posts including the recent appointment of a Head of Psychology;
- We explored further opportunities to strengthen the Powys Therapies and Health Science team as the employer of choice through initiatives including development of clinical leadership programmes, advanced practitioner roles, R&D and service improvement initiatives;
- We developed generic Health Care Support Worker roles covering Physiotherapy and Occupational Therapy.

IN 2017-18 WE WILL:



Improve workforce planning and deployment of staff



Improve recruitment, retention, engagement and wellbeing of staff (to continue to be an employer of choice)



Improve operational delivery through excellence in Human Resource Management



Review, refine and update the Organisational Development strategy and plan

Staff Excellence Awards

On 17 March 2017, around 170 people attended our Staff Excellence Awards in the Members Centre at the Royal Welsh Showground. It was a great celebration of the compassion and expertise that so many people bring to the care and treatment of others through their work in the NHS. Achievements were recognised in ten award categories, with this year seeing the addition of a new People's Choice Award.

This year's Staff Excellence Awards Winners 2017 were:

- Leading The Way:
Alison Brown, Occupational Therapist
- Learning:
Healthcare Support Worker Group
- Health and Wellbeing:
Elizabeth Hofmann, Staff Nurse; Ian McCall, Porter; and, Elaine Edwards, Healthcare Support Worker
- Making a Difference: (two winners)
Children's Phlebotomy Team and Jane Price, Parkinson's Disease Nurse
- Seamlessly Working Together: (two winners)
South Powys GP Practice Leads & Practice Managers and Ponthafren Association & North Powys Adult Mental Health
- Supportive Colleague:
Jeanne Nuttall, Head of Dietetics
(sponsored by UNISON)
- Volunteer:
Lindy Jones, Staff Nurse
- Team of the Year:
Llandrindod and Rhayader District Nurse Team
- Chair's Award
Jane Parry, Library Services Manager
- People's Choice:
Shelly Jones, Lead Midwife



LIVING WITHIN OUR MEANS – OVERVIEW

The financial strategy for Powys Teaching Health Board is to support the drive to ensure that its residents have ongoing access to good quality health services that meet their needs whilst containing costs to within the resources available. Regardless of setting or organisational boundary, the 'triple aims' of improving health, enhancing quality and access, and sound financial governance go hand in hand.

Most Public Sector organisations were faced with a challenging financial year. Powys teaching Health Board has worked with Welsh Government to manage the health board's historic underlying financial pressures and the Integrated Medium Term Plan (IMTP) for 2016 -2019 identified that the health board planned to live within its means over the three year period.

The financial performance of Powys Teaching Health Board met the requirements of Welsh Government in that revenue and capital expenditure were contained to within the resources available for the 2016/17 financial year.

This performance has been achieved for three successive years, as shown by the table below, and consequently the auditors have issued an unqualified opinion and confirmed that Powys Teaching Health Board has met the three year financial duty expected of Welsh NHS health boards.

Revenue Financial Performance 2014 – 2017

	2014-15 £'000	2015-16 £'000	2016-17 £'000	Total £'000
Net operating costs for the year	267,056	272,351	286,060	825,467
Add general ophthalmic services expenditure and other non-cash limited expenditure	811	855	1,006	2,672
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Total operating expenses	267,867	273,206	287,066	828,139
Revenue Resource Allocation	267,906	273,246	287,151	828,303
Under / (Over) spend against Allocation	39	40	85	164

Within the plan submitted to Welsh Government in March 2016, the health board had to manage service delivery and contain its expenditure commitments to the resources available. In addition, as part of the financial plan, an estimated £3.5M of planned cost reductions were realised in the year in addition with other cost containment and financial measures to ensure that expenditure remained within the resources available.

Achievement of Statutory Duties

A new statutory duty for NHS Health Boards in Wales came into effect from 1st April 2014 as set out in the National Health Service Finance (Wales) Act 2015. From the 1st April 2014, Section 175 of the National Health Services (Wales) Act places the following two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- A duty under section 175 (2a) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under Section 175 (1) while improving the health of the people for whom it is responsible, and the provision of healthcare to such people, and for that plan to be submitted and approved by Welsh Ministers.

The first assessment of performance against the three year statutory duty under section (1) took place at the end of 2016-17, being the first three year period of assessment. Powys Teaching Health Board achieved the two new duties in 2016-17.

The financial statutory duties that were met in year were:

- Contain revenue costs within permitted limits (following in-year funding by Welsh Government)
- Contain capital costs within permitted limits
- Contain cash within permitted limits

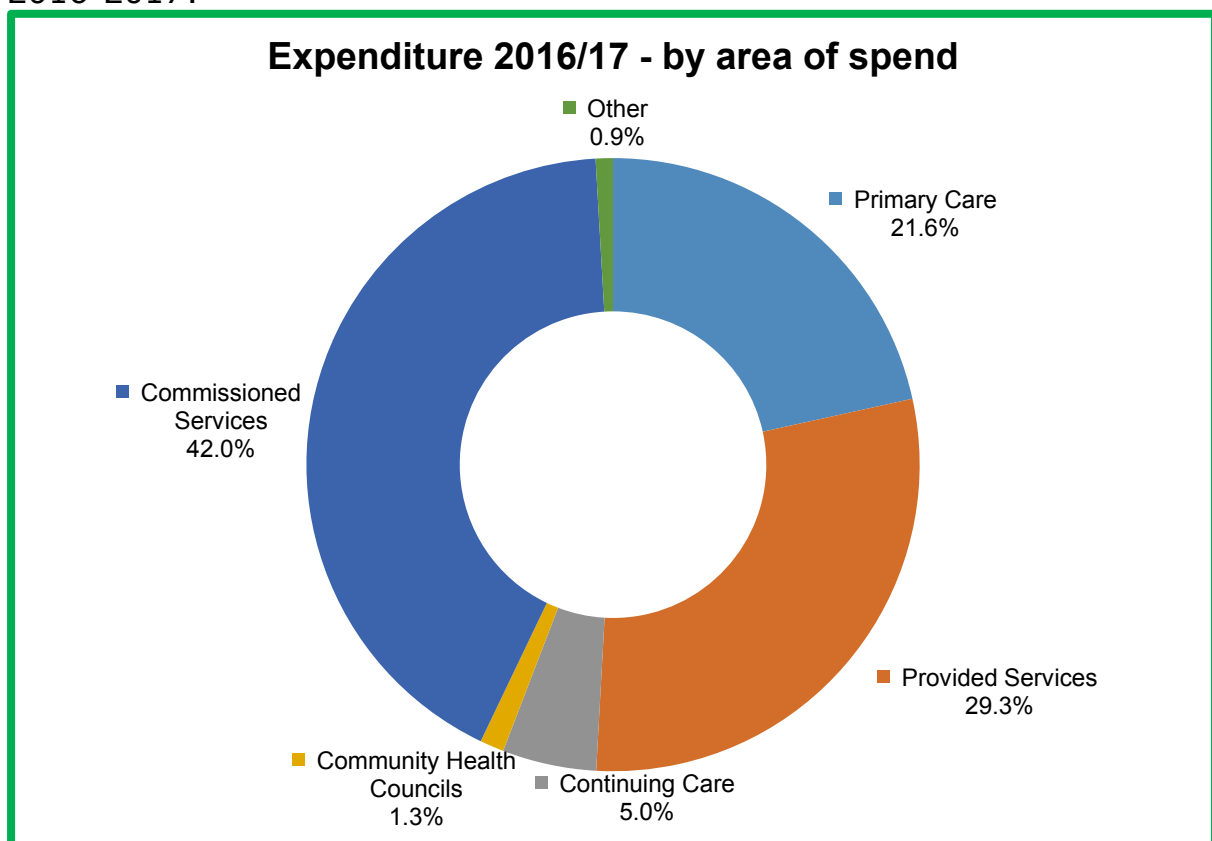
There was a further administrative target of payment of 95% of the number of non-NHS creditors within 30 days again this year which the health board narrowly failed to achieve. The health board had undertaken initiatives during the year to address matters and performance did improve whereby the target was met on an in-month basis during the later part of the year and it is envisaged this improvement will continue into 2017-18.

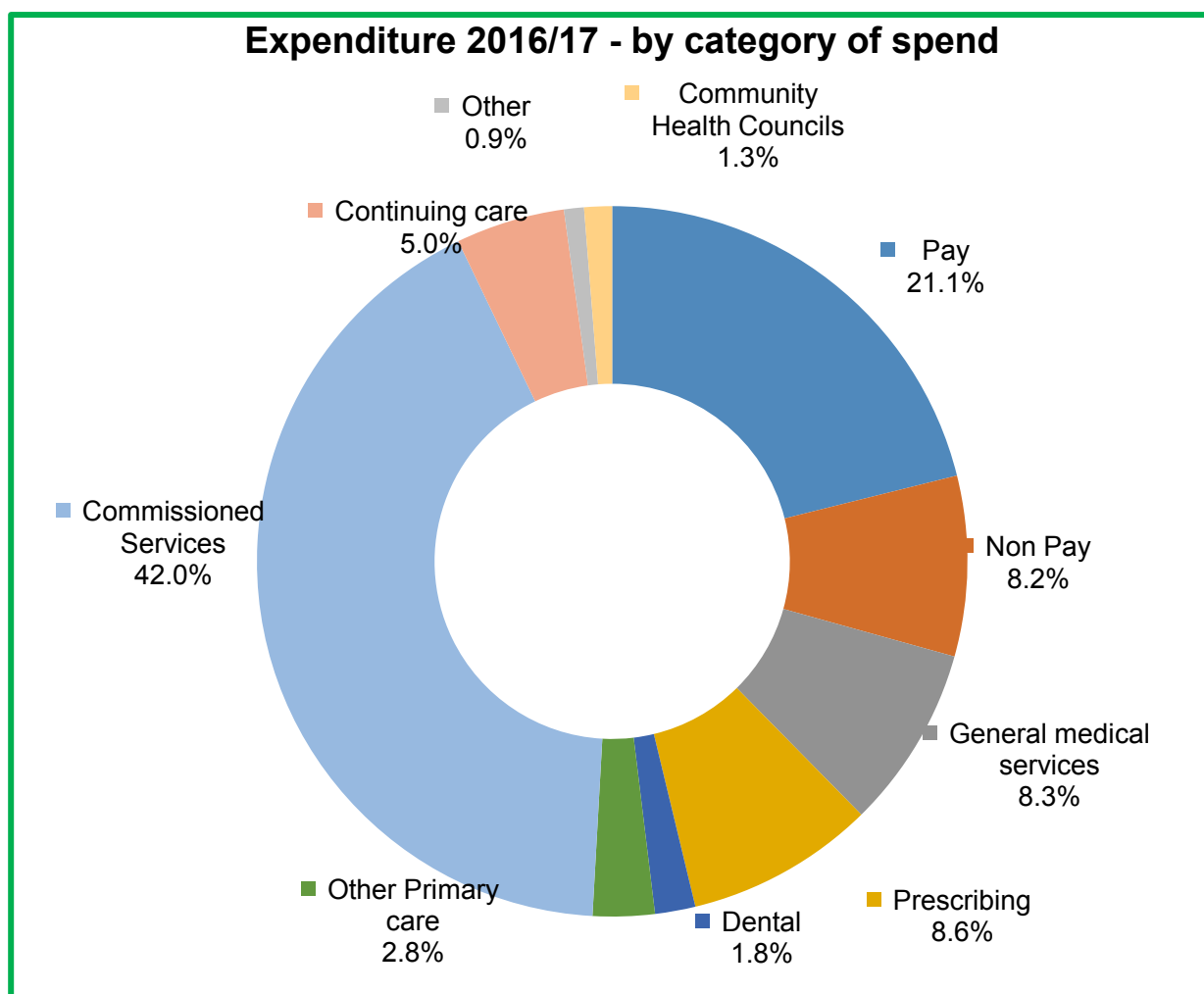
How We Spend Our Money

The health board uses the resources made available across a range of services to provide healthcare to the population of Powys. Total gross expenditure in 2016-2017 was £300 million, utilised for:

- primary care services i.e. general practitioners, dentists, pharmacies and opticians,
- Powys THB directly provided services
- a range of in-county services provided by other statutory and independent sector organisations
- healthcare services commissioned from a range of NHS organisations, including other Welsh Health Boards and Trusts, and English NHS Trusts.

The health board also hosts certain functions on behalf of the rest of Wales i.e. the Board of Community Health Councils, seven Community Health Councils, Health and Care Research Wales and the All Wales Retrospective Continuing Health Care Reviews Project. The graphs below describe how expenditure was split between these categories in 2016-2017:





This Annual Report only includes summary financial statements, further information which may be needed for a fuller understanding of the health board's financial position and performance can be obtained from the [Annual Accounts](#) which are available on request to the Director of Finance and IT. They are also available on the health board's website.

Net Operating Costs

	Total Powys 'Health' £'000	Total Residual Clinical Negligence	Total Community Health Councils £'000	Total Continuing Care Case Administration £'000	Total health and Care Research Wales £'000	Consolidated adjustments £'000	Total £'000
Expenditure on Primary Healthcare Services	63,905	0	0	0	0	0	63,905
Expenditure on healthcare from other providers	148,526	0	0	0	0	0	148,526
Expenditure on Hospital and Community Health Services	78,573	25	3,830	1,469	3,849	(71)	87,675
	291,004	25	3,830	1,469	3,849	(71)	300,106
Less: Miscellaneous Income	8,898	0	0	1,469	3,849	(71)	14,145
Net operating costs before interest and other gains and losses	282,106	25	3,830	0	0	0	285,961
Investment Income	0	0	0	0	0	0	0
Other (Gains) / Losses	(1)	0	0	0	0	0	(1)
Finance costs	98	0	2	0	0	0	100
Net Operating Costs	282,203	25	3,832	0	0	0	286,060
Add Non Discretionary Expenditure	1,006	0	0	0	0	0	1,006
Revenue Resource Limit	283,294	25	3,832	0	0	0	287,151
Under / (over) spend against Revenue Resource Limit	85	0	0	0	0	0	85

Revenue Resource Performance

	2014-15 £'000	2015-16 £'000	2016-17 £'000	Total £'000
Net operating costs for the year	267,056	272,351	286,060	825,467
Add general ophthalmic services expenditure and other non-cash limited expenditure	811	855	1,006	2,672
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Total operating expenses	267,867	273,206	287,066	828,139
Revenue Resource Allocation	267,906	273,246	287,151	828,303
Under /(over) spend against Allocation	39	40	85	164

The health board met its financial duty to break-even against its Revenue Resource Limit over the three years 2014-15 to 2016-17.

Statement of Financial Position as at 31 March 2017

	31 March 2017 £'000	31 March 2016 £'000
Non-current assets		
Property, plant and equipment	68,672	65,753
Intangible assets	0	0
Trade and other receivables	17,421	12,624
Other financial assets	0	0
Total non-current assets	86,093	78,377
Current assets		
Inventories	133	142
Trade and other receivables	14,115	16,448
Other financial assets	0	0
Cash and cash equivalents	674	666
	14,922	17,256
Non-current assets classified as "Held for Sale"	250	0
Total current assets	15,172	17,256
Total assets	101,265	95,633
Current liabilities		
Trade and other payables	37,260	35,595
Other financial liabilities	0	0
Provisions	7,697	11,161

Total current liabilities	44,957	46,756
Net current assets/ (liabilities)	(29,785)	(29,500)
Non-current liabilities		
Trade and other payables	0	0
Other financial liabilities	0	0
Provisions	24,093	19,343
Total non-current liabilities	24,093	19,343
Total assets employed	32,215	29,534
Financed by :		
Taxpayers' equity		
General Fund	(2,003)	(4,220)
Revaluation reserve	34,218	33,754
Total taxpayers' equity	32,215	29,534

The financial statements were approved by the Board on 31 May 2017 and signed on its behalf by the Chief Executive, Carol Shillabeer.

Statement of Cash Flows for Year Ended 31 March 2017

	2016-17 £'000	2015-16 £'000
Cash Flows from operating activities		
Net operating cost for the financial year	(286,060)	(272,351)
Movements in Working Capital	(1,718)	11,434
Other cash flow adjustments	6,630	(2,611)
Provisions utilised	(1,204)	(3,482)
Net cash outflow from operating activities	(282,352)	(267,010)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(5,902)	(2,868)
Proceeds from disposal of property, plant and equipment	1	136
Purchase of intangible assets	0	0
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow/(outflow) from investing activities	(5,901)	(2,732)
Net cash inflow/(outflow) before financing	(288,253)	(269,742)
Cash flows from financing activities		
Welsh Government funding (including capital)	288,261	269,506
Capital receipts surrendered	0	0
Capital grants received	0	0
Capital element of payments in respect of finance leases and on-SoFP	0	0

Cash transferred (to)/ from other NHS bodies	0	0
Net financing	288,261	269,506
Net increase/(decrease) in cash and cash equivalents	8	(236)
Cash and cash equivalents (and bank overdrafts) at 1 April 2016	666	902
Cash and cash equivalents (and bank overdrafts) at 31 March 2017	674	666

Capital Resource Performance

	2014-15 £'000	2015-16 £'000	2016-17 £'000	Total £'000
Gross capital expenditure	3,853	2,467	6,870	13,190
Add: Losses on disposal of donated assets	0	0	0	0
Less NBV of property, plant and equipment and intangible assets disposed	(152)	(137)	0	(289)
Less capital grants received	0	0	0	0
Less donations received	(188)	(45)	(40)	(273)
Charge against Capital Resource Allocation	3,513	2,285	6,830	12,628
Capital Resource Allocation	3,515	2,287	6,847	12,649
(Over) / Underspend against Capital Resource Allocation	2	2	17	21

The health board has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2014-15 to 2016-17.

Public Sector Payment Policy - Measure of Compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the financial targets for Health Boards a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

Prompt Payment Code Measure of Compliance	2016-17 Number	2016-17 £000	2015-16 Number	2015-16 £000
NHS				
Total bills paid	2,930	133,766	2,981	129,740
Total bills paid within target	2,244	125,425	2,173	121,791
Percentage of bills paid within target	76.6%	93.8%	72.9%	93.9%
Non-NHS				
Total bills paid	41,094	59,857	36,604	41,721
Total bills paid within target	38,464	54,113	33,126	35,686
Percentage of bills paid within target	93.6%	90.4%	90.5%	85.5%
Total				
Total bills paid	44,024	193,623	39,585	171,461
Total bills paid within target	40,708	179,538	35,299	157,477
Percentage of bills paid within target	92.5%	92.7%	89.2%	91.8%

The health board has not met the administrative target of payment of 95% of the number of Non-NHS creditors within 30 days this. This follows on from the change in methodology introduced in 2015/16 which saw the removal of primary care contractor related payments from the calculations (impact of 5% reduction on performance). The health board has undertaken many initiatives during the year to address this change in methodology which has led to an increase in performance on a month by month basis and the health board is now regularly achieving the target 95% on a monthly basis.

Related Party Transactions

There have been no related party transactions with Welsh Ministers.

The Welsh Government is regarded as a related party. During the year Powys Teaching Health Board has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely;

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	257	292,431	76	2,193
Abertawe Bro Morgannwg University Local Health Board	9,269	1,549	803	136
Aneurin Bevan University Local Health Board	19,605	1,301	777	344
Betsi Cadwaladr University Local Health Board	2,868	854	132	405
Cardiff & Vale University Local Health Board	1,834	336	549	55
Cwm Taf University Local Health Board	2,223	234	310	277
Hywel Dda University Local Health Board	7,383	573	309	73
Public Health Wales NHS Trust	204	217	71	42
Velindre NHS Trust	2,263	385	147	106
Welsh Ambulance Services NHS Trust	1,022	48	48	48
WHSSC (Hosted by Cwm Taf University Local Health Board)	31,622	7	116	54

A number of Board members had interests in related parties this year as follows:

Name	Details	Interests
Councillor Melanie Davies	Vice Chair	Councillor, Powys County Council
Councillor Matthew Dorrance	Independent Member	Councillor, Powys County Council
Councillor Tony Thomas	Independent Member	Councillor, Powys County Council
Patricia Buchan	Independent Member	Ex Officio Trustee - Powys Association of Voluntary Organisations
Amanda Lewis	Associate Member	Strategic Director of People, Powys County Council
Eifion Williams	Interim Finance Director	Employee of Abertawe Bro Morgannwg University Health Board

The value of transactions with the following bodies are as follows:	
Powys Association of Voluntary Organisations	£0.481M
Powys County Council	£7.725M

Powys Teaching Health Board hosts the following functions on behalf of NHS Wales for which it receives income from the Welsh Government and other Local Health Boards:

- Residual Clinical Negligence;
- The Board of Community Health Councils and the seven Community Health Councils;
- Continuing Care Case Administration; and
- Health and Care Research Wales (HCRW)

Powys Teaching Health Board also has material transactions with English NHS Trusts with whom it commissions healthcare including;

- Shrewsbury and Telford NHS Trust
- Wye Valley NHS Trust
- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

Powys Teaching Health Board has also received items donated from the Powys Teaching Health Board Charitable fund, for which the Board is the Corporate Trustee.

The [Accountability Report](#) contains details of many remuneration areas previously included within summary financial statement sections of the annual report. These are:

- Salary and pension entitlements of senior managers
- Reporting of other compensation scheme – exit packages
- Remuneration Relationship
- Tax assurance for off-payroll appointees

LOOKING FORWARD

Our vision is to enable and deliver 'truly integrated care centred on the needs of the individual' a vision which remains consistent moving into this year. Our six strategic aims include Improving Health and Wellbeing; Ensuring the Right Access; Striving for Excellence; Working in Partnership; Making Every Pound Count and Always with Our Staff.

Our collective ambition for the people of Powys is high and we will continue to push hard to innovate and develop, and to be leaders in Wales in three key areas. These include primary and community care, which provides the fundamental basis of the NHS; integrated care and integration itself particularly between health and social care but also between physical and mental health and primary and secondary care; and commissioning through which we aim to transform service provision.

Leading the Way: Primary and Community Care

We seek to be leaders in primary and community care. We already have a strong and vibrant primary and community care service with highly committed staff and partners working together. New ways of providing general medical services have already progressed with a greater emphasis on multi-professional care in General Practitioner (GP) practices. We intend to help to transform the way in which people can be supported to self care through the use of new digital technology and good quality supportive individual health care planning and to help broaden the range of services available locally including social networks and support, mental health care provision and outreach services from district general hospitals.

New Workforce Models



Develop the primary care clusters, virtual wards and community resource teams including Physician's Associates, Rural Clinical Fellows, remote GP Consultation.



Dyfi Integrated Health & Care Centre

A one stop shop for services with access to an extensive range of primary care, voluntary sector and local authority services, reducing reliance on District General Hospital provision and supporting community resilience.

Urgent Care Service Model



Develop urgent care practitioners and community paramedics operating as a team across practices. Focussing on home visiting, minor injury & illness clinics.

Mental Health & Dementia Care



Developing new rural community models of care and establishing the dementia home treatment services providing multi disciplinary support to patient and carer in their own homes.



Care Closer to Home

Deliver fundamentally better services for the local population with less reliance on transport and distant services:

- Expand Wet Age-related Macular Degeneration service.
- Develop rheumatology services.
- Increase specialist input from nursing & community consultants.
- Maximise local community hospitals.
- Enhance care coordination and brokerage centres utilising new community connectors across clusters.

Total Triage



Robust clinical Total Triage Model to reduce demand, deliver resilience and improve access.

Point of Care Testing



Develop point of care testing, alternative modes of out of hours services and implementing the diagnostics strategy.

Leading the Way: Integration

We seek to be leaders in integrated care. Building on the success to date, we aim to move forward on 'triple integration'. Integrating primary, community and secondary care; physical and mental health care and health and social care will enable a step change in our offer to the population – seeking to promote a more holistic way of supporting people.

Our recently developed integrated health and care strategy, the first of its kind in Wales, has the potential to be the blueprint for future integrated services managed as a single system with integrated operational management, integrated commissioning and integrated service provision becoming the norm.

We have established seven principles that guide our work:



1. Always consider integration as the default position
2. Make a positive difference for the people of Powys
3. Add value not cost
4. Design and deliver through dialogue with staff and the citizens of Powys
5. Challenge the status quo through supportive enquiry
6. Share learning and use evidence based approaches and standards
7. Work to common frameworks and systems e.g. project management

The scope for consideration of integration also spans the continuum of care and will explore opportunities and plausibility of integration across four key areas:



Leading the Way: Commissioning

We seek to be leaders in commissioning. This means that we will increasingly look at the whole system of care to help determine (based on need, quality, patient experiences and cost) what, where, when and how services should be provided. Increasingly we are working with others to jointly commission and during the life of this plan we will increase our joint commissioning with social care, enabling a truly joined up approach. We will be relentless in ensuring we work in the interest of the people of Powys when we commission services and will implement our Strategic Commissioning Framework and Commissioning Assurance Framework in order to achieve the best results possible.

Strategic Commissioning Framework

- Develop a model of commissioning which reflects the values and arrangements of NHS Wales to secure sustainable solutions.
- Ensure that across the organisation the right strategy, people, processes and structures are in place.



Commissioning Assurance Framework

- Ensure active management of the whole pathway of care, including healthcare delivered across geographical and organisational borders, ensuring treatment is safe, clinically and cost effective, on time and informed and influenced by patient experience.



Commissioned Services

- Continue to scrutinise community activity to identify services which could be provided within Powys.
- Extend referral management.
- Focus on Planned Care Programmes to ensure that best practice is being applied.
- Development and use of standardised all-Wales Long Term Agreement documentation.



Whole System Performance Management

- Develop an innovative whole system performance management framework combining NHS, Social Care and Public Health Outcome Measures.
- Develop an outcome based series of standards as a benefit above that achieved through the current Quality and Outcomes Framework.



Llandrindod Wells Hospital



Powys Teaching Health Board recognises the value of sustainability as a central organising principle within the Welsh Government (WG) and public sector bodies in Wales. It also recognises that there is an immediate need to reduce its impact on the environment and is working hard to see its vision for the future realised. This report documents sustainability performance for the year 2016-17 and presents an overview of the sustainability performance for the reported year including financial and non-financial information covering emissions and waste and resource consumption. It also identifies forward planning objectives. The report conforms to the public sector requirements set out in the Government Financial

Reporting Manual (FReM), supplemented by HMT Guidance, 'Sustainability reporting in the Public Sector'.

Powys Teaching Health Board – Description of the Organisation

The health board's Environment and Sustainability Group is accountable to the Capital and Estates Improvement Board and provides strategic direction to implement a structured approach to sustainability. This year a robust and effective Environmental Management System (EMS) was developed and implemented.

By supporting the principles of Sustainable Development, developing and implementing the 5 ways of working as set out in the Wellbeing of Future Generations act and being a Good Corporate Citizen, we will meet internal objectives as well as national targets whilst helping to improve patient experience.

To oversee and continually improve the EMS, the Environment and Sustainability Group is working to reduce the health board's impact on the environment, comply with all relevant legislation and acting to attain ISO 14001 accreditation¹.

The group now presides over all areas with which the health board has a major impact on the environment including:

- Energy and Water
- Waste
- Transport and Parking
- Building and Biodiversity
- Procurement

The group also sanctions work on both behavioural and engineering solutions to environmental issues, whilst ensuring new legislation is

¹ ISO14001 is an internationally recognised auditable environmental management accreditation

considered and adopted as required. It is the responsibility of the group to promote consistency and transparency in harmonising management of environmental issues across the health board.

The Well Being at Work Group has some common areas within their agenda to support the Environment and Sustainability Group's ambitions and social responsibility.

SUMMARY OF PERFORMANCE

The health board continues to support sustainability as a central organising principle within the Three Year Plan.

Total Number of Sites: 10

Total Estate Site Footprint (m²): 45,214

Total Estate Site Land Area (Hectare): 39.52

Total Number of Staff Employed (FTE): 1,361

Hospitals: 9

Treatment Centres: 1

In 2016-17 PTHB appointed a permanent Environment and Sustainability Manager along with a supporting team member to manage and implement environmental improvement, which has allowed significant progress to be made. This dedicated and experienced resource now increases the confidence in the data collection and this will act to strengthen statistical benchmarking from this year forward.

The health board has already earmarked funds in 2017-18 to achieve ISO 14001:2015 Environmental Management Systems accreditation, with significant preparatory work already in place which will include a health board wide liquid pollution survey. Audits for the renewal of Displayed Energy Certificates (DEC) were organised during 2016-17 and will be completed in early 2017-18.

Amongst this year's achievements has been the major review and re-drafting of the Environment Policy which, once adopted, will commit the health board to ambitious objectives in the five areas covered in the EMS.

To facilitate progress in each of the five areas, five 'working groups' have been set up, chaired and attended by suitably experienced members with relevant expertise for the tasks. These groups report to the Environment and Sustainability Group. Each working group has identified risks and opportunities and has developed a risk register to prioritise work activities.

Working collaboratively with other health boards, a major piece of work has been undertaken to set up an effective system to monitor energy usage, flag issues and validate invoices, resulting in the recovery of over £250,000. This work has also raised confidence in published figures.

The accuracy of waste calculations this year has further improved due to detailed statistical analysis of the weight of waste containers; this bin weight auditing will now take place year on year to ensure figures submitted are as accurate as possible.

Confidential waste disposal continues to be free to the HB as agreed in previous years.

Future Strategy to Improve Performance

The Environment and Sustainability Group continues to work towards a reduction in Co2e to meet national targets. The main areas identified to achieve these reductions are:

- Dedicated specialist management of resource and organisational focus;
- Improved energy management and estates maintenance and development initiatives;
- Continued development of the Environmental Management System and achieving ISO14001 accreditation across the estate;
- Identification and inclusion of key staff into the decision making process to achieve targets;
- The development of a staff training and awareness programme to broaden understanding of issues and how staff can affect change;
- Further embedding of policy;
- Robust systems for measuring performance.

Caution should be exercised when comparison to previous years, in particular 2015-16, due to potentially insufficient recording and monitoring systems in place at the time.

Commentary on Greenhouse Gas Emissions

CO2e (carbon dioxide equivalent) allows 'other' greenhouse gas emissions to be expressed in terms of CO2 based on their relative *global warming potential* (GWP).

All gas and electric figures are actual records taken from invoices and validated through internal systems. As the health board repatriates services into the organisation, energy demands have increased as accommodation within the hospitals is used more intensively.

During 2016-17 an 'Invest to Save' funded project to replace all external light fittings with LED's came to fruition, saving an estimated £55K per annum. In addition to this a voltage optimisation plant was installed in each hospital, saving an estimated £88K per annum.

Solar panels are present on only one site (Bronllys); of the 8 solar arrays, only 3 were switched on at the time of recording so the stated figure is expected to be much lower than actual generation for the year.

CO2e		2014-15	2015-16	2016-17
Non financial indicators 1000 tonnes of Co2e	Total gross Emissions	Not available	2.268	2.792
	Total Net Emissions 1 (direct)	Not available	1.781	2.685
	Gross Emissions Scope 2&3 (Indirect)	Not available	0.486	Electricity 0.107 ²
Related Energy Consumption (Kwh millions)	Electricity: Non renewable	3.1	2.6	3.3
	Electricity: Renewable	Not available	Not available	0.1
	Gas	9.2	9.6	12.7 ³
	LPG	N/A	N/A	N/A
	Other	0.082	0.027	0.713 ⁴
Financial indicators (£millions)	Expenditure on Energy	£0.896	£0.837	£0.868
	CRC Licence Expenditure (2019 onwards)**	N/A	N/A	N/A
	Expenditure on accredited offsets (e.g. GCOF)	N/A	N/A	N/A
	Expenditure on official business travel	Not available	0.043	1.181 ⁵

Commentary on Waste

Accuracy of municipal waste figures have improved once again this year showing a reduction in reported figures due to the utilisation of an improved waste conversion tool. The development of accurate data collection will continue into 2017-18 with audits of clinical waste and recyclables.

² Previous data collection methodologies have not been recorded so any meaningful comparisons between years can not be made. Figures for this year are now fully auditable and replicable

³ The repatriation of services into Powys has seen increased activity and utilisation of accommodation and so the demand for energy has risen

⁴ This year shows a significant increase in fuel oil Kwh as data collection has improved

⁵ Includes the costs of all health board business community health council's mileage

The health board continues to recycle metals at no cost to the organisation due to an agreement with the local waste collector.

All waste which is incinerated is now undertaken with 100% energy recovery.

Recycling collections now includes an extra food waste collection, helping to increase recycling and reduce landfill and associated costs. The difference in reported figures from last year are as a result of improvements in data collection and recording.

The clinical waste contract continues to be advantageous to the health board and it is anticipated that further financial savings may be realised following a re-tendering process carried out by Shared Services.

Following on from a Preliminary Environmental Review, substantial savings were suggested in all waste streams by ensuring good segregation of waste. Over the coming months in-depth audits will be conducted and interventions developed through the waste group to further divert waste from landfill.

Waste		2014-15	2015-16	2016-17
Non financial indicators (tonnes)	Total waste	874.6	289.1	606.6
	Landfill	663.2	247.2	463.6
	Reused/Recycled	211.3	58.0	143.0 ⁶
	Composted	0	0	0
	Incinerated with energy recovery	26.9	16.1	7.0
	Incineration without energy recovery	6.0	4.2	0
Financial indicators (£million)	Total disposal cost	0.159	0.118	0.118
	Landfill	0.124	0.112	0.066
	Reused/recycled	0.035	0.006	0.027
	Composted	0	0	0
	Incinerated with energy recovery	0.026	0.013	0.025
	Incinerated without energy recovery	0.024	0.018	N/A

Commentary on Water Usage

Monitoring has again improved for this year helping to detect one major leak and identify high use buildings, thus allowing the health board to focus its resources on reduction measures.

⁶ As more accurate and comprehensive figures are collated the reported figures fluctuate

Finite Resource			2014-15	2015-16	2016-17
Non Financial indicators (000m3)	Water consumption	Supplied	0.045	0.023	0.047 ⁷
		Abstracted Per FTE	0	0	0
	Water consumption (non office)	Supplied	Not available	Not available	Not available
		Abstracted	Not available	Not available	Not available
Financial indicators (£million)	Water supply costs (office estate)		0.066	0.077	0.118
	Water supply costs (non office estate)		Not available	Not available	Not available

⁷ Both Newtown and Llanidloes hospitals are 'rateable charges' and as a result it is not possible to determine water consumption for these sites

Glan Irfon Health and Social Care Centre



Find out more...

Thank you for reading our Annual Report

Our mission is to deliver high quality care and services to you. If you would like to comment on this publication you can contact us in the following ways;

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YouTube: www.youtube.com/PowysTHB

We welcome all comments and are happy to provide further information on request.



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